contact

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Alcoholism –

How Can We Help Prevent It ?

Introduction

News headlines around the world recently proclaimed the dangers of certain wines from Italy because they contained an additive of wood alcohol which caused blindness and more than 20 deaths. The irony is that although these deaths were caused by wood (methyl) alcohol, little protest is raised about the death and disaster caused by the constant ingredient in all wine – ethyl alcohol.

In fact, a recent World Health Organization publication describes the problems of alcohol as a battlefield:

> "As far as one can see, from horizon to horizon, there are casualties. Some are already dead, some are dying, and others are still making desperate and pitiful efforts to save themselves. They are the casualities of the damage caused or exacerbated by excessive drinking, such as liver cirrhosis, cancer of the digestive tract and hosts of other physical diseases. They are victims of road traffic accidents, of fires and of crimes. They are the victims of domestic violence, including child abuse. They are suicides. They suffer from anxiety, depression and a whole range of mental health problems. Despite the severity of the conditions of these casualties, despite the apparent ubiquity of the battlefield, there seems little sign of any abatement in the hostilities. The great heaps of dead and dying mount daily higher. (1)

The fact that WHO has sponsored numerous meetings and publications on alcoholism is an indication of a growing consideration of it as a public health problem. An Emory University/Carter Center-sponsored Health Policy Consultation of experts reports that alcohol is the second leading cause, after tobacco, of premature death in the United States, accounting annually for about 1.5 million potential years of life lost before age 65. (2)

The Christian Medical Commission and CONTACT have long been proponents of prevention in the health field. In this issue we have collected a sampling of materials which deal with the prevention of alcoholism as well as giving some ideas about the treatment and rehabilitation of persons addicted to alcohol. We hope that it will give you some ideas about ways of combating alcohol abuse in your lives and in your lives and in your communities. We hope that you will feel empowered to act on some of these ideas, and that you will write and tell us of your experiences. If you are aware of other programmes or material that you think are worthy of sharing with our readers in a future issue, please let us know.

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(1) **Alcohol Policies.** Marcus Grant, WHO Regional Publications, European Series No. 18.

(2) **Journal of the American Medical Association,** Vol. 254, No. 10, Sept. 13, 1985. pp. 1335.

Cover drawing: CARP, PO Box 9, Morija, Lesotho

ALCOHOLISM

How Can We Help Prevent It?

Alcoholism – How Can We Help Prevent It?

In talking about alcohol, CMC is reflecting the increasing concern we see in health workers, communities and governments around the world over the ravages it causes in society. The problem, long recognized as severe in industrialized countries, now has become an unwelcome part of development in regions where alcohol-related problems were formerly rare.

A Story from the United States

I opened the refrigerator and stared at the almost empty decanter, wondering who had consumed all that wine. Maybe I was mistaken that I had just filled it the night before. The hardest reality since my separation is that I am the only drinker in the house, and whatever is gone is my own doing. What happened to my promises: "Two drinks and a glass of wine with dinner, that's all"? Thank God the kids are busy with their school work and ignore the closed door to my bedroom. They have questioned my erratic behaviour and my forgetting things. I've got to go to work today, but I feel shaky so I'll take some Valium. At least I never drink during the day, only after five o'clock at home. Maybe my drinking really is less than it used to be. Today I promise only to take two drinks before dinner, and if I don't feel a lot better than I do now, maybe I won't drink at all. If I can just get through this day and feel better, I'll change. At least I never hurt anybody with my drinking. I always show up for work, and my children are never neglected. Today I'll do better.

(from the Report of the Advisory Council on Church and Society, Presbyterian Church (USA)

A Story from Madagascar:

I experienced a difficult time during childhood and youth as my mother abandoned me 20 days after my birth. I lived in turns with my aunt, my grandmother and my stepmother. I was away from home in boarding school during my high school years. I copied my teachers' and my school friends' ways of life, and their favourite drinks became mine as well.

When I turned 22, I entered Government service and for two years I led a bachelor's life; I was a spendthrift and my friends were drunkards. Two years later, I was given a responsible post. I married and stopped drinking with friends outside of my home. My wife bought wine and beer so I drank at home, at leisure, after office hours... The years went by and gradually I began suffering from terrible headaches, stomach and liver complaints. I lost my appetite and liking for work. My weight went down to 48 kilos (105 pounds). Although I was serious, sober and rather shy during my youth, I became talkative, nervous and negligent under the influence of alcohol. Alcohol abuse has also destroyed the happiness of my home. I took a major decision in 1975. Having replied to God's calling, I left Government service. and studied theology... In 1983 I became vice-president of the Malagasy Blue Cross. My whole being seemed to be resurrected by these new responsibilities. Now I enjoy nature, meditation and meals without alcoholic drinks. After leading a tumultuous life, I discovered an unknown happiness, that of love: God's love and love of one's neighbour.

Rev. Randira Nirson Jules
Malagasy Blue Cross, Madagascar

From the Information Service of the International Blue Cross, April, 1985.

Kenneth Lawton, of the International Christian Federation for the Prevention of Alcoholism and Drug Addiction, says:

> In many countries, cirrhosis of the liver is said to be one of the five commonest causes of fatalities between the ages of 25 and 64. But even more common causes of death are fatal accidents, suicides and road accidents caused by alcohol, with reliable statistics ranging from one-third to two-thirds of all deaths... The strong link between alcohol and crimes of violence, rape and suicide is well documented. Of those undergoing prison sentences, one-third to two-thirds were involved in crime in which alcohol played a part. Dr. E.M. Samba of Gambia has argued that, if current tendencies remain unchecked, then in 20 years' time, alcohol injuries will be the gravest problem Africa will have to face.

The International Blue Cross reports from Zaire, "Alcoholism is swooping down on the Kinshasa youth at an early age, and is creating havoc among them... Five breweries, with the latest modern equipment are working at full capacity in the Kinshasa urban region. With the support of much publicity, they pour out thousands of bottles of beer on the market... In many districts of the city, one finds never-ending lines of pubs and bars lit up by multi-coloured neon lights... The young people at Kinshasa, victims of drastic changes which occur in urban life, whether they be unemployed or not, seek refuge in the taking of drugs. As other drugs are not available, alcohol alone plays this role."

This increase in the popularity of drinking alcohol is caused in good part by the industrialized world, which has exported not only its drinking habits but its publicity promoting alcohol sales to the developing countries. Marcus Grant of WHO comments, "Whilst alcohol consumption is beginning to fall in some Western developed countries, it is continuing to rise steadily on a global basis, with particularly sharp increases in a number of developing countries in Africa, Asia and Latin America. Even though some of these countries were beginning from a comparatively low base figure, the present trends would, if they continued, lead to very high consumption rates before the end of the 1980s."

TABLE I

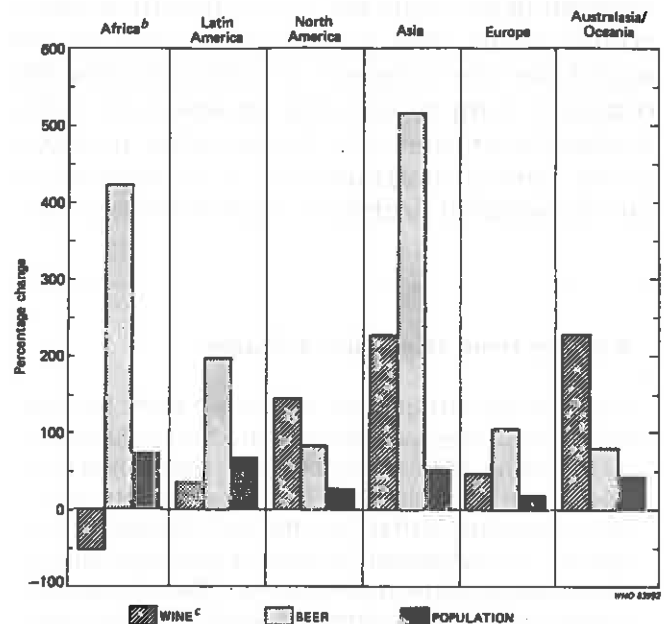
PERCENTAGE CHANGE IN PER CAPITA CONSUMPTION OF ALCOHOLIC BEVERAGES (AS 100% ETHANOL) BY TYPE OF BEVERAGE IN SIX WHO REGIONS, 1970-77

Beverage	Africa	Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific
Wine	-16.7	6.9	0.0	- 4.2	0.0	200.0
Beer	9.1	17.1	8.3	15.6	100.0	20.7
Spirits	11.1	8.8	71.4	4.3	20.0	- 24.3
All alcohol	7.3	11.3	12.5	3.0	25.0	- 4.4

From *Alcohol Policies in National Health Development Planning*, WHO Offset Publication No. 89, 1985.

Ironically, as Dr. Grant points out, it is just at the moment that the developed world, particularly the USA, (motivated perhaps by new concern for healthy living patterns among middle-class young people) seems to be turning away from drinking hard liquor and is cutting alcohol consumption, that the developing countries are increasing their intake. The efforts of transnational alcohol producing companies to increase sales which have stagnated in the developed world can certainly be pointed at as one cause of the increasing alcohol use in the developing countries.

FIG. 1 PERCENTAGE CHANGE IN PRODUCTION OF BEER AND WINE IN SIX AREAS OF THE WORLD BETWEEN 1960 AND 1980 COMPARED WITH THE POPULATION INCREASE[a]



[a] Sources of data: (i) **International statistics on alcoholic beverages; production, trade and consumption, 1950-1972,** Helsinki, Finnish Foundation for Alcohol Studies, 1977 (Volume 27); (ii) **Production yearbook,** Rome, Food and Agriculture Organization of the United Nations, 1981.

[b] Including north Africa.

[c] The production figures on which these percentage changes are based may be underestimates since they cover only 40% and 73%, respectively, of the world's population.

From *Alcohol Policies in National Health Development Planning,* WHO Offset Publication No. 89, 1985.

A recent book by Cavanagh and Clairmonte called **ALCOHOL BEVERAGES, Dimensions of Corporate Power** points up the part that transnational companies play in pushing alcohol sales in these new markets: "At the core of alcohol marketing lies $2 billion in global advertising (1981) – a figure which is underestimated as it excludes a plethora of other promotional devices. Large TNC advertising complexes are by no means restricted to DMEs (Developed Market Economies), but are deployed by transnational corporations (TNCs) in DEs (Developing Economies) where rural

consumers and new urban migrants are far more vulnerable to the allurements. Such a massive advertising barrage becomes the launching pad for new alcohol categories and brands, thereby generating new tastes, opening up new markets and assisting alcohol TNCs to compete much more effectively for the consumer's disposable income... Two demographic segments that have proved particularly vulnerable (in health terms) to these techniques have been women and youth."

A Personal View from Lesotho

Cor Middelkoop, a health worker in Lesotho who has started an alcohol rehabilitation programme, tells us what she sees there:
"Since independence in 1965, spirits can be freely imported. A large brewery cannot fulfill the demand for beer, and all over the country there are so-called bottle-stores. We feel that it is a great tragedy in a country where only 150 years ago such a gifted man as Moshoeshoe I founded a healthy, proud nation, that now alcohol is ruining the lives of people, and the whole society, with such terrible speed. We try to remind them of the hopeless situation of the American Indians and other such groups whose cultures have nearly disappeared because of alcohol.

"Lesotho is an independent country of 1.2 million inhabitants geographically enclosed by South Africa. Three-quarters of the male population between the ages of 25-50 work in the Republic of South Africa. There is little agriculture in the lowlands and no natural resources. Ninety percent of the Basotho (the people of Lesotho) are church members, either Roman Catholics or Protestants of the independent churches.

"Our work is centreed around Scott Hospital (founded in 1938 and related to the Lesotho Evangelical Church) which serves an area within a radius of 65 kilometres around the town of Morija which includes 650 villages and a population of approximately 120,000. For the last 11 years an intensive PHC programme has been in progress and we are happy to say that we cooperate with 14 health centres with approximately 500 trained village health workers and traditional birth attendants.

"A few years after this village-based health work began, the staff became aware of certain obstacles hindering their work and of problems related to alcoholism. Community participation was not as good as we expected; certain planned projects or activities were not carried out. Simultaneously we noticed that many of the patients in the out-patient department had complaints that are linked with alcohol misuse. The PHC director, Dr. Verhage, started a clinic for nonmedical problems, and, here again, we noticed that more than half of the troubles stemmed from alcohol abuse. In the TB clinic we reached the same conclusion: Alcohol abuse severely interfered with treatment and healing.

"Via the powerful media of advertising (radio and magazines) people become convinced that alcohol is food, medicine, joy and happiness. The people have no essential knowledge of what alcohol is; their own native beer had an alcohol content of only 2%. We try to restrict ourselves to dissemination of information on alcohol and to refrain from being judgemental to avoid having a prohibitive attitude which will alienate people.

"Lesotho is a country with little motor traffic, yet still the road accident figure is high (number five in the world, I have read). Taxi drivers are known to be heavy drinkers. One told me he filled the bottle for wind-screen cleaning fluid with whisky. A narrow plastic tube brought a small quantity to his mouth when he pressed the appropriate knob.

"These were some of the reasons that motivated us to begin action which after some time resulted in a community alcohol rehabilitation programme, called CARP, in 1982. In 1982, also, a five-day workshop was organized in Maseru, the capital of Lesotho. It was carried out in co-operation with PHAL (Private Health Association of Lesotho) and it was here that we really became aware of the extent of the problem within the country and the great concern of the people. Afterwards a small working committee was formed to deal with prevention activities all over the country, but this committee is not yet very active as the members are already busy people.

"We are now working on a health syllabus for schools and are trying to get permission to include information on drugs and alcohol. This year we started with the sale of T-shirts printed with an anti-alcohol message in the form of a funny picture. In general, the task of this committee is to convince the general public that the use of alcohol can be controlled and the

disease can be halted by treatment. At CARP we try to promote discussion and debate on this topic. We have a weekly radio programme featuring radio plays. Everyday situations are featured, recognizable by everyone. In the plays we want to show the predictable downward path of those who abuse alcohol. We want to convince people that covering up and shame do not help at all. We get reactions to these broadcasts which say, 'I thought it was my family you were talking about,' or 'The last play was exactly the life story of my father.' We hope the apathy of people about alcohol is changed a bit by these plays.

"We draw on the history of Lesotho and its first King. This King, Moshoeshoe I, built the nation and is remembered as a wise and peace-loving man. He forbade the use of liquor. In his time the home-brewed beer was drunk only at social gatherings on special occasions. It was drunk only by the older men. Young men, women and children were not allowed to drink it."

This picture of the rapid spead of the ravages caused by alcohol and the beginnings of the recognition of the problem can be repeated over and over again in the developing world. The industrialized countries may have proceeded further along the path of recognizing what alcohol is doing to societies. Reactions have set in on the governmental level – for example in Scandinavia where driving after drinking only slight amounts of alcohol is so severly punished that drunk driving has almost ceased to be a problem. Reaction on the community level has recently become strong in parts of the United States where the organization MADD (Mothers Against Drunk Driving) has succeeded in having drinking ages raised and changing laws to punish drunk drivers more severely. Such initiatives to push for government action are valuable, and those responsible in developing countries, too, are working on laws to restrict alcohol imports or to forbid the young to drink.

Yet in the long view, **prevention** of alcohol abuse depends on action at the personal, family and local community level. Health educators are finding increasingly that community-based activities with health workers who can use popular education (or Freirian) methods are the most effective in helping people change unhealthy attitudes and practices to more heathly ones. What people discover for themselves is highly motivating. The Community Alcohol Rehabilitation Programme of Scott Hospital in Lesotho which is mentioned above has produced a group of discussion starters in the form of line drawings to use with gatherings of women's clubs, students, hospital and church workers and whole villages. Use of such drawings with discussion-starting questions can be a valuable way of helping people to begin to recognize problems in their own communities.

Mehla e ea fetoha!
Drinking habits are changing

Ke maphelo a makae a lahlehang ka baka la tahi?
How many lives are lost through drunkeness

Joala ke sera.
Alcohol, the enemy!

Na lesea lee le tla matlafala?
Will this infant grow strong?

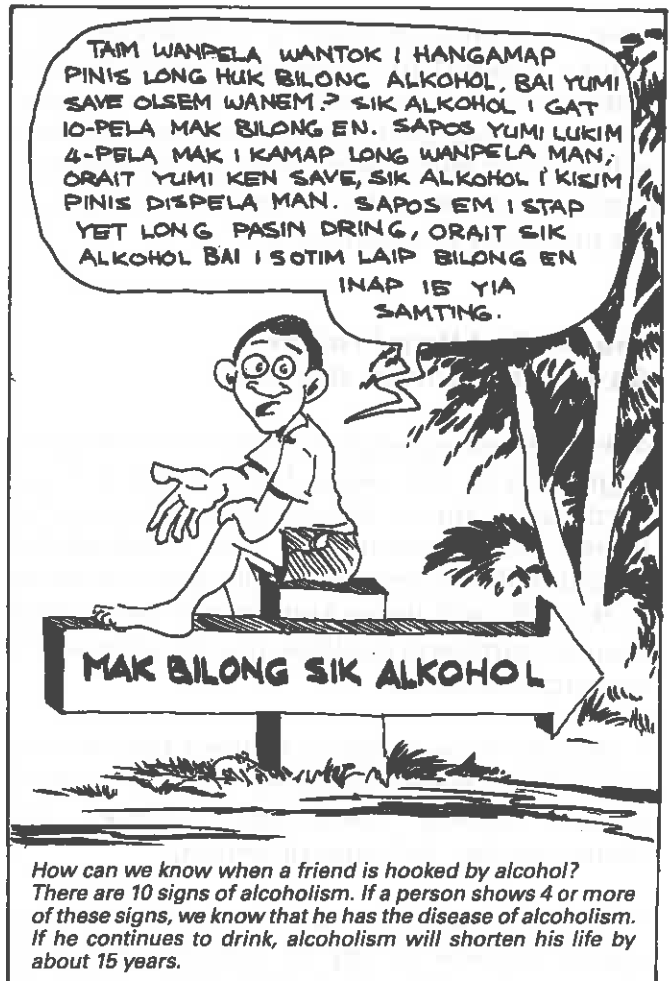
Mrs. Middelkoop says about discussion-starters: "One of the difficulties we had in the beginning was that we used handbooks from England and the USA. Cultural differences and traditions were such that these had no meaning in our situation. Even the language, with words like 'analysis', 'confrontation' or 'identification' made these books seem like they came from another planet. We had to work hard to put things into a context meaningful here and to work with cultural ideas so we could communicate on a different level. We managed, and finally we have some valuable working material for our situation."

What Papua New Guinea Has Done

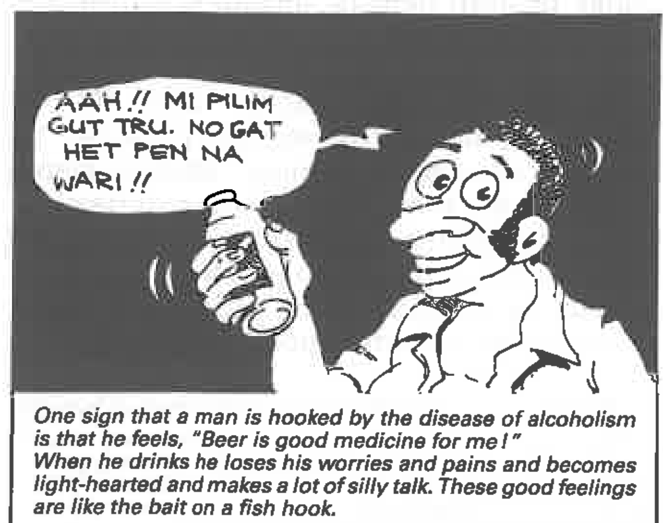
In working to educate people about the dangers of drinking alcohol in terms meaningful in a local context, the Evangelical Lutheran Church in Papua New Guinea (in co-operation with the Churches' Medical Council and WHO) has produced a cartoon-style booklet. This little publication, written in New Guinea Pidgen and in English, graphically illustrates the dangers and some solutions of the alcohol problem in that country.

SUPPORT AND EMPOWERMENT

Community discussion and action can take the road of recognizing the problem and working toward community prevention – by changing laws, providing alcohol-free social events or educating young people about the dangers of alcohol consumption, for example. Community discussion and publicity can also help people to recognize that they **personally** may



How can we know when a friend is hooked by alcohol? There are 10 signs of alcoholism. If a person shows 4 or more of these signs, we know that he has the disease of alcoholism. If he continues to drink, alcoholism will shorten his life by about 15 years.



One sign that a man is hooked by the disease of alcoholism is that he feels, "Beer is good medicine for me!"
When he drinks he loses his worries and pains and becomes light-hearted and makes a lot of silly talk. These good feelings are like the bait on a fish hook.

have an alcohol problem and motivate community support for those who want to fight against alcohol dependency. Church congregations, as groups of people who are committed to caring about each other, are good places to start to work on both these dimensions of the problems of alcoholism.

The Bottled Pain Project – An Approach from the USA

Although some people in the United States are beginning to turn away from drinking much hard liquor, the problems caused by alcohol there are devastating. The Presbyterian Church (USA) cites these facts about drinking in the US, and these statements (with variations of numbers) could be true for almost any developed country:

* Alcohol is involved in at least one-third to one-half all traffic fatalities, rapes and other violent crimes, homicides, suicides and deaths by fire, falls and drowning.

* Heavy drinking is associated with a doubled risk of a wide variety of cancers, and it increases the risk of certain types (such as oesophageal cancer) by more than 40 times.

* The social costs directly attributable to alcohol-related problems now exceed $116 billion per year in the US, including the costs of resulting treatment, premature deaths, lost employment and productivity, motor vehicle crashes, fire losses, crime and imprisonment. This is above and beyond the $67 billion spent annually in the United States to purchase alcoholic beverages.

* Drinking during pregnancy is a leading cause of birth defects, including permanent mental retardation.

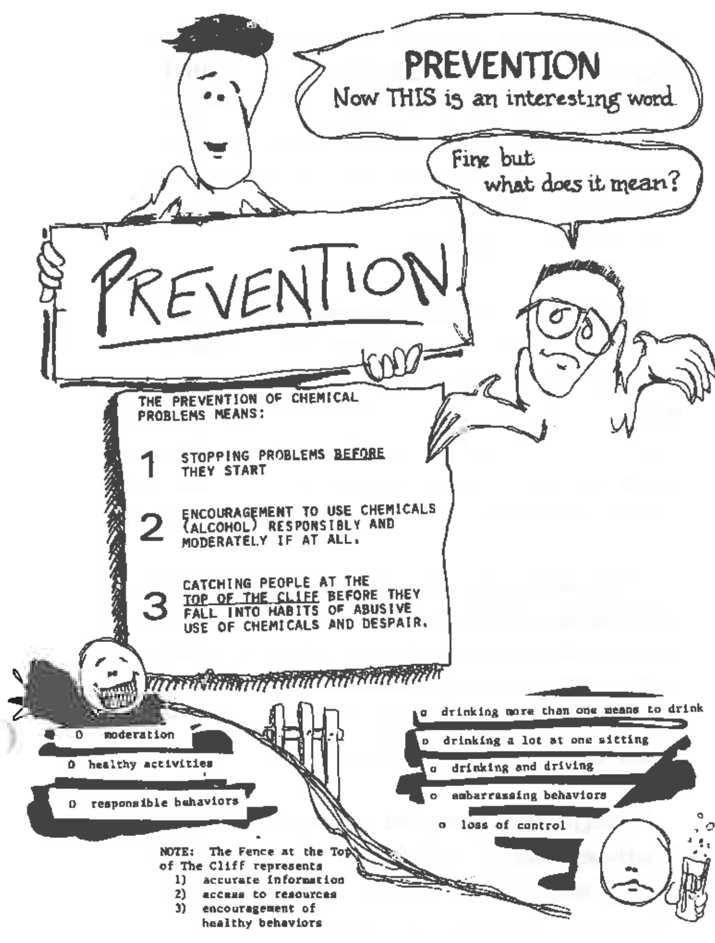
* Overall, between 100,000 and 200,000 deaths are directly or indirectly caused by alcohol annually, making alcohol-related problems the third leading cause of death in the United States. Because accidents are the leading killer of persons under the age of forty, alcohol is an even more significant factor contributing to death among the young.

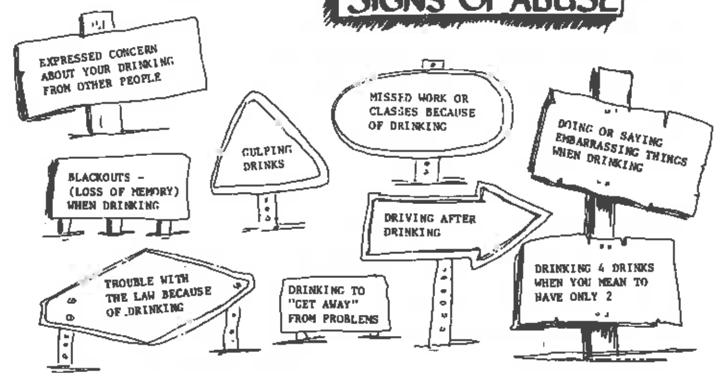
* Alcohol is capable of producing physical addiction, with withdrawal symptoms more severe and dangerous than those associated with heroin addiction.

About 10,000 people in 24 congregations of the American Lutheran Church in Southeastern Minnesota, USA, participated in a "Bottled Pain" project, which dealt with the pain which comes to individuals and their families who suffer from the effects of chemical dependency. These people often feel all alone in a world governed by an overwhelming need for chemical substances. The designers of the project, in talking about community life in the US, said, "The pain of chemical dependency affects all of us; abusers, families, friends and associates. There is probably no one among us who has not been touched by chemical dependency-related problems."

The project was designed by the Social Ecology Research Office at St.Olaf College in Northfield, Minnesota, and directed by Howard I. Thorsheim and Bruce Roberts. This "Bottled Pain" project involved a three-year effort at developing a prevention programme and an evaluation research project financed by the United States National Institute of Drug Abuse. The work of the project took place within each congregation's own community setting. The authors of the project state that Lutheran congregations in the United States do not differ much from the general population in their use of alcohol or other drugs. Most of these people questioned at the beginning of the study reported that they thought that the church should be putting a lot of effort into alcohol education. Although the educational and support activities promoted by this programme were aimed at prevention, some heavy drinkers (based on their own estimates) were involved. Perhaps the programme turned some of these people away from alcoholism. In looking at such prevention activities, one needs to emphasize that in fighting bottled pain those interested can be teenagers or older adults, those who drink a lot or those who drink comparatively little. In each case it is the feelings of community and support, plus education about alcohol, which seem to reduce the need for a thrill from trying alcohol or the release brought by strong drink.

Although studies showed that those who had been given factual information about the dangers of alcohol and drug use were less likely to become problem users, the designers of the project cite a number of studies to show that education programmes alone have little effect on changing peoples' habits or attitudes about using alcohol. They found it most important to





*From Roberts & Thorsheim, **Idea Handbook***

go beyond education-only programmes to include planning and action by the people most involved – those suffering from alcoholism, their families and their communities.

In this programme, twelve of the Lutheran congregations participated in chemical dependency education activities. Six of these, in addition, received assistance in the development of social support. The remaining 12 congregations were involved in no activities to see whether the two programme approaches made any difference in people's knowledge, attitudes and behaviours. All groups were given a test before and after the programme.

Following is a report about the programme drawn from "The Journal of Primary Prevention" (Winter, 1982):

> Instead of an approach which brings together some kind of "magic solution" from the outside, the "Bottled Pain" project centres on supportive relationships between people, their families and relatives and their environment as natural strengths within a community. It draws on the skills and abilities of people within a community. It contributes to helping a neighbourhood or an organization see itself as a resource for its members and for persons in the community at large. The approach of social ecology fosters empowerment; that is, it encourages people to come together in community and take action to control their own lives.

Social Support Objectives of the Project

The "Bottled Pain" project hoped to work toward the following kinds of social support:

– **Increase social support among persons** (for example, active listening, advocating for others, problem-solving with others and the giving of time and resources to others) through encouraging continuing informal interaction and activity among friends, neighbours, family, work associates and congregation members.

– **Link people together who have something in common.** People who live in the same neighbourhood, or attend the same church, or have similar problems or interests could benefit from linking with others like themselves in socially supportive settings.

ACTION IDEA – ACTION IDEA – ACTION IDEA

CHURCH AS HUB

The location of a church may be ideal to serve as a hub of important activity for members of the community in which it is located. Perhaps at one time, the church was located at the edge of town, but now it has been swallowed up by housing developments. So much the better.

We frequently find that one of the complaints that people have is that there is no good place in which they can come together with others to meet informally for special events. How convenient it is that most church congregations seem to have an abundance of space, most of which is used only on an infrequent basis.

For instance, the church is an ideal place for a resource exchange. A clothing exchange on a periodic basis within a church would be a marvellous activity. The church could provide resource exchanges for other material things, such as tools, books, house plants, old lawn mower parts, games, recipes, or cookies. The list of things that we could share with others, and they with us so that we would both feel richer is endless. In these times of growing economic uncertainty, (and the end of unlimited economic and material growth) the church remains as a potential hub for the development as a centre for the exchange of these items.

We are aware of discussions in which the exchanges of skills between people is being considered, (or between skills and material goods). If you have a washing machine that I might buy and I have some painting skills, I might paint for you and in return receive your washing machine. The possibilities are endless!

*Roberts & Thorsheim, **Mutual Helping***

– **Help naturally-occurring groups** (for example, church circles, service clubs) to develop a higher level of support among the members of that group.

– **Develop new activities and programmes** to provide occasions and settings which bring people together. Many people are isolated and alone. They would be part of a new activitiy or occasion if only they would be invited to do so.

– **Encourage those people who can profit from caring, confidential discussion** with one another about common concerns and problems to join together for support. The pains we have in common are numerous and the stress-reducing power of mutual help support groups is powerful.

– **Facilitate resource exchange networks** to enable people to utilize and share existing strengths, skills and resources. Exchange networks are a means of saving and renewing our human and material wealth, and they also can provide additional opportunities for people to come together and support one another.

– **Stimulate awareness and knowledge about available information,** assistance and appropriate occasions for the use of professionals. Accurate information about issues and means for resolving problems remains a key for healthy solving of problems.

– **Encourage people to see themselves as resources,** regardless of the extent to which they see themselves as troubled with problems. In this way, people can recognize the way we all depend on each other.

– **Encourage the development of leader/coordinators** through offering encouragement, information and support to those who have the potential and motivation to serve others.

Congregations developed their own activities (parties, discussions, classes) to meet these objectives.

Working for Empowerment

The activities of congregations involved in the "Bottled Pain" programme were carried out through workshops with use of a workbook and cartoon-type education materials. The workbook helped people to discover in creative ways that mutual support is important in healing and health maintenance and also to learn ways of increasing social support among friends, families and groups.

If we look at the objectives above we see that many of them involve ways of getting people to act for themselves, rely on themselves, to value what **they** can do to help solve personal and community problems. This kind of self-reliance is **empowerment.** Empowerment was seen as an important part of this whole pro-

cess. The workbook explains the idea of empowerment as follows: "Empowerment involves the finding of new resources of energy and commitment in one another and in ourselves. Empowerment involves a trust in others and in one's self. It involves taking risks with others for the development of new ways of reducing conflict or pain.

"A congregation or organization is empowered when members of that group understand that, if something is going to be done about an issue or concern, they together have the necessary resources to get started. When empowerment increases, new energy is created. Unfortunately, too often we as individuals and the groups to which we belong act as if we are not empowered. There is the feeling that others are the ones who can do things, but we cannot. Perhaps we think that experts or those with great power or the government will do the things that ought to be done.

"However, whether the issue is a problem with one's family, with crime in the neighbourhood, a conflict in the church, poverty among the community or peace in the world, better results will come from believing that we as individuals and our group working together can make a difference. We can take informed action in partnership with our neighbours.

"Too many good and potentially helpful projects never get off the ground because people assume that somebody else can, and will, do it better.

"Thus, as your community finds issues of need and thinks of possible ways to proceed, begin with a clear understanding that you and your congregation do have the necessary resources somewhere within yourselves and then you can tackle the issue intelligently and well."

Education materials were developed to use in the project. They included booklets illustrated with lively cartoons – "What is Social Support, Anyway?" "Idea Handbook for Chemical Abuse Prevention" and "New Outlook". These booklets spoke to people in a simple, non-threatening way suited to the cultural context.

Results of the Minnesota Programme

Careful testing at the conclusion of the programme's activities showed that remarkable changes had taken place. These results (which were well analysed statistically) showed:

* Programmes based in the congregation which promote self-organized activities for the prevention of alcohol problems do help to decrease alcohol abuse with its related pain and negative consequences. These programmes seemed to work because people learned correct information about alcohol use and the signs of abuse; because they increased social support from family members and because they increased each person's "investment in community". Investment in community, which is a person's supportive interaction with, knowledge of, and care about others in his or her community has a powerful effect in lowering level of alcohol use and abuse.

The study also showed some suprising results:

* Even those congregations which had no planned activities showed smaller levels of alcohol abuse, simply because they had taken the pre-test which asked some searching questions about how much alcohol people drank.

* When a person had a heavy drinker as a close friend, an increase in social support **increased** the person's drinking dramatically.

This seems to say that it is better not to turn to a heavy drinker for support in cutting down on drinking.

* The strong relationship shown by this study between the level of congregational activity and an increase in social support from the family makes it clear that church congregations can serve in important ways for strengthening the family and reducing the terrible toll of disease and tragedy from alcohol.

The Motivation for a Programme of Support

Why should communities try to provide caring support for alcoholics or work toward prevention of alcoholism? Practical answers can be given in terms of the economic cost of alcoholics, the danger they represent for other members of the community and themselves, the pain they and their families suffer. Yet, designers of this programme in Minnesota felt that religious faith provided the extra dimension necessary for a long-term commitment to

WHAT TO DO AND NOT TO DO

ENABLER!

Don't Be One

Don't enable your friend (spouse, parents, child, work partner, neighbor) to continue their "signs of abuse". For instance:

1 Don't make excuses for your friend to cover up the fact that s/he was drunk.

2 Don't clean up after your friend when s/he makes a mess when drinking.

3 Don't make excuses for your friend when s/he does something embarrassing to others.

4 Don't believe your friend when s/he says "I won't ever drink too much again".

FRIEND!

Do Be One

Do help your friend recognize that s/he has a problem. S/he may have a disease (Chemical Dependency) for which s/he will need competent, professional help plus non-enabling help from you.

1 Do seek advice from profesionals if you are worried about a friend's drinking.

2 Do take action promptly.

3 Do recognize that you too are affected by your friend's behavior and you will need to be involved also.

From Roberts & Thorsheim, ***Idea Handbook***

caring about oneself and others in the community. In the booklet "Mutual Helping", they say:

"The spiritual dimension of a holistic approach to helping people is an important one, especially for church congregations. We are, after all, coming together because we share something in common. Yet people differ in the intensity of the importance of an open expression of faith. This is as it should be for a healthy and diverse congregation. Just as we differ in our needs for physical or emotional expression, so, too, we differ in our needs for spiritual expression.

"Thus the development of a variety of programmes will be helpful. Some can focus on the prayer and study side of religious faith, while others can be more active in helping activities or congregational-sponsored programmes. Caring and active involvement in the world around us is a means of expressing our own religious values and is a sign of the importance of those values in our daily life."

It is indeed interesting that the approach of the most successful programme for rehabilitating alcoholics, Alcoholics Anonymous, which is related to no established church, relies on strong spiritual values for the success of its work. Consider the "Twelve Steps" of AA which are called "a group of principles which if practised as a way of life can expel the obsession to drink and enable the sufferer to become happy and usefully whole":

The Twelve Steps

1. We admitted that we are powerless over alcohol, that our lives are unmanageable.
2. We came to believe that a power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God as we understand Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves and to another human being the exact nature of our roles.

6. We are entirely ready for God to remove all these defects of character, and humbly ask him to remove all our shortcomings.
7. We made a list of all persons we have harmed and are willing to make amends to them all.
8. We will make direct amends to such people where possible except where to do so would injure them or others.
9. We will continue to make a personal inventory and when we are wrong promptly admit it.
10. We seek through prayer and meditation to improve our conscious contact with God as we understand Him.
11. We pray only for knowledge of His will and the power to carry it out.
12. Having had a spiritual awakening as a result of these steps, we try to carry this message to alcoholics and to practise these principles in all our affairs.

It is perhaps also worth noting the strong importance these 12 steps place upon the value of community and right relationships with those around us when we seek to renew life.

It seems that churches and congregations around the world have at hand the resources in their own people and the faith to fight the havoc that alcohol abuse brings to us all. Indeed, there may be a possibility that churches can stand at the forefront of curing and caring, by empowering their people to begin the fight, both inside the congregation and as they move out into the world.

The Advisory Council on Church and Society of the Presbyterian Church (USA) has made a report on the **Social and Health Effects of Alcohol Use and Abuse** which gives some interesting comments for the consideration of the churches:

"God has entrusted humankind with all of creation (Genesis 1:26ff). We are to act as responsible stewards by using the social and natural resources God provides for the good of our neighbour, our own sustenance (not over-indulgence) and the good of the rest of creation. Alcohol, when misused, destroys human lives, damages society and victimizes innocent people. Stewardship of God's world means an exercise of loving care and concern, done in the freedom we have in Jesus Christ.

"Christians then are to have the mind of Christ (Philippians 2:5) as we deal with life and its continual challenges. We act with the assurance that we are justified by God's grace as a gift through the redemption which is in Christ Jesus (Romans 3:24). We are free to spend ourselves in service to our neighbours to the glory of God. This radical freedom (Galatians 5:1,8) does not means that we have the opportunity simply to do whatever we wish, but rather that we are set free and empowered to love and serve God by word and deed.

"In contemporary culture, choice about the use of alcohol is an area of great importance for the exercise of Christian freedom. The choice to abstain completely – not to drink at all – is a legitimate and appropriate Christian lifestyle in a drug-glutted culture. Christian freedom may also be exercised in the choice to drink alcoholic beverages in moderation, witnessing to a lifestyle of responsible care for persons and society. Both abstinence and responsible use demonstrate the exercise of Christian freedom in the service of stewardship.

"From any perspective, drunkenness, driving while intoxicated, and all the other destructive results of alcohol abuse and intoxication can be clearly labelled for what they are – a disregard of God's intention for creation, denial of stewardship, subversion of society, sinfulness, a shredding of Shalom. Since abuse of alcohol is such a pervasive vehicle of destructiveness and injury, its use should not be encouraged by individuals or by society. In fact, constraints on its availability and use are appropriate means of seeking to lessen its personal and social dangers. Freedom may argue against prohibition, but stewardship demands personal and societal constraint.

"In this freedom, informed by education, we can seek methods to prevent alcohol problems and extend a helping hand to the millions of victims, holding out God's eternal promise, "Behold, I make all things new". In this stewardship and empowered by the same promise, we can work to create a new climate and new policies for the society in order to reduce the injury and cost of alcohol-related problems in our society.

"Beyond the role played by the problem drinker and that of societal conditions in contributing to alcohol problems, the drug itself is a factor. The impact of alcohol as a drug increases when problem drinking progresses into addiction.

"As Christians, we are concerned for the health and wholeness (Shalom) of all God's people. Alcohol consumption is a leading causal factor in the destruction of life, health, relationships and resources. The suffering associated with alcohol abuse is by no means restricted to a minority of persons diagnosable as "alcoholic" but touches the lives of all God's people.

"God sets before us a promise of life, of new birth and wholeness, of Shalom that needs to be proclaimed and lived out. As individuals and together as the church we can choose death or life. It is our calling to choose life and to help others to choose life, to choose Shalom." ■

Journals, Pamphlets and Books quoted in this issue:

1. **Alcohol Policies,** WHO Regional Publications, European Series, No. 18.
2. **Alcohol Policies in National Health Development Planning,** Joy Moser, Editor. WHO Offset Publication, No. 89, 1985.
3. **Alcoholic Beverages,** Dimensions of Corporate Power, by John Cavanagh and Frederick Clairmonte. London, Croom Helm, 1985.
4. "The Approach of Social Ecology; A Partnership of Support and Empowerment", Bruce B. Roberts & Howard I. Thorsheim, **Journal of Primary Prevention,** Vol. 3, No. 2, Winter 1982.
5. **Do You Like to Drink?** published in New Guinea Pidgen by the Kristen press, Mandang, Papua New Guinea, 1985.
6. Information Service of the International Federation of the Temperance Blue Cross Societies, 1 April 1985.
7. **Journal of the American Medical Association,** No. 10, September 13, 1985, pg. 1355.
8. Middelkoop, Cor, reporting from CARP, Scott Hospital, Private Bag, Morija, Lesotho.
9. Report of the Advisory Council on Church and Society to the General Assembly of the Presbyterian Church (USA), 1986.
10. "Alcohol and Advocacy" by Marcus Grant, **World Health,** WHO, June 1985.
11. Booklets by Thorsheim & Roberts for the "Bottled Pain Project": **Manual, Idea Handbook, What Is Social Support, Anyway?** and **Background Papers;** All are available from:

    Social Ecology Research Project, Inc., PO Box 643, 208 Division St., Northfield MN 55057, USA. Cost: $18.50 per packet.

NEW PUBLICATIONS

Teaching Health-care Workers, A Practical Guide, by Fred Abbatt and Rosemary McMahon. MacMillan, 1985, 249 pages.

This book is called a practical guide intended for teachers involved in training health-care workers, especially in developing countries. Specific guidance is given on decisions about what students should learn, about planning training programmes and about teaching methods.

Available from:
MacMillan Higher and
Further Education Division
Houndmills, Basingstoke,
Hants RG21 2XS, U.K.

Price: £2.95 paper cover; £20 hardcover.

The State of the World's Children, 1986, by James P. Grant. UNICEF, 156 pages.

The Executive Dirctor of UNICEF describes the progress made toward the large-scale implementation of practicable, low-cost child survival measures. The book also contains a reference section containing summaries and extracts from recent research and writings on important topics of child survival.

Available from:
Oxford University Press
Oxford OX2 6DP

Price: £2.95 paper cover; £20 hardcover.

Eye Diseases in Hot Climates, by John Sandford-Smith. Wright Publishers, 1986. 240 pages.

A practical, highly illustrated guide to eye diseases in tropical and developing countries. The book emphasizes the problem of avoidable blindness and eye disease, especially in rural areas of hot countries, and talks about the role individual health workers can play in preventing blindness in the community.

Available from:
Wright Publishers
Techno House, Redcliffe Way
Bristol BS1 6NX, U.K.

Price: £7.50 paper cover.

Evaluation of the Oral Therapy Extension Programme of the Bangladesh Rural Advancement Committee, by Immita Cornaz and David Pyle. Swedish Free Church Aid, app. 50 typed pages.

This evaluation of the Oral Therapy Extension Programme in Bangladesh reviews performance of the programme over the past two and a half years. The programme is briefly discribed, and the evaluation finishes with conclusions and recommendations as the programme prepares to move beyond oral rehydratation therapy to other child survival activities. Those interested in obtaining this evaluation should write to:
Swedish Free Church Aid
Älvsjö Gardsväg 3
125 30 Älvsjö, Sweden

T.A.L.C. (Teaching Aids at Low Cost) announces the appearance of several new sets of slides for health workers developed by the University of London. Scripts describing each slide are available with all sets, and some sets include questions and answers. New sets of slides available include: "Schistosomiasis and Intestinal Helminths"; "Leprosy Lesions in Skins of Different Colours"; "Playgroups for Preschool Children in Africa"; and "Schools, a Resource for Primary Health". Costs for these slide sets vary according to choice of mounted or self-mounting. Some sets available in French or Spanish.

For more information:
C.L. Bate
TALC, P.O. Box 49
St. Albans, Herts. AL1 4AX, U.K.

Also available from TALC: Design by Dr. David Morley for a cheap and effective scale for growth-monitoring of babies and children, designed for use with TALC growth chart. Scale kits are available from TALC for £5. Write to address above.

CMC NOTES

The World Federation of Public Health Associations will hold its Vth International Congress in Mexico City in March 1987. The theme of the Congress will be "International Health in an Era of Economic Constraint: The Challenge". Abstracts on several sub-themes of the Congress are being sought and should be presented for acceptance by October 15, 1986. Write for information and forms to:

WFPHA Secretariat
c/o American Public Health Association
1015 15th St, NW,
Washington DC 20005, USA.

The John Burns School of Medicine of the University of Hawaii will offer a course in "Nursing Leadership in Primary Health Care and Child Survival Programs" from November 2-28, 1986. The intensive course is designed for senior nurses, officials of nursing associations and nurse-educators who seek to promote the role of nursing in PHC and child survival.

Write to:
John Rich, Director of Courses
The MEDEX Group
1833 Kalakaua Ave., Suite 700
Honolulu, HI 98615-1561, USA

The Graduate School of Public Health, San Diego State University provides 9-month full-time training in Maternal and Child Health and Family Planning. The Programme awards a Master of Public Health Degree and proposes to prepare paediatricians, obstetricians, nurses and social workers for positions of leadership in health.

Write to:
Graduate School of Public Health
San Diego State University
San Diego, California 92182, USA

CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published six times a year in four languages: English, French, Spanish and Portuguese. Present circulation is in excess of 25,000.

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