Patterns of Drinking and the Need for Targeted Interventions

Marjana Martinic
International Center for Alcohol Policies (ICAP)
1519 New Hampshire Avenue, NW
Washington, DC 20036, USA
E-mail: mmartinic@icap.org

Drinking in Context: Patterns, interventions and partnerships


Sponsoring organizations:
International Center for Alcohol Policies (ICAP)
International Harm Reduction Association (IHRA)
Institute de Recherches sur les Boissons (IREB)
World Federation for Mental Health (WFMH)

“Drinking patterns are important determinants of both positive and negative consequences of drinking.”


Drinking patterns describe three aspects of alcohol consumption

- Individuals and groups
  - Gender, age, social and economic factors, health and genetic factors
- Behaviors
  - Drinking and leisure, heavy drinking episodes, drinking and driving, public disorder, violence, sexual activity
- Contexts
  - Drinking culture and trends, risk and protective factors, venues and settings, beverage type and quality
## Outcomes of Drinking: Balancing positive and negative outcomes

### Somatic health
- Harm:
  - Neurological damage
  - Respiratory infection
  - Digestive tract problems
  - Abnormal blood pressure
  - Fetal alcohol syndrome
  - Acute effects

- Benefit:
  - Improved cognitive function

### Mental health
- Harm:
  - Difficulty sleeping
  - Anxiety
  - Depression

- Benefit:
  - Improved mood

### Social health
- Harm:
  - Social disintegration
  - Domestic violence

- Benefit:
  - Improved relationships

---

### Patterns and Outcomes

Different patterns of drinking are associated with different outcomes, both positive and negative.

- For example:
  - Moderate regular drinking
    - Protection for CVD, diabetes II, osteoporosis
    - Sociability, conviviality
  - Heavy drinking episodes
    - Acute harm from accidents and injuries
    - Atrial Fibrillation

---

### Patterns, outcomes and policy

“Given that a mix of measures is necessary to address the range and complexity of problems associated with harmful drinking patterns, policy-makers are faced with the task of determining which efforts are most likely to produce positive results—by preventing and mitigating physical, mental, and social harm at the same time as promoting healthier drinking patterns—in their particular societies, taking into account new trends and changing cultural contexts.”

Stimson et al. (2007). Drinking in Context, Chapter 1.

---

### Opportunities for intervention

#### Population-level measures
- Aimed at access and availability of alcohol
  - Insensitive to specific groups and issues; require legislation, structural change, effective enforcement

#### Targeted interventions
- Aimed at drinking patterns
  - Responsive to cultural, community needs; target ‘at-risk’ groups; implementation can be quick and efficient
ICAP 9

Targeted interventions: Individuals and groups

- Identification of “at risk” groups
  - Special attention to pregnant women, young people
  - Identification of traits (health, genetic predisposition, problem drinking, dependence)
- Interventions
  - Tailored drinking guidelines, recommendations
  - Legal drinking age limits
  - Early identification and brief interventions
  - Information, awareness raising, behavior change
    - Professional education and training
    - Education of parents
    - Education for young people
    - Life skills

ICAP 10

Targeted interventions: Behaviors

- Problematic drinking behavior
  - Chronic heavy drinking
  - Heavy episodic drinking
  - Drinking and driving
- Interventions
  - Early identification and brief intervention
  - Treatment, where appropriate
  - Education
    - Social norms marketing, life skills
    - Designated driver schemes, enforcement of BAC, breath testing
    - Responsible hospitality, server training

ICAP 11

Targeted interventions: Contexts

- Problematic venues and contexts
  - Heavy drinking venues
  - Public order and personal safety
  - Violence
  - Integrity of beverages
- Interventions
  - Responsible hospitality, retail and marketing, server training
  - Safety of venues
  - Community involvement

ICAP 12

Targeting drinking patterns: Criteria for interventions

- Resources available versus resources needed
- Achievable goals versus desired goals
- Realistic expectations versus aspirations
- Intended versus unintended outcomes
### Interventions aimed at individuals and groups

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Target population</th>
<th>Resources needed</th>
<th>Procedure requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early ID and brief interventions</td>
<td>Non-dependent problem drinkers</td>
<td>Any healthcare setting, pharmacy, ER, clinic, doctor’s office</td>
<td>Integration into health care system, treatment when appropriate</td>
</tr>
<tr>
<td>Life skills education</td>
<td>Young people</td>
<td>Education or health system</td>
<td>Integration into existing programs, curricula, programs for young people, development and sponsorship of programs</td>
</tr>
</tbody>
</table>

### Resources needed
- Procedural requirements
- Target population
- Interventions

### Feasibility of Targeted Measures (examples)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Target population</th>
<th>Procedural requirements</th>
<th>Resources needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early ID and brief interventions</td>
<td>Non-dependent problem drinkers</td>
<td>Any healthcare setting, pharmacy, ER, clinic, doctor’s office</td>
<td>Integration into health care system, treatment when appropriate</td>
</tr>
<tr>
<td>Life skills education</td>
<td>Young people</td>
<td>Education or health system</td>
<td>Integration into existing programs, curricula, programs for young people, development and sponsorship of programs</td>
</tr>
</tbody>
</table>

### Interventions aimed at behaviors

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Target population</th>
<th>Procedural requirements</th>
<th>Resources needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social norm marketing</td>
<td>Extreme drinking (especially among young people)</td>
<td>Education or health programs</td>
<td>Social norms marketing, media cooperation</td>
</tr>
</tbody>
</table>

### Feasibility of Targeted Measures (examples)

### Interventions aimed at drinking contexts

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Target population</th>
<th>Procedural requirements</th>
<th>Resources needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Server training</td>
<td>Licensed premises and other public venues</td>
<td>Immediate linkage to licensing requirements, training employees and providing community support</td>
<td>Voluntary codes and implementation by employers, unions, enforcement</td>
</tr>
<tr>
<td>Workplace training</td>
<td>Workplace</td>
<td>Voluntary codes and implementation by employer, union</td>
<td>Employee support, training materials, implementation of policies, enforcement of education, counseling brief interventions</td>
</tr>
</tbody>
</table>

### Implementation of targeted interventions

- Are not a simple fix to a complex problem. However:
  - Require less intensive resource allocation
  - Are not constrained by government regulatory or approval process
  - Do not require structural change
  - Can involve diverse stakeholders
  - Make us on what is available and accessible
  - Responsive to immediacy of needs and drinking culture
Summary

- Drinking patterns are not static and largely depend on culture.
- Population-level approaches are insensitive to local variation in drinking patterns and changes over time.
- Targeted interventions are responsive to variation in patterns and integrate both positive and negative outcomes.
- They can be tailored to what is possible and achievable.
- Balanced policies combine population-level strategies with more flexible and responsive targeted measures.

“For the purposes of policy and prevention, a comprehensive alcohol policy needs population-level interventions, but there is also a need to disaggregate populations in order to develop a more nuanced and comprehensive approach to reducing alcohol-related harms.”