# Toolkit on How to better involve Young people in Alcohol-related projects

(prepared by Ingunn Aanes, proof-read by Jan Peloza)

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1. Introduction

Alcohol Policy Youth Network (more about APYN can be found on www.apyn.org) hosted several activities in the period 2008-2011 and has gathered good practices from these events to this toolkit on how to address three main challenges when it comes to youth and alcohol:

- Youth (organizations) don’t see alcohol as a problem.
- Lack of interest to make alcohol related projects.
- Lack of knowledge and skills to make alcohol related projects.

The participants, trainers and speakers of the activities helped to make this toolkit that will help APYN’s member organizations to tackle these challenges.
2. Why alcohol can be a problem (Facts)

In developed countries alcohol is one of the ten leading causes of disease and injury. Worldwide, alcohol causes 3.27% of deaths (1.8 million) and 4% of DALYs (58.3 million).

In developed countries alcohol is responsible for 9.2% of disease burden. Alcohol causes 10% of all ill-health and premature deaths in Europe.¹

2.1 Alcohol related harm to the human body

Alcohol affects the whole and every organ in your body.²
Alcohol has also a significant affect on the human brain:

![Brain Diagram]

Alcohol affects the parts of the brain that is coloured on the picture above. That includes the part that controls:

- memory,
- pain,
- coordination,
- vision,
- sensation,
- movement,
- judgement and
- the Reward centre of the brain.

Alcohol is broken down in the liver. But the liver also has other tasks in the body, e.g. to break down fat. When alcohol is consumed, the liver first takes care of the alcohol, and this can leave the fat and other work of the liver untouched. A fatty liver is not good for the human body and can in worst-case lead to liver cirrhosis.

2.2 Alcohol related harm to society

DALY stands for “Daily adjusted life years” and is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. WHO made a list over lost in the world due to different risk factors.
Alcohol is included in:iii
- 4 of 10 homicides, 1 of 6 suicides,
- 1 of 3 traffic deaths, 23% of deaths in children aged 0-15 from motor vehicles are due to alcohol,
- Crime - costs € 33 billion,
- 5-9 million children (9%) live in families adversely affected by alcohol,
- 16% of cases in child abuse involves alcohol,
- 19% of all child homicides are due to alcohol,
- Many unborn babies in the EU have mothers drinking alcohol during pregnancy.

The total tangible cost of alcohol to the EU (2003) was estimated at €125 billion, 1.3% of its GDPiv

2.3 Alcohol and youth

Some statistics concerning alcohol and youth:vi
- 13 000 young men and 2 000 women die in the EU each year due to alcohol.
- 350 000 15-16 year old report fights.
- 220 000 students report contact with police.
- 700 000 15-16 year old suffer due to parents drinking.
- 5% of 15-16 year old report regretted sex.
- Most common cause of death among boys 15-25 years.
3. How can we work on alcohol related projects

3.1 Effective measures in alcohol policy

According to “Alcohol: no ordinary commodity; research and public policy” (Oxford University Press, 2003) the most effective measures to reduce alcohol related harm with alcohol policy are:

- minimum legal purchase age,
- government monopoly of retail sales,
- restriction on hours or days of sale,
- outlet density restrictions,
- Random Breath Testing,
- lowered Blood-alcohol content limits,
- administrative license suspension,
- graduated licensing for novice drivers,
- brief interventions for hazardous drinkers.

Furthermore, the book analyses different interventions for different problems connected with alcohol. Some of these are stated below.

A. Regulating alcohol advertisement

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effectiveness</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertisement ban</td>
<td>+</td>
<td>Low</td>
</tr>
<tr>
<td>Voluntary agreement</td>
<td>0</td>
<td>Low</td>
</tr>
</tbody>
</table>

B. Education and persuasion

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effectiveness</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol education</td>
<td>0</td>
<td>High</td>
</tr>
<tr>
<td>Public service messages</td>
<td>0</td>
<td>Moderate</td>
</tr>
<tr>
<td>Warning labels</td>
<td>0</td>
<td>Low</td>
</tr>
</tbody>
</table>

C. Treatment and early intervention

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effectiveness</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief intervention with drinkers at risk</td>
<td>++</td>
<td>Moderate</td>
</tr>
<tr>
<td>Intervention</td>
<td>Effectiveness</td>
<td>Costs</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------</td>
<td>-------</td>
</tr>
<tr>
<td>Alcohol problem treatment</td>
<td>+</td>
<td>High</td>
</tr>
<tr>
<td>Mutual help/self-help attendance</td>
<td>+</td>
<td>Low</td>
</tr>
<tr>
<td>Mandatory treatment of repeat drinking-drivers</td>
<td>+</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

**D. Taxation and pricing control**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effectiveness</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol taxes</td>
<td>+++</td>
<td>Low</td>
</tr>
</tbody>
</table>

**E. Regulating availability**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effectiveness</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total ban on sales</td>
<td>+++</td>
<td>High</td>
</tr>
<tr>
<td>Minimum legal purchase age</td>
<td>++</td>
<td>Low</td>
</tr>
<tr>
<td>Rationing</td>
<td>+++</td>
<td>High</td>
</tr>
<tr>
<td>Government monopoly on retail sales</td>
<td>+++</td>
<td>Low</td>
</tr>
<tr>
<td>Hours and days of sale restrictions</td>
<td>++</td>
<td>Low</td>
</tr>
<tr>
<td>Restrictions on density of outlets</td>
<td>++</td>
<td>Low</td>
</tr>
<tr>
<td>Different availability by alcohol strength</td>
<td>++</td>
<td>Low</td>
</tr>
</tbody>
</table>

**E. Modifying drinking context**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effectiveness</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outlet policy not to serve intoxicated patrons</td>
<td>+</td>
<td>Moderate</td>
</tr>
<tr>
<td>Training managers and bar staff to prevent and better manage aggression</td>
<td>+</td>
<td>Moderate</td>
</tr>
<tr>
<td>Voluntary codes of bar practice</td>
<td>0</td>
<td>Low</td>
</tr>
<tr>
<td>Enforcement of on-premise regulations and legal requirements</td>
<td>++</td>
<td>High</td>
</tr>
<tr>
<td>Community mobilization</td>
<td>++</td>
<td>High</td>
</tr>
</tbody>
</table>

**F. Drink and driving**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effectiveness</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sobriety check-points</td>
<td>++</td>
<td>Moderate</td>
</tr>
<tr>
<td>Random breath testing</td>
<td>+++</td>
<td>Moderate</td>
</tr>
<tr>
<td>Prevention strategy</td>
<td>Effectiveness</td>
<td>Cost</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------</td>
<td>------</td>
</tr>
<tr>
<td>Lowered BAC limits</td>
<td>+++</td>
<td>Low</td>
</tr>
<tr>
<td>Administrative license suspension</td>
<td>++</td>
<td>Moderate</td>
</tr>
<tr>
<td>Low BAC for young drivers</td>
<td>+++</td>
<td>Low</td>
</tr>
<tr>
<td>Graduated licence for novice drivers</td>
<td>++</td>
<td>Low</td>
</tr>
<tr>
<td>Designated drivers and ride services</td>
<td>0</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

**3.2 Prevention projects**

There are different levels of prevention work. *Primary prevention* is to prevent use or misuse of alcohol in a group that is not familiarized with the use of alcohol. *Secondary prevention* is to stop the development of a negative pattern related to alcohol, and *tertiary prevention* is to treat or rehabilitate abusers and addicts.

The different prevention levels use different methods and have different costs to the society. For an overview, look at the table below.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent use/</td>
<td>Prevent use/ or misuse</td>
<td>Stop development of a negative</td>
<td>Treat/rehabilitate</td>
</tr>
<tr>
<td>Target group</td>
<td>All</td>
<td>Risk zone</td>
<td>Abuser/addict</td>
</tr>
<tr>
<td>Tools</td>
<td>Political regulation,</td>
<td>Social and administrative</td>
<td>Therapy, medication etc.</td>
</tr>
<tr>
<td></td>
<td>information/building attitudes</td>
<td>targeted efforts</td>
<td></td>
</tr>
<tr>
<td>Costs</td>
<td>Low/medium</td>
<td>High</td>
<td>Very high</td>
</tr>
</tbody>
</table>

Youth that start drinking at an early age will in average drink more than their peers when they are adults. According to the total consumption model, reducing the average alcohol consumption will also reduce alcohol related harm. Therefore, primary prevention might be a good tool to reduce alcohol related harm in a long-term perspective.
Prevention work is not a method in itself. Prevention work is a way of using different methods to convince someone to act differently or not stop acting right.

This work is best done in the context you are trying to prevent; if you are trying to prevent under-aged drinking you should be where under-aged would usually start to drink, e.g. at a party. However, prevention work is usually done in schools, at home or in organizations. Therefore the term context crossing is important to understand.

Context crossing is to teach someone to use their knowledge in another setting than the one they gained the knowledge in.

Another important aspect to have in mind when doing prevention work is that the prevention is more successful if the leaders are role models of the young people they are trying to guide. This means that the young leaders also need to act as examples of what they are teaching. The key in primary prevention work is to “expose” the persons over a longer period of time. It’s quite easy to change attitudes, however, it is quite hard to make those “new” attitudes be practiced.

**Key points in primary prevention:**
- Lower costs per person than secondary and tertiary prevention.
- Young people start drinking in groups, so prevention should also be done for the whole group.
- Teach context crossing.
- Practice what you preach (be role models).
- Expose young people to the message more than once.
3.3 Media and lobbying

Media

Organizations wish to be in the media mainly because of two reasons:
- To gain support for a cause.
- To show the organizations to the public.

The media reality has changed drastically in the last few years. Media is not only newspapers, TV and radio, it’s also social media (Facebook, Twitter), Wiki, online newspapers, other webpages etc. We differ between traditional and new media.

The difference between traditional and new media is the digitalizing of content into bits. While new media (Wiki, online newspapers, social media) allow interactive feedback, community formation and creative participation, traditional media is more rigid due to static channels of communication. Examples of traditional media are newspapers, television, radio and telegraph.

Different kind of media should be used in different ways to reach different people. Therefore you need to think through what your message is and whom you want to reach with that message; e.g. if you want to reach the general population, you might want to get something printed in the newspaper.

There are three things to remember with the recent development in the media:
- Everything is more and more Internet based.
- There are shorter deadlines for different media.
- All media aim to be more interactive.

What turns a story into news?

<table>
<thead>
<tr>
<th>Actuality</th>
<th>The most important criteria for news</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sender</td>
<td>Who? How important / &quot;heavy&quot; / known?</td>
</tr>
</tbody>
</table>
Clarity | Simple and clearly presented stories are more likely to make it pass the editors
---|---
Conflicts | Conflicts and opposites guarantee interest from the media
Exclusive | If a paper/radio channel etc. is the only one to be told about a story, they are more likely to front it
Geography | The closer the story is to the readers, the more important it gets
Positive | The media always need small positive stories about happenings in their surroundings
Photos | Stories with good photos or illustrations are stronger
Public interest | Information that can be useful for individuals or society
Follow-up | Editors like to do follow-ups when they have launched a story

One of the most common ways for an organization to use the media is by sending press releases. Journalists usually don’t have time – that is to our advantage. That means that if you write a good press release, they might print it just like you wrote it.

**Useful tips:**
- Keep it under one page long.
- Call the media company before and after you send it.
- Be prepared for additional questions from the media company.
- Attach extra info if it’s needed.
Lobbying

When doing lobbying, there are some concrete answers you should ask yourself:

1. What do you want to achieve?

   Make a goal that’s:
   - Realistic
   - Concrete

2. Who’s making the decision?

   - Who’s making the decision in this matter?
   - How do you reach them?
   - What appeals to them?

3. What does it take for you to get your will?

   - Who should you influence?
     - And who not?
   - What’s the deadline?
   - Do you need media attention?
   - Do you have enough knowledge and experience?

4. Who will support you?

   - Can you build alliances?
   - Are those alliances valuable?
     - Do they add anything?
     - ... or are they a drag

5. What do you do?

   - Who do you talk to?
   - How do you communicate?
   - What arguments do you use?
Important tips when you are lobbying:

- Targeted effort
- Credibility
- Good arguments
- Supporting facts
- Use different methods
- Patience
- KISS: Keep It Simple, Stupid
- Prepare an A4-paper explaining your cause that you can leave with the politician after a meeting etc.

And remember: a politician is approached with a million problems and very few solutions. If you can present the problem and the solution to it, you make a much bigger impact than just telling problems.

4. Project development

4.1 Tips for project development

A. Defining the problem
The key to a successful project is to first define what the problem is. For example, a problem can be “increased binge drinking among youth” or “youth (organizations) don’t see alcohol as a problem”.

B. Analyse your environment
Make an analysis of the field you want to make a project on. There might be other project aiming at the same goal that you could cooperate with or that’s doing the same thing as you want to do.

C. Defining your goals
After defining the problem, you should make goals for your project. Those goals should be SMART; specific, measurable, achievable, realistic and time bound.
D. Analyse your resources
When you have defined your goals and done a short analysis of your environment, you should look what resources you have available and how they can help to make your project unique.
Resources can be
- Physical: a place to have meetings, a car etc.
- Finances: assets, money
- Organization: rutines, strategies etc. within an organization
- Relations and competence: good partnerships and knowledge

E. Find partners
Partnership might add extra resources to your project; find partners that are strong in the fields you have less experience and resources.

F. Pick your tools
Based on the environment for your project and your organization's resources, you should pick the tools that can be helping your project; will you use media in your project? Is it a prevention project? Which kind of prevention project? Which change are you aiming at? Do you need to lobby to reach that goal?

H. Do it!
Plan your project, do a pilot of it, revise your plan and do it all over! Experience and evaluation are the keys to success!
4.2 Examples
Hereby follow the examples of two different projects connected to the topic “alcohol and youth”. The examples are meant as inspiration to other projects.

A. Case study 1- Skjenkekontrollen

Skjenkekontrollen was a project done by the Norwegian youth organization Juvente.

The problem
Young people drink a lot, and this causes harm and problems in the drinking situation and later life. Young people drink more than 4.5 litres of alcohol per year in average in Norway, while this number in the 90’s was 3 litres. Even though it’s illegal to sell alcohol to minors, 58 % of minors' attempts to buy alcohol are ”successful”.
Alcohol sales to minors is rarely uncovered and sanctioned. Less than 1 ‰ of all controls lead to a withdrawal of the sales license because of alcohol sales to minors.

The campaign
Juvente conducted 1176 controls with minors in almost 500 shops in more than 60 municipalities in 15 regions in 2007, 2008 and 2009:
- 2007: 56% sold to minors
- 2008: 58% sold to minors
- 2009: 43% sold to minors

The project had several components:
- A training where approx.90 participants were trained in lobbying, media work, facts and more.
- Controls where 14-16 years olds tries to buy beer and a snack.
- Media work where the organizations local groups contacted local media throughout the country broadcasting the results of the campaign.
- **Lobbying** where the local groups met the local politicians and presented them with a report of the campaign and the demands of Juvente.

**The solution**
Juvente didn’t just present the politicians the problem, they also presented a solution to the problem:

- Municipalities
  - more and better controls
  - alcohol sales to minors should be sanctioned

- Shops
  - Use the routines of the sales monopoly

- Government
  - National guidelines for controls
  - More controls
  - System of sanctions

**B. Casestudy 2 - Plan for national youth councils**

At the training course in Cambridge, one group made a plan for a future project for the national youth councils that are members of APYN. This plan can be adopted in many different settings. They identified a problem of young people having their first drink in a youth organization, and also the use of alcohol in youth organizations. Their project-suggestion consisted of a step-by-step project:

1. **Fact and reality**
First the different national youth councils should make a research to find out how their different member organizations are using alcohol in their organizations, how many under-aged members are having access to alcohol in the youth organization and if the members are experiencing any pressure
to drink alcohol in their organization. This research will help the national youth councils and their member organization to see how the reality is in their country.

2. Conference
After this research has been done, the national youth councils will host a conference for all its members where they will learn more about the effects of alcohol, how it influences their organization, and discuss the results from the research.

3. Alcohol policy guide
Based on the two previous parts, the national youth council and their member organizations will create an alcohol policy guide that will help the organizations create rules and policies in their organizations.

Throughout the whole project they will fund-raise to be able to host the conference and develop the alcohol policy guide
5. Conclusion

As a conclusion to the tool-kit we propose a short step-by-step guide to get started on a project to reduce alcohol related harm:

1. Learn more about the topic!
The more knowledge and information you have, the easier it is to convince others about your view, and the easier it is to make a good project.

2. Chose your project!
Find out which kind of project you will do. Will you start a prevention project? Or do a street action? Or something else? Find your strengths and weaknesses as a group, and chose a project you can do.

3. Check your measures!
Check the measures you are using in your project. Will you do awareness rising? Or advocate for higher taxes? We suggest you look at the list over effective measures and find some suggestions there! :)

4. Plan your project!
And ask for help from people or organizations with experience. APYN is always here to help you!

5. Do it!
6. References

i Institute of Alcohol Studies (IAS)
ii Dr. Adrian Bonner, IAS
iii Adrian Farner Rogne, Juvente Norway
iv Katherine Brown, IAS
v Adrian Farner Rogne, Juvente Norway
vi Adrian Farner Rogne, Juvente Norway
vii Adrian Farner Rogne, Juvente Norway and Jan Peloza, APYN
viii Ingunn Aanes, APYN
ix Juvente Norway
x APYN Training course 4-8 March 2011