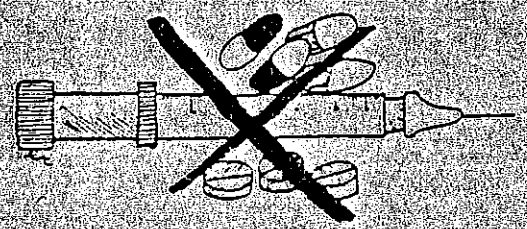
PROPOSAL

ALCOHOL AND DRUG ABUSE PREVENTION PROJECT IN THE PACIFIC ISLANDS



SOUTH PACIFIC COMMISSION
Community Health Services
Noumea, New Caledonia

PROJECT PROPOSAL:

ALCOHOL AND DRUG ABUSE PREVENTION PROJECT IN THE PACIFIC ISLANDS

South Pacific Commission
Noumea, New Caledonia

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EXECUTIVE SUMMARY

The concept of alcohol and drug abuse related problems is very useful as it directs attention to the wide range of physical, mental and social problems associated with alcohol and drug abuse. It also helps to establish specific targets for preventive strategies.

The consumption of alcohol and drugs is increasing in the Pacific Island countries. Males between their teens and late thirties, especially, drink large amounts of beer or other spirits during week-end parties and celebrations. As a result, alcohol and drug abuse related problems are on the increase in the region. The overall level of alcohol and drug abuse related problems is already so high in some countries that these problems are beginning to represent a major health and social issue.

The implementation of prevention and control programmes directed at reducing the occurrence and/or severity of specific alcohol and drug abuse related problems is urgently required by Pacific Island countries.

The lack of adequate regional training programmes for health professionals and other related professionals is a major concern. The development and testing of educational programmes, which would promote responsible choices concerning alcohol and drug abuse, and thereby reduce these related problems, is at best only a beginning. Effective implementation of these programmes relies upon the development of broader health education using a large number of approaches directed to a wide range of target groups.

To address this need and better assist Island countries in their alcohol and drug prevention efforts, a project on Alcohol and Drug Abuse Prevention in the Pacific Islands is being developed by the South Pacific Commission.

The South Pacific Commission (SPC) is an international organisation serving 22 Pacific Island countries. The SPC is very active in providing training and assistance in all areas of socio-economic development and is a unique regional institution due to its intimate knowledge of the Pacific, its comprehensive work programme, its expertise and its flexibility. The Commission responds to the expressed needs of its member countries.

The goal of the SPC Acohol and Drug Abuse Prevention Project is 'to assist Pacific Island countries in the prevention of alcohol and drug abuse'. The specific objectives of the project are to:

(a) organise and conduct regional, sub-regional and in-country training courses in alcohol and drug abuse prevention and control;

(b) produce and disseminate culturally appropriate alcohol and drug abuse education materials for regional use or specific use by a country;

(c) assist in designing, developing and/or promoting alcohol and drug abuse education curriculum components for primary and secondary schools;

(d) assist member countries in assessing the importance of alcohol and drug abuse through surveys, surveillance and regular monitoring; and

(e) provide timely and culturally appropriate technical assistance to member countries, as requested.

A proposed budget, timetable and programme of activities are presented in this project proposal.

1. INTRODUCTION

Throughout most of the Pacific Island region excessive drinking, mostly by men from their teens to their thirties, is being recognised as a serious and growing problem. In Palau, the National Congress has declared alcohol abuse and related problems to be one of the top three major problems facing the country. In Fiji, the increase in alcohol-related problems in recent years has been called a 'national epidemic'. The use of recreational drugs, including hard drugs such as heroin and cocaine, is also increasing in a number of Pacific Island countries.

2. PROBLEM STATEMENT

2.1 Alcohol Abuse in the Pacific

Although good statistics on alcohol use and misuse are difficult to obtain in the Pacific, it is obvious to many people that the problem is very serious in many countries and is growing at an alarming rate. For countries that have supplied information, statistics show that the total amount of alcohol imports per person has grown in several countries since the seventies, in some cases quite dramatically (see Figures 1 and 2). Though some of this increase may merely be due to substituting imported for locally-produced liquor and home brews, most people feel that the increase in alcohol abuse is real. The great rise in the average consumption of alcohol per person in Tonga in the late seventies tends to confirm this belief (see Figure 1).

Most alcohol drinking in the Pacific is by young men between 15 to 40 years who drink large amounts of beer or other spirits during week-end 'binges' with their friends or at parties and celebrations. Heavy drinking by Pacific Island women is still unusual, although in some countries, more women are starting to drink alcohol on a regular basis. Chronic alcoholism, in which people cannot live day-to-day without drinking, is relatively rare in this region. However, excessive drinking during binges causes serious problems to both the society at large and individual families.

In several Pacific Island countries, the great increase in alcohol drinking has led to a sharp rise in these alcohol-related problems. Police arrests involving alcohol, including arrests for drunk driving, have been increasing rapidly in several countries (see Figure 3). Within one year, in Port Vila, Vanuatu, the number of convicted cases of drunkenness rose from 37 (1983) to 131 (1984)*. In Palau, the number of reported crimes and accidents more than doubled from 1980 to 1981 (see Figure 4).

The costs of the problems caused by heavy drinking are high. Governments pay in terms of the extra police and court officers needed to deal with alcohol offenders, and for the costs of medical care and property damage caused by alcohol abuse. Women and their families pay in terms of the human suffering from alcohol-related deaths and serious family problems.

Many women in the Pacific and their families suffer these consequences of their husbands' and boyfriends' drinking. One report from American Samoa claims that 25 to 30 per cent of all Samoans suffered from a family member's alcohol abuse in 1984 (1985 SPC/WHO Joint Conference on Alcohol Related Problems).

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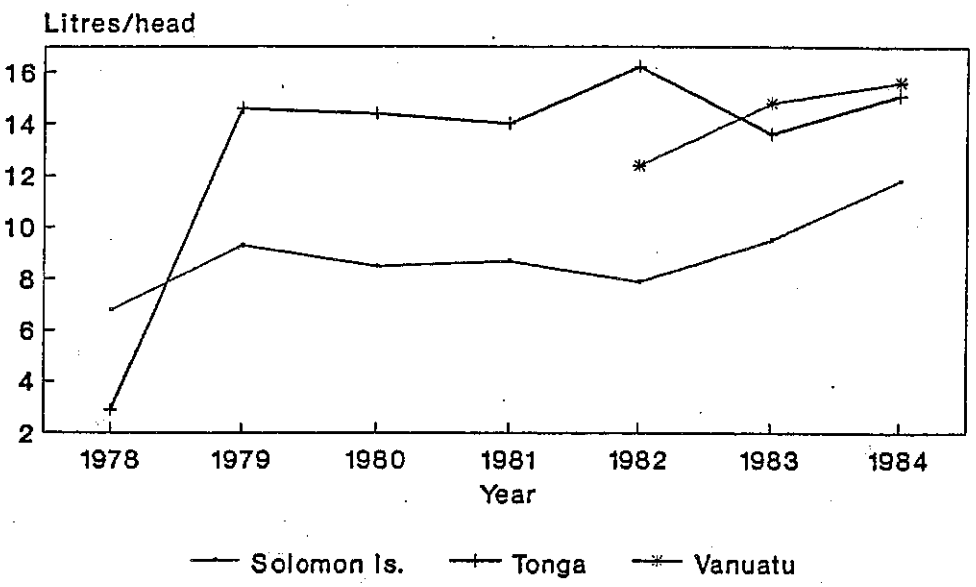
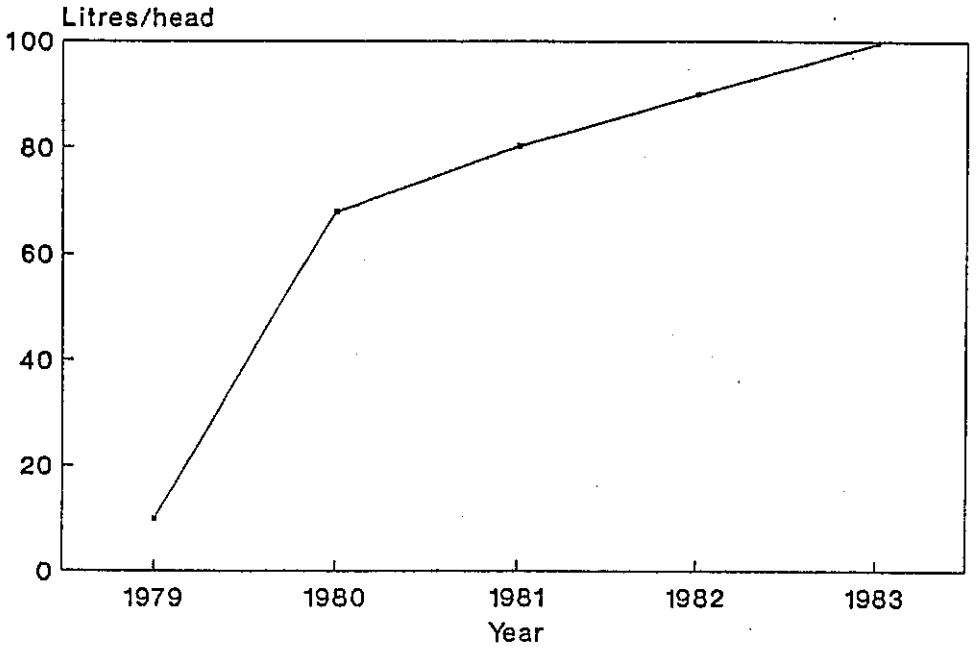
* 1985, country statement, SPC/WHO Joint Conference on Alcohol Related Problems in the Pacific Island Countries, Noumea, New Caledonia.

Fig. 1: Alcohol imports per head in some Pacific Island countries



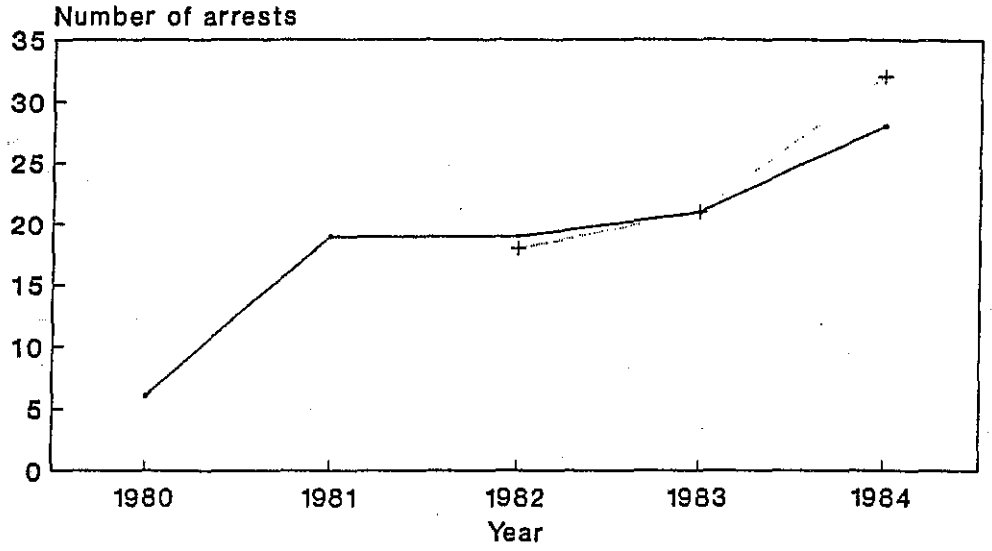
Source: Fia, P. (Solomon Is.); Puloka, T. (Tonga); and Country statement from Vanuatu. (1985). Paper presented at the SPC/WHO Joint Conference on Alchol-Related Problems in Pacific Island Countries, Noumea, New Caledonia.

Fig.2: Alcohol imports per head in Palau



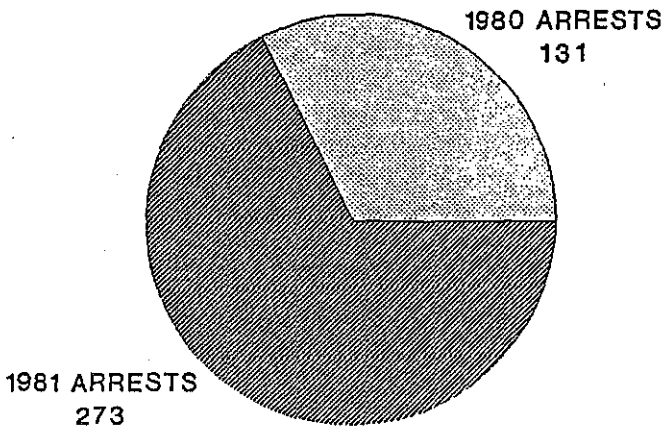
Source: Tlobeck, J. (1985). Country report. Republic of Palau. Paper presented at the SPC/WHO Joint Conference on Alcohol-Related Problems in Pacific Island Countries, Noumea, New Caledonia.

Fig.3: Drunk driving arrests in certain countries



Source: Country statement from the Republic of the Marshall Is. and the Kingdom of Tonga (1985). Paper presented at the SPC/WHO Joint Conference on Alcohol-Related Problems in Pacific Island Countries, Noumea, New Caledonia.

Fig. 4: Alcohol-related Arrests in Palau (offense: drinking in public places)



Source: Tlobeck, J. (1985) Country report. Republic of Palau. Paper presented at the SPC/WHO Joint Conference on Alcohol-Related Problems in Pacific Island Countries, Noumea, New Caledonia.

2.2 Drug Abuse in the Pacific

Although the use of illegal drugs in the Pacific islands is, in general, less of a problem than in many metropolitan countries, it has been growing steadily in the region in recent years. Drugs that come into the Pacific from Asia on their way to North America and Australia are increasingly being dropped off and sold in the islands themselves. In June 1989, the *Pacific Islands Monthly* reported that 800 grams of heroin at an estimated street value of US$ 1 million was intercepted in Vanuatu. Marijuana is the most commonly used drug in the Pacific and is even being grown in certain countries. According to the Criminal Investigation Department of the Fiji Police Force, the incidence of marijuana used by students in the Primary and Secondary schools is rising. More disturbing is the use of hard drugs, including intra-veinous drugs such as heroin in some countries. This is particularly true of Guam, American Samoa and Palau, although this problem has been steadily decreasing in Guam from the mid-seventies, when there were around 2,000 hard drug users to less than 200 in 1985. Palau recently experienced a major increase in the abuse of heroin with 42 cases admitted to hospital for heroin use in the first ten months of 1987. The intra-veinous (IV) drug problem in Palau, which concerns mostly men in their twenties and thirties, is undoubtedly greater than these numbers indicate, since not all drug abusers end up in hospital.

3. ALCOHOL AND DRUG ABUSE PREVENTION ACTIVITIES IN THE PACIFIC REGION

In May 1982, the 35th World Health Assembly of the World Health Organization (WHO), held in Geneva, recognised the alarming increase of alcohol consumption and alcohol-related problems all over the world. In September, the same year, the WHO Regional Committee of the Western Pacific Region unanimously adopted a resolution on alcohol which recognised alcohol problems as a major public health issue in the region. As a result of the resolutions, WHO (WPR) convened successful regional workshops on alcohol in Manila, Philippines, in 1983, and in Auckland, New Zealand, in 1984. WHO has also increased its activities in consultancy services and research on alcohol in the region. More recently, WHO (WPR) convened a workshop on Alcohol and Drug-Related Problems in Micronesia, in Koror, Republic of Palau, from 5 to 9 June 1989 (see Annex II)

The South Pacific Commission convened a Regional SPC/WHO Joint Conference on Alcohol-Related Problems in Pacific Island Countries, in Noumea, New Caledonia, from 9 to 13 September 1985. The joint conference was attended by 14 Pacific Island Countries and by a number of observers from governments and NGOs from the region. The participants at this conference recognised and acknowledged the importance of the efforts of all non-government, government and inter-government bodies at the national, regional and international levels in enhancing community life, without the adverse effects of alcohol. The Conference adopted sixty-seven (67) recommendations (see Annex III). Since then, SPC has developed and disseminated regional health education materials in English and French on alcoholism, such as flipcharts, posters, video tapes, a slide/tape show. Many of these materials have also been translated into local or national languages of member countries. A *Health Information Circular* on alcohol and drug abuse in the Pacific was also disseminated in December 1988.

The Fourth Regional Conference of Pacific Women held in Suva, Fiji, in September 1988, adopted eight recommendations on alcohol and drug abuse prevention with major emphasis on a community-level and multi-sectorial approach to education and prevention activities (see Annex IV).

In addition, since 1979, SPC has organised and directed seven Regional Training Courses in Drug Identification and Concealment Methods for Customs and Police Officers of the region, to help combat the import and/or transit of illegal drugs and narcotics in the South Pacific.

4. STATEMENT OF NEEDS

Alcohol and drug abuse is becoming a regional issue, as many Island countries experience similar problems. Fighting alcohol and drug abuse, therefore, requires attacking the problem on several different fronts simultaneously at both regional and in-country levels. The following list includes priority needs for regional and in-country activities:

(a) Health educators, social workers, teachers, youth and women's groups, individuals, etc., involved in alcohol and drug abuse prevention have a continual need for up-to-date and comprehensive technical information and training, such as programme design and development in prevention and control strategies.

(b) Alcohol and drug abuse prevention information that is relevant and appropriate to the Pacific islands context is needed. Most of the available alcohol and drug abuse information comes from developed countries and is thus not always appropriate for the Pacific islands. In addition, the flow of information between countries in the region must be improved, so that those involved in alcohol and drug abuse prevention become aware of what is being done in other Island countries and can make use of ideas and materials produced in those countries with similar cultures.

(c) School health education curricula on alcohol and drug abuse prevention need to be mandatory and instituted at all levels within the education system in the Pacific islands. It is widely recognised that teenagers are the most vulnerable age group to alcohol and drug abuse, and a comprehensive health curriculum must therefore be implemented at a very early age.

(d) Funding for the production and distribution of culturally appropriate and sensitive educational materials on alcohol and drug abuse prevention is needed in many Pacific Island countries. Such materials should include audio-visual aids, pamphlets, flipcharts, posters, etc. Some of the existing educational materials that have been produced for the Pacific islands have yet to be widely distributed, due to funding and organisational constraints.

(e) There is a need to assist governments and administrations in the Pacific islands in developing needs assessment and surveillance to clearly illuminate the nature and type of problems associated with alcohol and drug abuse. The assessment and surveillance should include a review of the availability and consumption of alcohol and drugs and the problems associated therein. This information will be used by policy-makers in designing and developing alcohol and drug abuse prevention and control programmes.

During the recent meeting of Commonwealth Health Ministers, held in Canberra, Australia, from 13 to 17 November 1989, the Health Ministers recognised and agreed on the urgent need for:

(a) governments to move towards a ban on all tobacco advertising;

(b) effective regulation of alcohol advertising, including sporting promotion; and

(c) expressed support for drug education and for law enforcement measures against drug trafficking.

5. GOAL AND OBJECTIVES OF THE PROJECT

5.1 Goal

The overall goal of this project is to assist Pacific Island countries in the prevention of alcohol and drug abuse.

5.2 Objectives

The objectives of the Alcohol and Drug Abuse Prevention Project in the Pacific Islands are to:

(a) organise and conduct regional, sub-regional and in-country training courses in alcohol and drug abuse prevention and control;

(b) produce and disseminate culturally appropriate alcohol and drug abuse education materials (video, radio scripts, slides, printed materials, etc.) for regional use or specific use by a country;

(c) assist in designing, developing and/or promoting alcohol and drug abuse education curriculum components for primary and secondary schools;

(d) assist member countries in assessing the importance of alcohol and drug abuse through surveys, surveillance and regular monitoring; and

(e) provide timely and culturally appropriate technical assistance to member countries, as requested.

6. PROGRAMME PLAN

6.1 Proposed Activities

The following are the proposed activities to be implemented in the five-year plan (1990-1994). A detailed timetable of the activities and objectives is presented in Table 1.

6.1.1 Objective No. 1

The project will organise and conduct regional, sub-regional and in-country training. The aim of the training is to provide practical knowledge and skills to national and community level workers in the design and management of effective prevention programmes and activities suitable to their cultural framework and using existing resources as much as possible.

(a) Regional training will be geared towards policy-makers who should plan and implement programmes to curtail availability and consumption of alcohol and drugs.

(b) Sub-regional training will be geared to national and local level administrators and officers responsible for designing, developing and monitoring alcohol and drug abuse prevention programmes.

(c) In-country training will be geared to grassroots level community workers, such as health educators, youth leaders, social workers, teachers, leaders of women's groups and church groups, etc., who will be executing community programmes and activities on alcohol and drug abuse prevention.

6.1.2 Objective No. 2

The project will produce culturally sensitive and appropriate health materials for the region and encourage member countries to translate the regional health materials into local or national languages. This activity aims to stimulate member countries to develop their own health material designs. The project will fund the design and production of culturally-sensitive alcohol and drug abuse education materials.

Table 1: Timetable of proposed activities and objectives for the five-year period

ACTIVITIES	YEAR 1/QRT. 1st 2nd 3rd 4th	YEAR 2/QRT. 1st 2nd 3rd 4th	YEAR 3/QRT. 1st 2nd 3rd 4th	YEAR 4/QRT. 1st 2nd 3rd 4th	YEAR 5/QRT. 1st 2nd 3rd 4th
I. TRAINING CONSULTANCY					
- Regional		[ ]			
- Sub-regional			[ ]	[ ]	[ ]
- In-country	[ ]		[ ]	[ ]	[ ]
- Consultancy (Education, Health, and related departments in the national and local governments)	[ ]				
II. MATERIALS PRODUCTION					
- Design and production	[ ]				
- Distribution	[ ]				
- Assistance in development of in-country materials	[ ]				
III. EVALUATION					
- Internal	[ ]				
- Short-term: funding organisation			[ ]		[ ]
- Recipient countries	[ ]				

6.1.3 Objective No. 3

The project will encourage and assist national and local Education Departments and teachers from member countries to develop and/or promote and evaluate existing health curriculum components on alcohol and drug abuse for primary and secondary schools.

6.1.4 Objective No. 4

Upon request from member countries, the project will provide assistance in:

(a) collecting information on knowledge, attitudes and practices (KAP) on alcohol and drugs; and

(b) setting up data collection and surveillance systems on the incidence of alcohol and drug availability, consumption, and related problems.

This information will be used for programme planning, implementation, evaluation and monitoring.

6.1.5 Objective No. 5

In addition to training activities, technical assistance will be provided, upon request, to individual Departments of Health, Education, as well as related departments and organisations, in the design, implementation, evaluation and promotion of alcohol and drug abuse educational activities and programmes. This type of assistance will take into consideration the importance of the mass media (newspapers, radio, television) in public education programmes.

6.2 Resources

The South Pacific Commission has a unique and wide range of resource programmes in diverse social, economic and cultural fields. This allows for a truly integrated, multi-disciplinary approach to development. The involvement of other interested SPC programmes will be particularly important in implementing the SPC Alcohol and Drug Abuse Prevention Project.

6.2.1 Manpower and organisation of resources

The Alcohol and Drug Abuse Prevention Project will make maximum use of existing resources within the South Pacific Commission. The project will be integrated in the Community Health Services and managed by the Health Education Specialist of the SPC.

The project will work closely with other relevant programmes within the SPC, in particular the Pacific Women's Resource Bureau, the Youth Development Programme, the Regional Media Centre and the Community Education Training Centre.

(a) The involvement of the Pacific Women's Resource Bureau and the Youth Development Programme will be twofold:

  (i) Inclusion of an alcohol and drug abuse prevention education component in their regional, sub-regional and in-country training workshops; and

  (ii) Networking with their counterparts in the dissemination of alcohol and drug prevention information.

(b) The Regional Media Centre will assist the project in developing health materials, such as graphic designs, slide/tape shows, radio scripts and video programmes.

(c) The Community Education Training Centre will include alcohol and drug abuse prevention education as an integral component of its health education curriculum.

(d) The SPC support services will also assist extensively in the implementation of this project. These services include: the printery and publications section, the library, the administrative and financial services, as well as the translation/interpretation services.

The implementation of this new programme will nevertheless require additional manpower. A **Health Promotion Officer** should be appointed and be responsible for the training, production and dissemination of health materials as well as for technical assistance. A detailed post description, including qualifications required as well as duties and responsibilities, is appended as Annex V.

6.2.2 Equipment and support services

Existing equipment in the Community Health Services of the SPC will be utilised for most of the programme activities and the Community Health Services will provide the bulk of the support services to the project.

6.3 Evaluation

The programme is initially being planned over a five-year period. After the first three years, the programme will be extensively reviewed, with input from recipients, the funding agency, and SPC, to determine its future direction and ensure its efficiency.

All activities will be evaluated internally right from the beginning on a regular basis.

6.4 Expected Outcome

It is hoped that, after five years, all countries will have obtained sufficient experience and training in the design, development and monitoring of alcohol and drug abuse prevention programmes and activities and that 90 per cent of the Island countries will have established programmes and ongoing activities in alcohol and drug abuse prevention in their local communities and schools. By this stage, programmes should be well-established and need only sporadic support from SPC; however, SPC will continue to assist countries in producing and distributing alcohol and drug abuse educational materials, as required.

7. FUNDING AND OTHER CONTRIBUTIONS

7.1 SPC Contribution

(a) Participation and input of SPC Programme Officers from the health and other pertinent programmes for training and related activities;

(b) Full support services, including translation/interpretation services, travel arrangements, library and bibliographic services, printing and editorial services, communication (telephone, fax, telex, cable, etc.) and other administrative services.

7.2 Contributions required from Funding Agencies

The financial contributions required from funding agencies are outlined in Table 2.

Table 2: Financial contributions required from funding agencies

BUDGET ITEMS		COST IN CFP FRANCS (00's) Year 1	Year 2	Year 3	Year 4	Year 5	Total over five years
1.	PERSONNEL						
	- Health Promotion Officer (P4 level) Salary and ancillary costs	59,000	62,000	65,000	68,000	71,000	325,000
	TRAVEL						
	- For SPC Programme staff	12,000	12,000	12,000	12,000	12,000	60,000
	CONSULTANTS						
	- Outside consultants	7,000	10,000	-	-	-	17,000
2.	TRAINING						
	- Regional	-	120,000	-	-	-	120,000
	- Sub-regional	-	-	40,000	40,000	40,000	120,000
	- In-country	20,000	20,000	20,000	20,000	20,000	100,000
3.	PRODUCTION/DISSEMINATION OF EDUCATION MATERIALS AND INFORMATION						
	- Production and distribution of education materials for regional and in-country use (posters, videos, slides, pamphlets, etc.)	30,000	60,000	60,000	50,000	40,000	240,000
4.	ADMINISTRATIVE SUPPORT						
	- Office costs (telephone, telex, fax, postal services, etc.)	13,000	20,000	15,000	14,000	14,000	76,000
	- Inflation costs (10%)	13,000	29,000	20,000	19,000	17,000	98,000
TOTAL		**154,000**	**333,000**	**232,000**	**223,000**	**214,000**	**1,156,000**

ANNEX I

SOUTH PACIFIC COMMISSION PROFILE

The South Pacific Commission is an international development organisation which provides technical assistance to 22 countries and territories in the Pacific region. Members of the Commission, which include these 22 Pacific Island governments and administrations and five metropolitan countries, all contribute to the financial support of the organisation and approve its work programme and budget at the annual South Pacific Conference. The majority of SPC's activities involve information dissemination, training, and the provision of technical advice in a broad range of areas, including economics, environment, rural development, rural technology, media training, health, statistics, demography, agriculture and plant protection, fisheries, women's development, youth affairs and community education. All in-country activities are carried out upon formal requests from member governments and administrations, and regional activities are carried out within the approved work programme.

The SPC has a number of unique characteristics that make it particularly well suited to carrying out this work programme in the region. These characteristics include:

(a) **A close working relationship with all 22 Pacific Island governments and administrations** which enables it to respond to country requests with minimum bureaucratic delays.

(b) **An intimate knowledge of the Pacific Island region**, its diverse cultures and peoples, as a result of over 40 years' experience working exclusively in the region.

(c) **A Community Health Programme** which includes the areas of health education, disease surveillance and control, nutrition, and environmental health. Health Programme Officers have extensive field experience in conducting many activities, such as information dissemination, in-country technical assistance for health education activities, design and production of educational materials, and technical training. This experience would represent a major asset in implementing the proposed project. In the area of alcohol and drug abuse prevention, the SPC has been regularly distributing relevant information to all member countries. A summary of recent training and information-related activities of the SPC Community Health Programme is included in Annex VI.

(d) **Extensive experience in collaborating with a range of international organisations**, including United Nations agencies, non-governmental organisations, regional institutions such as the University of the South Pacific, research institutes, and biomedical laboratories. Most SPC health activities and programmes involve collaborative arrangements in the planning, execution and funding of these activities.

(e) **Flexibility in its work programme** that allows Programme Officers to respond promptly to country requests, often in a matter of weeks.

ANNEX II

RECOMMENDATIONS OF THE WHO WORKSHOP ON ALCOHOL AND DRUG-RELATED PROBLEMS IN MICRONESIA, HELD IN KOROR, PALAU, FROM 5 TO 9 JUNE 1989

Recommendations that came out of the workshop may be divided into suggestions reflecting issues of reducing supply, reducing demand, treatment/rehabilitation, and general issues.

To reduce supply, it was suggested that:

(a) Existing legislation should be consistently enforced;

(b) Alcohol (and tobacco) products brought into the country should be taxed, hence increasing the price of consumption;

(c) Customs vigilance should be increased;

(d) Countries should limit the amount of alcohol that can be imported;

(e) Countries should enforce existing legislation, especially concerning the availability and the sale of alcohol and cigarettes to minors; and

(f) Work places and schools be drug-free.

To reduce demand, it was suggested that:

(a) Some of the revenue from taxes should be allocated to prevention and treatment activities for drug and alcohol abuse;

(b) Countries should introduce or strengthen mandatory alcohol and other drug (including tobacco) prevention awareness at all levels of the education systems (Kindergarten to year 12). A curriculum for years 7, 8, 9 is about to be tested in Palau, which should cover all years by 1993. Aspects of traditional culture should be included in such curricula;

(c) Countries should emphasise traditional cultural values and control systems perhaps through men's and women's groups which would reduce the demand and accessibility of alcohol and other drugs;

(d) Countries should use existing organisational structures (e.g. women's groups, youth groups, community organisations) to raise awareness of related problems and hence reduce demand;

(e) Effective mass media materials should be designed; and

(f) There should be mandatory counselling programmes for all government employees. The screening of teachers should be increased to ensure that they are suitable role-models for children.

It was suggested that treatment/rehabilitation include:

(a) Use of peer-group counselling;

(b) Involvement of families, traditional and church groups in rehabilitation;

(c) Increased detection of (particularly young) people using drugs;

(d) The provision of a 'halfway' house for young offenders, the parents of whom would be required to undergo counselling;

(e) A multi-layered prevention/treatment/rehabilitation model should be considered, ranging from the halfway house, to youth schemes such as the Rock Islands programme (where youth stay to receive training, clean up the islands, receive health education, etc.), to hospital aid work in the Mental Health Department, and jail;

(f) The development of a culturally appropriate and sensitive, 'Alcoholics Anonymous' group in the Island States; and

(g) Better co-operation between the legal systems and the treatment/rehabilitation systems.

General issues discussed included overall policy issues such as:

(a) A needs assessment for the development of policy should be required for each country.

(b) A National Committee/Commission should be developed to be supplemented by local task forces; or, for some programmes a national co-ordinator should co-ordinate existing resources.

(c) Data collection and surveillance systems on alcohol and drug consumption, and alcohol-related conditions, including violence should be improved or established. A data collection form should be standardised within Micronesia, as consistent with each country's needs. A recently published WHO Assessment Form is available.

(d) Alcohol and other drug addiction, and drug and alcohol-related diseases should be notifiable conditions.

(e) National policies on drug and alcohol abuse should be developed.

(f) There should be increased co-ordination between the various Micronesian programmes. A Micronesian Alcohol and Drug Abuse Prevention and Control Training Centre and a clearing house should be set up.

(g) Both high and low risk persons should be identified for potential alcohol and drug abuse problems.

(h) A biennial or follow-up conference on Alcohol and Drug Abuse Prevention and Control should be organised. A major focus might be a follow-up of the suggestions in this workshop.

ANNEX III

RECOMMENDATIONS OF THE SPC/WHO JOINT CONFERENCE ON ALCOHOL-RELATED PROBLEMS IN PACIFIC ISLAND COUNTRIES, HELD IN NOUMEA, NEW CALEDONIA, FROM 9 TO 13 SEPTEMBER 1985

The Conference **recommended:**

Identification of Problems (Recommendations 1 to 7)

1. To Governments and non-government organisations; the establishment of a voluntary board or committee, to include representatives of different sectors of the community, to identify alcohol-related problem areas. (See also Prevention and Control, Recommendation 55).

2. To Governments and international and regional agencies; that studies be carried out to measure the extent of the involvement of alcohol in the following areas:

(a) injury and health;
(b) crime;
(c) traffic offences; and
(d) domestic violence.

3. To Governments; that studies be carried out to look at the consistency of enforcement of legislation relating to liquor sales.

4. That studies on the extent of alcohol-related problems be funded by the South Pacific Commission/World Health Organization and/or non-government organisations, and other interested bodies or associations.

5. That Governments should utilise the following means for collection of information on alcohol-related problems: routine mortality and morbidity data from vital registration and hospital records; recording relevant information on alcohol-related problems from social services, police and judiciary, and other groups and associations; and through epidemiological and other population surveys from time to time. (See also Prevention and Control, Recommendation 67).

6. That Governments should assemble and analyse data collected on alcohol-related problems (see Recommendation 5) at a central facility using adequate processing resources, and/or provide the data to specialised alcohol study centres for analysis.

7. That Governments, international and regional agencies, and non-government organisations assist with raising community awareness and consciousness through conference workshops, and other means, concerning the effects of alcohol on the community, and thus assist with the identification of the scope of the problem.

Production and Supply (Recommendations 8 to 23)

8. That Governments engage in an annual review of all the existing laws and legislation relating to alcohol in its entirety, and ensure that strict enforcement is carried out by the authorities responsible.

9. That (a) Governments provide incentives to encourage and assist the importation, advertisement and local manufacture of non-alcoholic beverages, in addition to their policy of importing and/or manufacturing alcohol; and

(b) Governments legislate for low alcohol content beverages to be available from local and/or overseas suppliers to substitute for high content beverages.

10. That Governments place a high tax on high alcohol content beverages, and a proportionally lower tax on low alcohol and non-alcoholic beverages.

11. That Governments implement an educational programme concurrently with the drive for substitution by low alcohol content beverages. (See also Health Education, Recommendation 54).

12. That (a) Governments be asked to raise liquor licensing fees (for bars and retail outlets); and

(b) that stringent criteria be applied when granting liquor licences.

13. That (a) Governments should specify places where alcohol sales points may (or may not) be established, both by determining a minimum distance around public institutions (e.g. schools, hospitals, churches), and in relation to the position of other points of sale; and

(b) Alcohol for take-away should be sold exclusively at stores which **only** sell alcohol.

14. That Governments be asked to enforce all liquor laws more strictly, in particular laws relating to:

(a) closing hours;
(b) black market sales;
(c) selling to minors;
(d) selling to inebriated clients; and
(e) random checks for the detection of drunken drivers.

15. That Governments establish and maintain fixed import and production quotas for alcohol, taking into consideration the health and welfare of the people.

16. That Governments allocate a percentage of taxation derived from liquor sales to combat alcohol-related problems and develop anti-alcohol campaigns.

17. That Governments should restrict the number of licensed premises selling drinks for consumption on-the-spot or for take-away, in relation to the number of inhabitants in each area.

18. That Governments should prohibit consumption of all alcoholic drinks at working places.

19. That Governments ensure that employers prohibit the presence of intoxicated workers or management at the job site.

20. That the South Pacific Commission and the World Health Organization assist with the development of consistent and compatible alcohol-related legislation at the national and regional levels.

21. That Governments should ensure a supply of safe drinking water in villages, at the work site, and in public places.

22. That Governments should ensure prohibition of direct advertising of alcoholic beverages, and exercise more control over indirect advertising (e.g. that often found in films). Governments should counteract such advertising by promotion of non-alcoholic drinks.

23. To Governments; that whenever possible customary/traditional authority should be acknowledged in relation to the control of alcohol consumption and of alcohol-related problems.

Culture and Alcohol (Recommendations 24 to 31)

24. That Governments give support to the development and reinforcement of programmes on alcohol abuse in education curricula, including both the formal and non-formal sectors. In addition, that the learning of the history, traditions and language of the indigenous/local people be made compulsory at the school level to reinforce cultural traditions, as a preventive measure against alcohol abuse.

25. That Governments should encourage and support education and information campaigns using the media, and utilising the currently available information on alcohol use and abuse in Pacific Island cultures.

26. That the South Pacific Commission and the World Health Organization organise socio-cultural studies on alcohol use in relation to the concept of celebration in Pacific Island cultures.

27. To Governments; to increase national cultural budgets, and take all measures liable to enhance cultural identity, in co-operation with customary chiefs.

28. That Governments recognise and facilitate the role of the customary chief in educating people about alcohol, and in the control of alcohol-related problems. This can be accomplished by, amongst other things, supporting customary authorities in discouraging the association of alcohol use and customary procedures, and by discouraging outsiders from making gifts of alcohol when visiting traditional leaders.

29. That Governments take into consideration the views of traditional chiefs, community leaders, and all sectors in the community (including youth and women) when granting applications for a liquor licence.

30. That the South Pacific Commission, the World Health Organization and other relevant agencies sponsor a regional meeting of health and justice ministers/officers within two years to discuss alcohol-related problems in the Pacific, and that there be follow-up in-country meetings of cabinet ministers and traditional and community leaders to discuss the same problem.

31. That Governments promote public meetings and discussions on alcohol-related problems; these activities should be co-ordinated by personnel in relevant government departments in close co-operation with concerned non-government groups.

Alcohol-related Violence (Recommendations 32 to 44)

Legal measures

32. That Governments review, where necessary, existing legislation with respect to all forms of alcohol-related violence.

33. To Governments; that stricter legislation be introduced for the protection of families against alcohol-related violence (e.g. imposing heavier fines and longer terms of imprisonment on offenders). The offender should also be encouraged to undergo counselling and psychiatric evaluation and treatment, as required.

34. That Governments regard the fact of being under the influence of alcohol at the time of committing a crime or unlawful act as an exacerbating factor, and provide for stricter penalties in such circumstances.

35. That Governments cease to countenance the easy-going attitude of the authorities responsible for applying the law to offenders who commit alcohol-related crimes and unlawful acts, and ensure the effective and strict application of the law everywhere.

Social and individual measures

36. That a survey of alcohol-related domestic problems and violence be sponsored by the appropriate government departments, non-government organisations, and international and regional agencies, and that the information gathered be made public. (See also Identification of Problems, Recommendation 2).

37. That women's organisations (parallel with their existing activities) pursue the organisation of courses on alcohol-related violence, and that governments, non-government organisations, and international and regional agencies provide the necessary, structural, financial, and personnel assistance to enable them to achieve the above.

38. That Governments promote awareness amongst the population of alcohol-related violence by holding meetings which include the use of audio-visual aids; the programme should be continued in small sessions in homes and villages.

39. That (a) Governments aid and assist the appropriate bodies (including religious organisations) to implement relevant activities towards enhancing family life as a way of preventing domestic violence; and

(b) International and regional organisations be utilised as a source of the relevant information, expertise, skills and personnel in support of the above.

40. That the South Pacific Commission, the World Health Organization and Governments promote ideas, at all levels, which progress beyond the sexist antagonism that sustains violence in the home and in the culture.

41. That Governments promote mental health by support of counselling services and methods that assist with the encouragement of dialogue between people at all levels.

42. That Governments support the establishment of rehabilitation centres that can provide counselling and maximum support services to the victims and their families who experience the effects of alcohol-related violence, and to the aggressor.

43. That Governments give financial aid to establish shelters for the victims of violence resulting from use of alcohol; and that the shelters be staffed by specially trained personnel.

44. That Governments promote 'Centres for preparing for Marriage', and encourage action by marriage guidance counsellors to help couples who are experiencing difficulties.

Health Education (Recommendations 45 to 54)

45. The reinforcement of current efforts in alcohol education throughout all levels of government, and all sections of the community including the following:

(a) health departments;
(b) pre-school, primary, secondary and tertiary educational institutions (such as: teachers training colleges, medical and nursing schools and vocational training centres);
(c) churches;
(d) trade unions, employers and the workforce;
(e) youth organisations;
(f) police force;
(g) political and customary leaders; and
(h) women's organisations.

46. That regional and international agencies provide assistance as requested in the development of alcohol-related educational programmes, resources and materials for each country.

47. That Governments should increase spending on health education services, and facilitate access to audio-visual aids.

48. To Governments; that an inter-departmental/non-government organisation co-ordinating committee be formed to devise a community education programme to present and deal with alcohol-related problems.

49. That Governments should ensure co-ordination of centres for the study of alcohol abuse with other health education programmes.

50. That Governments apply to alcohol-related problems the multi-sectorial and multi-disciplinary concepts of primary health care, and encourage the training of voluntary health workers.

51. That any health education action in relation to alcohol should always correspond to a community demand, and should be based on a community diagnosis, which should include the definition of the population at risk.

52. That Governments organise anti-alcohol activities such as 'day without alcohol'.

53. To Governments; that an education programme on the consequences of drinking alcohol by pregnant women should be supported, and this education should begin at primary school level, and be included in pre-natal care.

54. To Governments; that alcohol-related education programmes be included in the school curriculum. (See also Production and Supply, Recommendation 11).

Prevention and Control (Recommendations 55 to 67)

55. That Governments guarantee at least one per cent of the funds out of the revenue of the sales of alcohol for the purpose of funding the establishment of an organisation to develop and implement action-oriented programmes towards the control of alcohol-related problems at the national level, and that members of the governing council of this organisation be representatives drawn from both the government and concerned non-government groups in the community. (See also Identification of Problems, Recommendation 1).

56. To Governments and non-government organisations; that they work together to combat alcohol-related problems.

57. That Governments encourage the formation of local co-ordinating committees concerned with alcohol problems consisting of members from the various sectors of the village/community: (e.g. women's groups, church groups, sports groups, school groups, local government, chiefs, youth groups).

58. That Governments enforce stringent measures against alcohol-related traffic offenders and that the existing facilities within the police force to identify drivers under the influence of alcohol be improved, and in the absence of such facilities that equipment for the analysis of alcohol content in the body be made available.

59. That Governments organise **educational** campaigns conducted by the police consisting of regular checks using the breathalyser.

60. That Governments pass legislation and implement the use of breathalyser tests for the detection of drunk drivers, and train law officers in their use.

61. That Governments establish and support recreational centres that provide an alcohol-free environment for the community.

62. That Governments be asked to review or re-evaluate their order of priorities in their national development plans in the light of increased public spending on alcohol-related problems (e.g. cost related to health, traffic and legal processes).

63. That the South Pacific Commission and the World Health Organization organise a follow-up seminar within two years to evaluate the outcome of the recommendations from this 1985 meeting; that this seminar also be used as a training session on methods successfully implemented by each country.

64. That the South Pacific Commission and the World Health Organization organise regional training sessions for country representatives heading programmes related to alcohol use (e.g. police and social services), in order to encourage an increase in the success of alcohol programmes.

65. That Governments institute preventive action which includes regular check-ups for purposes of detection of people with alcohol-related problems, namely in the course of preventive medical measures, labour medicine, pre-natal consultations, and when driving licences are being issued.

66. That Governments legislate to ensure that labels and packaging of bottles and cans of alcohol clearly indicate the level of alcohol and dangerous nature of the contents, including in the vernacular where possible.

67. That Governments make it obligatory to notify illnesses resulting from alcohol, and such notifications to be used for statistical purposes. (See also Identification of Problems, Recommendation 5).

ANNEX IV

RECOMMENDATIONS NO. 8 TO 15, ON ALCOHOL AND DRUG ABUSE, OF THE FOURTH REGIONAL CONFERENCE OF PACIFIC WOMEN, HELD IN SUVA, FIJI FROM 17 TO 23 SEPTEMBER 1989

Recommendation No. 8

The establishment of counselling services through churches, women's groups and other community organisations, that incorporate:

(a) research for targeting problem population;
(b) continual home visitation within the community; and
(c) motivational programmes to assist abusers to stop abusing drugs and alcohol.

Recommendation No. 9

That community groups, including women's organisations, initiate alcohol-free community activities, i.e. barbecues, meetings, feasts, sporting events.

Recommendation No. 10

That SPC assist in the development and dissemination of culturally appropriate alcohol and drug abuse information and educational materials such as:

(a) audio-visual aids;
(b) pamphlets;
(c) charts; and
(d) posters;

at community level.

Recommendation No. 11

That parents be provided with assistance to teach their young children about the dangers of alcohol and drug abuse.

Recommendation No. 12

That educational programmes in schools be reviewed to integrate culturally appropriate alcohol and drug abuse curricula at all levels.

Recommendation No. 13

That women's organisations lobby churches, community, government, and non-government organisations and institutions to co-ordinate their activities and programmes for health education, including the prevention of alcohol and drug abuse.

Recommendation No. 14

That youths be encouraged to participate in the planning of activities and programmes that deal with alcohol and drug abuse.

Recommendation No. 15

That SPC be requested to establish an alcohol and drug abuse rehabilitation centre for the South Pacific to rehabilitate alcoholics and drug abusers.

ANNEX V

POST DESCRIPTION OF HEALTH PROMOTION OFFICER

Duties and Responsibilities:

The Health Promotion Officer, classified at P4 level, will be directly responsible to the Health Education Specialist. He will be required to:

(a) Co-ordinate, organise and direct regional and sub-regional training, and conduct in-country alcohol and drug abuse prevention and education training;

(b) Develop and expand the production of alcohol and drug abuse learning materials and information services for regional and in-country use;

(c) Conduct alcohol and drug abuse health education courses, as required, at the SPC Community Education Training Centre (CETC) in Suva, Fiji;

(d) Work in close collaboration with regional and international organisations involving alcohol and drug abuse prevention and education; and

(e) Perform other relevant tasks as required.

Qualifications:

(a) Graduate degree in Public Health, preferably in health education or promotion;

(b) Five years experience in health education or promotion activities, preferably in the Pacific communities;

(c) Skills in writing and editing; and

(d) Knowledge and skills in video production and development of learning materials.

ANNEX VI

SELECTED TRAINING AND INFORMATION-RELATED ACTIVITIES OF THE SPC COMMUNITY HEALTH PROGRAMME, 1985-1988

Training Activities and Consultancies

1. Two in-country training courses in health education methods and techniques for health workers, teachers and social workers, Saipan, Northern Mariana Islands; Palau, 1988: two weeks and 20 participants each.

2. In-country training course in health education programme planning and management, Mangilao, Guam, 1987: one week, 28 participants.

3. Two in-country training courses in health education, East Ambae, Vanuatu, 1986. One for traditional leaders and the other for teachers.

4. Regional training course on epidemiological and health information methods, April 1989, in Noumea, New Caledonia: two weeks, 60 participants.

5. Seventh Regional Training Course on Drug Identification and Concealment Methods for Customs, Police and Health Personnel, Pago Pago, American Samoa, 1988: two weeks, 43 participants, conducted in French and English.

6. Participation in evaluation of public health care system in Kiribati, 1988.

7. Review of health education programme, Cook Islands, 1986.

8. Review of primary health care activities in Kiribati, and Vanuatu, 1985.

9. Assistance provided to the Ministry of Health in establishing a Health Education Section in Nauru, 1985.

10. Assistance provided in the development of school curricula in health, nutrition and agriculture education, Vanuatu, 1986-1987.

11. Review of national health information system in Guam, 1985.

12. Assistance to various training institutions in formal training of nutritionists and dietiticians, and in incorporating nutrition into formal agriculture training, nurse training and in other professional areas.

13. In-country assistance for field work design and analysis of hepatitis B survey of 2,000 individuals in Western Samoa, 1988.

14. In-country assistance provided for training of data collectors, supervision of field work, and data analysis for multi-round Vital Statistics (births and deaths) Survey in Vanuatu, 1987-88.

15. In-country technical assistance provided for field work design, data processing and analysis of national nutrition surveys in the Federated States of Micronesia (1987-1988) and in Tonga (1986-1987).

Information Dissemination/Disease Surveillance

1. Management of the South Pacific Epidemiological and Health Information Service (SPEHIS), the only on-going disease surveillance programme that covers the entire Pacific island region. Monthly infectious disease reports for all member countries are collected and compiled into annual reports on infectious disease incidence.

2. Early warning system of disease outbreaks that collects information on outbreaks in the region and promptly reports them by telex to all member countries. Used in 1988 to notify countries of dengue epidemic in Palau and pertussis epidemic in the Marshall Islands.

3. Management of SPC Cancer Registry to collect and report cancer data in member countries, to provide support to existing national registries and to assist in the development of new registries.

4. Publication and wide distribution of quarterly *Information Circulars* covering major health topics of relevance to the Pacific. Recent topics include: AIDS in the Pacific, Hepatitis B immunisation programmes in the Pacific, Dengue Fever prevention and control, and the SPC Epidemiology Programme.

5. Mail survey to assess training needs of member countries in the field of AIDS; distribution of survey report to all Health Departments, 1988.

6. Compilation and reporting to all member countries of regional requirements for Hepatitis B immunisation programmes in order to prepare a regional bid for vaccine procurement, 1988.

7. Wide distribution of report on WHO/Australian Inter-regional Ministerial Meeting on AIDS held in July 1987 in Sydney.

Production of health educational materials

1. Funded local graphic artist to assist in developing AIDS educational materials in Cook Islands, 1988.

2. Development of community nutrition training modules for non-formal (adult) education programmes in collaboration with the University of the South Pacific, 1987-present.

3. Production and distribution of videotape and slide show on alcohol abuse.

4. Production and distribution of posters and flipcharts on: diarrhoea and oral rehydration therapy, sanitation, alcohol abuse, island foods, breastfeeding, non-communicable disease prevention and weight control, 1986-present.

5. Production and distribution of Nutrition Bingo Game and Good Health Snakes and Ladders Game for use in schools, 1986-present.

6. Funded primary health care booklet in Fijian language and a Tahitian health guide booklet, in collaboration with USAID, 1988.