SECTION 3: POLICY ISSUES

The role of non-governmental organizations

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Abstract
Non-governmental organizations (NGOs) intervening in the area of alcohol problems are varied and have different histories depending on their political, social and cultural contexts; some are long-established and often bear a heavy heritage, while others have recently arisen from the upheavals in eastern Europe and the developing countries. All of them, however, must solve certain ethical problems if they are to move away from a hygiene-based approach and focus on individual responsibility. The role of NGOs is located between dreaming of a better world and rising up against a market-based system where health and the quality of life take second place to commercial interests. Furthermore, their role is to be found between the impulsive nature of action and the often demotivating process of scientific reasoning and analysis. NGOs can intervene flexibly in all the fields of information, training, advocacy and assistance. They can readily position themselves in the long time-frame required for prevention and in a space freed from burdensome administrative procedures. Their actions often appear to entail criticism of the authorities; in fact, however, they complement the latter, by countering the "hands off" or fatalistic approach of certain communities in the face of the alcohol risk.

Historical and social context
Any discussion of non-governmental organizations (NGOs) brings one into an extremely grey area. Even the term itself can be misinterpreted. NGOs are best known in the area of humanitarian aid, where the “French doctors” (such as Médecins sans Frontières) have distinguished themselves overseas helping disaster victims. However, the world is full of misfortunes and they are often not so far away, sometimes just across the street. That is why professional and voluntary workers are involved both in prevention and treatment of alcohol problems.

In France, the philosophy of the republican State has long precluded any mention of “good works” by charitable ladies, whose kindness is suspected of concealing the worst of intentions. It is much easier to talk about non-profit-making private associations (or associations complying with the 1901 Act). These associations, many of which originated from the sentiments of those charitable ladies, have become specialized agencies employing trained professionals and, in some cases, subsidized by the government.

Given the mosaic of drinking cultures in Europe, the position and role of these associations vary, according to the political and social environment. They depend in the first instance on whether a clear public health target has been specified; in other words, beyond the rhetoric, does the health ministry have an administration strong enough to give impetus to this target and impose it on other partners in the government? They vary according to the political culture and
social customs of the country; if people possess a good deal of self-discipline, then the action taken by associations to influence public opinion may be enough, but when it is preferable to put a policeman on every street corner in order to maintain the law, it becomes necessary for the authorities to act as well.

Many of these associations are long established. Some are over 100 years old, born of the temperance movements of the last century, and so bear a heavy heritage. The Association Nationale de Prévention de l'Alcoolisme (ANPA) is one example; it was founded in 1872 by such distinguished members as Pasteur and Claude Bernard. It no longer enjoys such a prestigious image but it carries out, unaided, vital work in the field.

Other European countries have similar long-standing associations such as the Temperance Alliance in the United Kingdom and the Institut Suisse de Prophylaxie de l'Alcoolisme. These associations were formed from the scientific base and political concern of their time. The International Organization of Good Templars (IOGT) began as a populist movement at local community level but soon became operative at international level. More recent associations such as Sociodrogalcohol (Spain) and medical societies dealing with alcohol studies in France, Italy and Portugal have developed on a scientific basis. A great number of associations have been born as a result of the upheavals in eastern Europe.

In the majority of cases, these associations were established because people did not believe that the authorities were doing enough, and so their founders came together as voices crying initially in the wilderness, or rather above a sea of alcohol. These private initiatives succeeded in attracting the interest of the authorities, who often took up their ideas and encouraged partnerships, once they saw the advantages of harnessing this impassioned energy. For instance, in 1983 the United Kingdom Department of Health was instrumental in amalgamating three NGOs which it funded separately into one agency, Alcohol Concern.

The various helping agencies have differed greatly in their approach to care and treatment. The oldest, such as the International Blue Cross, campaigned fiercely for abstinence. This approach was reworked by Alcoholics Anonymous, whose arrival in Europe encouraged people to accept the model of alcohol abuse as a disease. In Italy, the Club Alcoolisti in Trattamento (AICAT) have added an environmental dimension to the work.

**Methodology**

The role of associations may be placed between four poles: vision and critique, action and analysis. These four poles, in turn, are bounded by limits corresponding to nightmare, frenzy, dislocation and caricature. Their work therefore oscillates between vision and critique.

The vision is of a better world, where the suffering inherent in the human condition is reduced and humanity progresses towards autonomy and liberty. This dream has the potential to become the nightmare of the “best of all possible worlds”, a totalitarian transformation whereby health education becomes “healthism”, in an attempt to make people happy despite themselves. The critique is of an economic system in which health and the quality of life are subordinated to commercial interests. Alcohol is not like other goods, not only because it is toxic but also because it brings more money than any other into the coffers of the producers and the Treasury. Condemning the producers is an example of a frenzied reaction. After all, they are only doing their job, just like alcoholics who drink with such application, carrying out a task which requires a great deal of effort... a real full-time job. We, too, should work with the same devotion, while avoiding the excesses of utopia or moralization.

The work also swings between action and analysis, at times tipping over into provocation or to fruitless theorizing. Action is the driving force. Anti-alcohol associations have occasionally been moved to take spectacular action; for example, women’s associations attacked saloons in the American West. Now activists in other fields, such as AIDS, organize violent demonstrations, but in the area of alcohol abuse actions are planned more carefully—admittedly, there is less urgency and we have learnt that smashing bottles is not enough to solve the problems: more generally, it is recognized that cutting off the supply will not stop the demand.

Analysis or scientific reasoning is essential today. However, action should not be held back by too much methodological, and often demotivating, discussion, which is simply a caricature of...
science. Some researchers claim that we still lack reliable epidemiological data or that we have no assessment of the results of preventive action. This debate suits the producers: they realize that “sales continue during stock-taking” (i.e. of the damage caused). Meanwhile, the producers and their “spin doctors” put their own interpretations on the scientific data, with the echoes of their statements being heard from agricultural shows right up to the highest authorities.

Roles
Almost all initiatives against problems arising from the use of alcohol have been initiated by the voluntary sector. Without such effort huge gaps would exist in the provision of services and, in many regions, services would be non-existent. NGOs provide the following range of services.

Information centres (information to general public); counselling services (help for problem drinkers and their families; telephone helplines, including for children of problem drinking parents: education/rehabilitation programmes for drink-drive offenders); work-place programmes (assistance to employers, trade unions and employee organizations to help problem drinkers at work); educational programmes (for schools, youth groups); clubs and day centres (provision for alcohol free social facilities and therapeutic programmes); residential care (hostels); detoxification facilities; campaigns, publicity and advocacy (drinking and driving, advertising and other controls); grass root support and concern; alcohol-free alternatives (populist movements); media coverage (by press releases and media contact to raise public awareness); journals, newspaper articles and magazines (almost all the voluntary organizations throughout Europe produce their own literature and news sheets).

One role performed by associations is to call for legislation, and at times to ensure its application, particularly in those societies which are tending towards deregulation. Often it is only the associations which are sufficiently independent and “vision-orientated” that embark on such quixotic crusades. Legislation on advertising offers a recent example. In 1979, the European Court found against France and the government was requested to change its law on advertising, as this did not conform to the Treaty of Rome. ANPA was the first institution to react, in 1984, criticizing the waiting-game played by governments which had not yet made provision for any changes in legislation. After 7 years of fighting, a new law, the Evin Act was passed. The text of this act enabled associations to challenge contentious advertisements. ANPA has made use of this provision and on a number of occasions has obtained judgments against such advertising. It is regrettable that the public prosecutor’s office has not acted as forcefully in seizing these opportunities to enforce this piece of public health legislation.

Means of action
Voluntary effort
Associations can mobilize public opinion by bringing communities together in a particular area or on a specific theme. The families of victims of alcohol-related road deaths, for instance, formed the “Campaign against Drinking and Driving” in Great Britain. Their action has made an important contribution to the large reduction in road deaths in the United Kingdom.

Governments have long made use of voluntary effort in care and rehabilitation. One example would be the religious orders which, in order to be accepted on their return to France after the Revolution and the Empire, organized aid for the mentally ill who were a source of embarrassment to the authorities. Today, all over the world there are many associations which ease the work of the state and of local communities by taking care of people suffering from alcohol abuse, such as clubs for alcoholics run by ICAT in Italy and the Guttempler Order in Germany.

Further examples of other voluntary effort include the alcohol and work-place programmes organized by REPE (France, Belgium, Switzerland and Luxembourg), Alcohol Concern (United Kingdom), DHS (Deutsche Hauptstelle Gegen Die Suchtgefährten, Germany) and ADIC Poland; publicity campaigns such as “Fit In” in the Czech Republic and “Stay Dry” and “None for the Road” by the Institute of Alcohol Studies in the United Kingdom; peer-led education programmes for schools by IOGT, Norway; Bulletin Board and Information Network by EUROCARE.

Nowadays, no action can be taken without
securing a considerable amount of funding. Times are hard, charitable ladies are no longer with us, and serious associations cannot accept help from the producers who, for their part, are nonetheless ready to buy these "indulgences". Only governments can provide enough constant financial backing to rival the producers. The authorities have more freedom and can "launder" the tax revenue gained from alcohol sales by putting it into good works.

**Partnerships**

Associations do not merely criticize shortcomings: as has been shown, they often implement programmes which complement governmental activities. For example, many activists believe that the best way to reduce the risks of road traffic accidents is to lower the legal blood alcohol level to 0.00 g/l. The authorities are making slow progress—in France the level has been reduced by 0.1 g/l every 2 years. Contrasted with the demands of the activists they appear reasonable, and so public opinion is more easily satisfied. Again, in the workplace, it is often better for preventive measures to be suggested by the relevant association, particularly in liberal economic systems where government agencies may be suspected of trying to control the private sector and thus be poorly received. On the other hand, any intervention in the public sector requires government backing. The best results are achieved when there is cooperation with public bodies. When associations are recognized and subsidized, they can sometimes operate like a spearhead of the civil service.

**Prospects**

The next section examines the prospects, in time and space, for the work of these associations.

**No deadlines**

We are dealing not with infectious diseases but with attitudes and behaviour, and this is an area where the issues can never be fully resolved, where preventive measures will have to be updated on a regular basis in order to combat new aspects of the risk. Associations can recall this temporal dimension and place their work in a long time-frame, whereas the authorities have to tackle day-to-day issues and urgent matters as they occur.

Associations have time on their side. A study of the statutes and methods of some of these associations creates an impression of a permanent mandate. At times they seem slow to act, because they are so sure of taking the right course. However, this allows them to act in the long term and to place emphasis on continuity of action, whereas politicians may often be interested only in the short-term goals of the annual budget or the next election. Associations can also recall the historical dimension, evaluating activities carried out long ago but since forgotten by politicians and civil servants. This demonstrates the value of work done in the past to new actors who are just discovering prevention.

**No boundaries**

By working in networks, associations can break through administrative or budgetary constraints and cooperate easily with local organizations and resources without appearing to impose a system from above. This way of working, carried out from the grass-roots up, is welcomed even in
countries with centralized political systems. NGOs have three particular strengths which make them valuable partners of government:

1. Availability to work with a whole range of other bodies in health, social services, education, youth service, industry and trade unions.
2. Effective ways of mobilizing resources of the local community in attracting people and persuading them to give of their time and skills.
3. Flexibility in identifying and responding to needs without being weighed down by top heavy decision-making structures which stifle innovation.

Associations have been established on a supranational basis. The International Council on Alcohol and Addictions (ICAA) and other bodies have been organizing this sort of international cooperation for some time. The European association EUROCARE has taken an aggressive stance in this area, and has set up an office in Brussels and presented a report on general policy at the European Parliament in Strasbourg. Thanks to funding from the European Union, EUROCARE has carried out a programme on prevention at the work-place, aided by AICAT in Italy and by the Portuguese anti-alcohol association. During 1995, many associations worked with EUROCARE on drawing up a resolution that was presented at the Paris Conference. The statement called upon the representatives of national governments to declare their commitment to sustained action to reduce alcohol-related harm; promote a positive image of non-drinking; see that all policies on alcohol production and consumption are consistent with the principles of the WHO European Alcohol Action Plan and subsidies for the production and promotion of alcohol are restricted to those which reduce production; and to take account of the public health interest in international trade agreements.

NGOs called for a comprehensive approach to the prevention of alcohol-related harm in six key areas:

- **Price and alcohol taxes.** Alcohol should not be a cheap item in the shopping basket and excise duties should be adjusted to protect public health and social well being.
- **Drink-driving.** Countermeasures should include the adoption of a legal limit of blood alcohol concentration of 20 mg%; vigorous enforcement of random breath testing; and prohibition of the sale of alcohol on motorways.
- **Alcohol advertising.** It should be restricted and alcohol TV advertising should be banned. International agreements should ensure that national public health policies in relation to advertising are not undermined by the international media.
- **Treatment.** All people who experience drinking problems should have the right to free access to treatment and support services in the community in which they live.
- **Work-place.** All employer and trade union associations should develop alcohol policies to discourage alcohol impairment and consumption at work and safeguard the employment of those who seek help and their drinking problem.
- **Publicity campaign.** Governments should subject alcohol to a campaign at least as vigorous and high profile as that directed at illicit drugs and support education and training programmes for appropriate professional workers.

Finally, the NGOs urge governments to recognize the need to extend the European Alcohol Action Plan beyond the year 2000.

In this European collaboration help is at hand from the Nordic countries, who have a long-established tradition of action on public health and where alcohol problems are not approached with the same degree of prejudice that one finds elsewhere. A tolerant approach is required in international cooperation: the countries of southern Europe are not aiming at prohibition or abstinence, a fact which the more committed partners from the north at times find hard to accept. Nevertheless, southern European countries equally give their own experience in prevention and treatment to the northern countries, where drinking is becoming a daily event and where medical problems are going to be exacerbated as a result.

France can play a key role here: it is a meeting point for the drinking patterns of the north and south, it has experience of both the medical and the social repercussions, and it has experimented with various responses to these.

The prevention stakes are high in the Eu-
European Union; the action taken will serve as a model of political and social cooperation that can be applied elsewhere. However, from now on any action must extend to all the countries on the continent of Europe. Within the European mosaic WHO is offering a broad canvas, a number of themes and a few general slogans. “Less is better” may be something we can all agree on, but we need to take it forward in many different ways. However, the object of the exercise is not to make up a patchwork quilt, but rather to convey different, specially adapted messages—and associations can help to do this.

References
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