

ALCOHOL EDUCATION AND ITS EFFECTIVENESS

Education is a much-used tool in the prevention of alcohol problems. It exists in a variety of forms and contexts, and is aimed at a broad range of target audiences. While there are many formal applications of alcohol education, much of it is informal. “It could be argued that an individual’s alcohol education encompasses all of the alcohol-related experiences of a lifetime.”¹ However, there is considerable debate over whether alcohol education is an effective approach to preventing problems that may arise from certain drinking patterns and whether it can be viewed in isolation from other policy and prevention measures.

EDUCATION, AWARENESS AND BEHAVIOR CHANGE

In its broadest role, alcohol education seeks to raise awareness around issues relating to alcohol consumption. These include the effects of alcohol on health or recommendations about risks and benefits for groups of individuals.² A second and more specific role of alcohol education is to change particular drinking patterns and behaviors, especially where these carry potential risk for harm. The end goal of such efforts is to encourage responsible and positive choices and to discourage irresponsible and negative ones. Ultimately, alcohol education should equip individuals with the skills needed to make informed decisions around whether or not to drink and the drinking patterns most likely to keep them out of harm’s way.

In addition to general efforts, alcohol education can be delivered in a targeted fashion. Various approaches have been developed to reach those in need of particular advice and guidance. These include individuals who may be at increased risk and whose drinking patterns make them particularly susceptible to harm, such as young people, pregnant women, indigenous populations, individuals with alcohol problems, and others.³ Targeted approaches are also aimed at particular drinking patterns or behaviors that accompany drinking and that should be discouraged. For example, specific efforts are aimed at reducing binge drinking, intoxication, or drinking and driving.

One of the central questions in alcohol education is who should provide it. Governments and quasi-governmental organizations are major sources of education and information.⁴ Others include health workers and medical practitioners, the media, educators, non-governmental and civil society organizations, and advocacy groups. Many alcohol education efforts have also been developed and implemented by the private sector, notably the beverage alcohol industry and its related organizations and bodies. Yet much of what can be considered alcohol education is imparted through informal channels. In particular, family and peers play a key role in the development of attitudes, awareness and behaviors around drinking.⁵ There is evidence that socialization and trial by error play a powerful role in educating young people in particular about various risk-taking behaviors, including drinking.⁶

APPROACHES TO ALCOHOL EDUCATION

Promising approaches to alcohol education exist. It is important to bear in mind, however, that evaluating them is often a difficult proposition.⁷ Many efforts, formal and, in particular, informal ones involving family, peers, religion and general socialization have not been fully assessed. Among those that have, a number suffer from methodological problems that confound results about their effectiveness.⁸

It should also be noted that not all alcohol education has the same end goal – informing the public, building awareness through reminders and changing behavior are three quite different goals and a different yardstick is needed for each. It is important not to view individual measures in isolation, but rather within the context of other efforts, broader trends and cultural influences.

Generally speaking, approaches to alcohol education can be divided into two broad categories, each defined by its desired end goal. The objective of the first position is abstinence, designed to eliminate the demand for alcohol altogether. The second approach views abstinence as an unrealistic goal and relies on minimizing the potential for harm by encouraging responsible and low-risk drinking patterns.

Another essential difference among approaches is how information about alcohol and drinking is imparted. Many education measures can be described as “top-down.” They are generally authoritative and didactic in nature, relying on experts to share information and may involve political intervention or legislation to achieve desired outcomes. They can be regarded as non-specific in that they target the population as a whole. Others are more aptly described as “bottom-up,” relying on the active participation of those they are trying to reach and with an emphasis on choice, awareness of consequences and the assumption of responsibility.⁹ These approaches target the individual and are aimed at raising awareness and changing specific behaviors.

Alcohol Education for the General Public

Information about alcohol is often delivered through guidelines and recommendations regarding alcohol consumption levels and drinking patterns. For example, governments and quasi-governmental organizations in countries around the world issue formal guidelines intended to provide the public with balanced and scientifically-based information about alcohol.¹⁰ These guidelines advise about the levels of drinking considered to be “safe” or “low-risk” and those at which risk increases. Other information might include the differential effects of alcohol on men and women, caveats for particular populations or potential risks associated with certain situations, such as driving, drinking in the workplace or operating heavy machinery.¹¹ Alcohol education seeks to remind and raise awareness of benefits and harms among those who receive it.

While the effectiveness of such drinking guidelines in changing behavior and preventing harm may be questionable,¹² some have suggested that there is a moral imperative to produce them, so that citizens can be better informed about decisions governing their own drinking.¹³

Alcohol education is also conveyed through general public service announcements (PSAs) or responsibility messages. PSAs are offered by health agencies, government bodies, non-governmental organizations and others, and generally include information about drinking or particular patterns. A variation of this approach is the counter-advertisement that focuses on the harm that can be caused by the misuse of a particular product. Responsibility messages are often also included on advertising for beverage alcohol. These messages encourage consumers to drink in moderation or to behave responsibly when drinking.

The evidence on the effectiveness of such messages is mixed. It has been argued that they are not effective in changing behavior,¹⁴ although they can be useful for increasing awareness and understanding of the issues.¹⁵ Others make a case that such measures can be successful and should be used more widely.¹⁶ Their impact also appears to differ among target groups – for example, while they may not be as useful for young people, there is evidence that they may be helpful in educating parents.¹⁷

Labels that include information and health warnings are another public information tool and are mandated by a number of governments around the world.¹⁸ The labels may be placed on beverage alcohol packaging, as

well as on advertisements. Information on these labels may include the alcohol content of a beverage or how many standard drinks / units a given container holds.¹⁹ The size of a drink or unit has been defined in a number of countries, although these definitions cover a broad range.²⁰

Other labels alert consumers to potential adverse effects of alcohol consumption on health, or in regard to drinking and driving or drinking during pregnancy. Evidence from several countries suggests that the effectiveness of health warning labels is modest. While labels do seem to have some impact on increasing awareness,²¹ this has generally not translated well into changing behavior.²²

Alcohol Education for “At-Risk” Populations

Alcohol policy measures often include provisions about how to address so-called “at-risk” populations. These include groups of individuals who are deemed to be at particular risk for harm from alcohol consumption – young people, those with health issues that may make them vulnerable to the effects of alcohol, indigenous and other socially marginalized populations, the elderly, individuals with a predisposition to dependence, or pregnant women whose drinking may put their unborn children at risk for harm.²³ Special education measures have been implemented to help raise the awareness among these groups about alcohol consumption and to help them modify harmful drinking patterns.

Young People

Raising awareness among young people about alcohol issues and encouraging responsible and low-risk choices is one of the main focus areas of alcohol education. These efforts can be divided into two major categories – (1) formal alcohol education through schools and other channels, and (2) informal approaches that are imparted through the socialization process by family, peers and others who are or might be influential in the development of young people. Some new approaches fall in between these two categories. For example, Internet or computer-based approaches can combine the formal and informal aspects of alcohol education and may resonate well with young people.²⁴

Curriculum-based programs are among the most popular and most studied forms of alcohol education at the primary and secondary school level. In many countries, some young people begin drinking around the ages of 13 or 14 and at times earlier.²⁵ As a result, efforts are made to integrate programs that can address alcohol issues into school curricula. Depending on the country, the approach used is usually either one that recommends abstinence until the legal drinking age has been reached, or one that accepts that some under-age drinking will occur but attempts to minimize any potential for harm.

School-based programs have been widely criticized as ineffective; in particular, those approaches that advocate abstinence. The argument brought is that the goal of abstinence is not an achievable one and is unrealistic given the actual behavior of young people and the reality that alcohol is often introduced to them within the home by parents for cultural and/or religious reasons.²⁶ Similarly, delaying the initiation of drinking until the legally mandated drinking age may be unrealistic in some instances, given the disparate drinking ages that exist around the world as a reflection of prevailing drinking cultures.²⁷ In particular, where the drinking age is high (for example, age 21 in the United States), delaying all drinking for all young people has not been realistically achievable. Other shortcomings of school-based programs include inadequate training of teachers to implement them, insufficient time allocated to them within the curriculum and absence of reasonable and measurable goals. Many curriculum-based programs have also been criticized for being “top-down,” relying on messages that do not resonate well with young people, and not allowing much direct involvement by students.²⁸

However, there is evidence that some school-based measures *can* be effective. They appear able to raise awareness and even change behavior, at least in the short term.²⁹ Preliminary evidence also suggests that some education approaches to addressing substance abuse may be cost-effective, due to their ability to avert future social cost.³⁰

On the whole, education that relies on reducing the potential for harm may be useful for increasing awareness and changing the behavior of young people. Here, the emphasis is on encouraging responsible drinking behavior and avoiding risk. One such example is Rethinking Drinking: You're in Control, an Australian joint initiative of industry, public health and educators. The program is aimed at older students and involves parents, as well as teachers in activities like role-playing, lesson plans and interactive teaching and computer materials. The program has been applied among both indigenous and non-indigenous populations and has been approved by state education authorities and taken up by over two thirds of secondary schools in Australia.³¹

The Rethinking Drinking Program has also been adapted for use elsewhere in the world. In Costa Rica, virtually all public secondary schools run a program called "If it has alcohol, it's not for me," based on the Australian example.³²

Also in Australia, the School Health and Alcohol Harm Reduction Project (SHAHRP) is a direct result of the Rethinking Drinking program, but aimed at younger students.³³ It also involves a broader range of audiences and participants.³⁴ The focus of SHAHRP is to enhance students' ability to identify and deal with risky drinking situations, thereby reducing possible harm. Measures include supervised drinking with a parent or other adult present, reducing the number of drinks consumed per occasion, accurately being able to identify standard drinks for different types of alcohol beverages, and skills that reduce the impact of harm once it has occurred (for example, first aid and communication techniques). The approach has shown promise in influencing drinking behavior among young people,³⁵ yet some criticism has been raised regarding SHAHRP's evaluation and the interpretation of its results.

Another framework for education is the life skills approach,³⁶ which aims to provide a context for promoting healthy lifestyles in children (and often adults³⁷), and is applicable across cultures. It focuses on teaching a range of skills that address decision-making, communication, and handling emotions. Life skills curricula can address general lifestyle issues or focus specifically on drinking. These programs have been widely implemented in a number of public health areas, notably sexual behavior and HIV/AIDS. A similar approach has been applied to alcohol in a number of countries in both the developing and developed world.

Several life skills programs implemented in a school setting have been formally evaluated. Results regarding their effectiveness are mixed.³⁸ In the United States, for example, where much of the existing evaluation of alcohol education has been conducted, some life skills programs received a poor assessment,³⁹ largely for their lack of rigorous evaluation and methodological shortcomings.⁴⁰ Other programs, such as the Student Training through Urban Strategies Program (STATUS) or the Alcohol Skills Training Program (ASTP) have been positively reviewed.⁴¹ There is evidence from other countries, including Australia, Belgium, and the United Kingdom, that similar approaches also work there.⁴² Life skills education has the potential to be an effective tool in addressing various high-risk behaviors and situations, including the incidence of binge drinking.⁴³ Such results may be attributable to improved coping and refusal skills or to changes in perceptions of harm and peer norms.

Educational approaches that rely on life skills may be especially promising in developing countries and countries in transition and in contexts where various social factors, such as poverty, social exclusion, or

fragile family structure are prevalent. Early education that integrates alcohol with other health and social issues, as well as an approach that involves parents and peers and is community-based seems especially worth pursuing.⁴⁴

Alcohol education extends well beyond school or other formal settings. An individual's everyday encounters and experiences with alcohol within a particular culture also constitute "alcohol education." It is impossible to ignore these influences when trying to assess the effectiveness of particular approaches. They shape beliefs around alcohol, the social framework around acceptable drinking behavior, and impart a value system that will ultimately persist through adulthood.

Families are the single most influential factor in a young person's decision whether or not to drink,⁴⁵ followed by the influence of peers and friends.⁴⁶ This appears to hold true across different cultures.⁴⁷ Socialization is an important part of alcohol education in which rules, values and attitudes are passed from parents to their children, who then internalize them, integrating them into their own behavior.⁴⁸ This transfer occurs informally but values and attitude learned can be strong protective factors through adolescence into adulthood and may help reduce the potential for harm. Strong relationships between parents and children, family discipline structure, communication, monitoring and supervision, and parental involvement can positively influence alcohol consumption choices by young people.⁴⁹ Where the family structure is missing and there is weak support through other influences, negative drinking patterns and related problems are more likely to surface.⁵⁰

Building on the informal involvement of parents in their children's skill development, more formal approaches may be used to help strengthen the role of the family. Various programs exist that help encourage the family's role in influencing behaviors around drinking. Some of these, like the Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14), have shown considerable promise.⁵¹ The programs, which include behavioral training for parents, family skills training, education, support and brief therapy appear to be helpful even when applied across different cultures. It has been shown that the impact of such programs is enhanced when they are combined with those that focus on young people themselves.⁵²

There is evidence that family-based education approaches may be cost-effective, and may help to avoid significant future social and economic costs.⁵³ Yet, despite promising evidence, the influence of family is often neglected in research and in recommendations around alcohol education and prevention.

Peers are second only to families as a major influence on the drinking behavior of young people.⁵⁴ The need to conform to what is acceptable to their peers drives much of young people's behavior, both positive and negative. This concept has been used in developing an approach to alcohol education based on what is known as the Social Norming Theory. Initially developed in the United States, the approach relies on changing the attitudes and norms that exist around drinking behaviors, particularly on university campuses. The underlying premise is that drinking among young people is influenced by their perceptions of how their peers drink. Studies show that students tend to have an exaggerated view of the quantities of alcohol being consumed by their peers. Making students aware of this misperception can help change behavior and reduce drinking.⁵⁵

The social norms approach relies largely on intensive publicity campaigns on university campuses to educate students about how much their peers actually drink (and do not drink) and to correct existing misperceptions. Information about how much students actually consume, how many of them suffer negative outcomes, and basic information relating to alcohol are part of the approach. Information is disseminated through ads in school newspapers, on billboards, and posters in student halls, through presentations and by

other students. Results at Northern Illinois University and the University of Arizona in the United States, where the approach has been used extensively, have been encouraging⁵⁶ and positive results have also been seen elsewhere.⁵⁷

As is the case with any education measure, the social norms approach has its critics who may not agree with the messages it delivers, its basic premise, or are not convinced by the results of its application.⁵⁸ Currently, some 20% of universities in the United States incorporate some aspects of social norms in their prevention efforts, and the approach has also been used in the United Kingdom in somewhat different settings.⁵⁹

It is important not to overlook another critical element in how young people learn to drink and how they learn to seek or avoid risk. Like most other behaviors, learning about drinking involves experimentation and trial and error.⁶⁰ Risk-taking is an integral component of growing up and helps us learn what to seek out and what to avoid. Understanding that young people are likely to experiment with drinking as with many other behaviors could help in developing ways to educate them and make this transition process a safer one.

A final approach to educating young people about alcohol integrates schools, peers, parents and the wider community, using a number of different strategies to raise awareness and change behavior. This approach relies on information campaigns, life skills education, parent training, and peer leadership. While such campaigns are complex, labor intensive and expensive, evidence shows they can produce positive results on attitudes, knowledge, and behavior related to drinking, such as driving.⁶¹

An example of one such approach is Project Northland, implemented in several communities in the U.S.⁶² The goal of the approach is to prevent or delay drinking among students in a number of primary and secondary schools. Using education both at the individual level and within the community, the approach targets families, peer groups, teachers, business and community leaders, government and mass media. While the scope of Project Northland is limited to a number of small rural communities, it does suggest that an integrative approach can be effective. Knowledge about alcohol and the involvement of the family, in particular, were positively affected. Students were also less likely to drink and reported changes in attitudes and beliefs about alcohol.⁶³ These effects of the Project Northland, however, may not be sustainable over the long term and may be weakened in the absence of continuous intervention throughout adolescence.⁶⁴

Other “At-Risk” Populations

While young people are the focus of a large proportion of alcohol education efforts aimed at so-called “at-risk” populations, there are also other groups for whom specialized and targeted interventions have been developed, largely because measures aimed at the general population may not be adequate to meet their needs.

One such group includes pregnant women. There is evidence that certain drinking patterns during pregnancy (e.g., heavy chronic and binge drinking) may have adverse effects on the developing fetus. Special education measures have been developed for pregnant women in a precautionary effort to raise awareness and change potentially harmful behaviors. This includes providing information about alcohol and pregnancy through government issued guidelines,⁶⁵ by medical and health personnel,⁶⁶ mass media campaigns and warning labels.⁶⁷ However, research has shown that raising general awareness does not seem to translate effectively into changing some pregnant women’s own behaviors and attitudes towards drinking during pregnancy.⁶⁸

Targeted approaches appear to be more effective. Pregnant women who are deemed to be at high risk (for example, those who have previously abused alcohol or already have a child with alcohol-related effects)

may be the focus of educational measures that involve counseling and information about health-related behaviors including drinking.⁶⁹ Project CHOICES (Changing High-risk alcOhol use and Increasing Effectiveness Study), for example, is aimed at reducing the incidence of fetal alcohol syndrome (FAS) by increasing knowledge about alcohol and pregnancy.⁷⁰ This approach appears to be particularly appropriate when individuals who are important in the mothers' lives are involved and can offer support⁷¹ and when education is provided in face-to-face sessions with counselors, and not in a "top-down" approach relying solely on written materials and messages.⁷²

Other groups within the "at-risk" category include indigenous populations and groups with a particularly high prevalence of alcohol problems. In the United States and Canada, education efforts have been developed to target Native communities. Educational efforts have been used effectively to reduce the incidence of FAS among these populations,⁷³ and other approaches are aimed at education about drinking patterns and at drinking and driving. The effect of these approaches seems to hinge upon whether or not they are culturally appropriate and address the issues relevant to that particular community.⁷⁴ Similarly, Australia has used some promising educational measures for dealing with alcohol abuse among its aboriginal population and changing risky behaviors among adults and young people.⁷⁵

Targeting Behaviors

The final approach to alcohol education that will be addressed in this report is one that focuses on particular behaviors and attempts to change them in a way that reduces risk for harm and encourages positive patterns of drinking.

An important issue that relates to this topic is the education of health workers, medical practitioners, social workers, police and others. The involvement of these professionals can effectively raise awareness and knowledge about alcohol and also influence behavioral change among those in their care.⁷⁶

For example, knowledgeable health workers trained in providing counseling about drinking behaviors and in offering brief interventions to those whose drinking is problematic have shown potential across different cultures and also among "at risk" populations.⁷⁷ Even a short 20-minute session in which an individual is educated about his or her drinking can have dramatic effects on behavior. The approach has shown success with adults, as well as with young people.⁷⁸ While a detailed discussion of this topic lies beyond the scope of the present report, it is important to bear in mind that in order to educate others about responsible drinking and the implications of certain drinking patterns, these professionals themselves need to be educated in alcohol issues.

Harmful drinking patterns can be addressed through a number of venues and channels. Much alcohol education, for instance, is provided through the workplace. The focus of these measures is largely on alcohol abuse and harmful patterns that can affect work performance. It has been shown that informing individuals about drinking and providing them with appraisals about their own risk can positively influence their behavior and motivation to change.⁷⁹

Interventions in schools and universities, addressed earlier, have also been used to educate about specific drinking patterns in an attempt to change behavior and reduce the risk for harm. Binge drinking, for example, is one of the major topics addressed through educational approaches on campuses around the United States. While many of these have not been evaluated thoroughly and have been criticized for being inadequate,⁸⁰ there is evidence that educational measures can help reduce binge drinking among student populations.⁸¹

Numerous targeted educational approaches to addressing drinking patterns and harm reduction have focused on areas including drinking and driving and responsible hospitality. Both have yielded promising results and are areas allowing for joint involvement of many different sectors with an interest in reducing alcohol problems – governments at the local and national level, non-governmental organizations, the media, health professionals, the beverage alcohol industry, alcohol industry-sponsored social aspects organizations (SAOs), law enforcement and others.

Drinking and Driving

The problems and potential outcomes of drinking and driving are a popular focus for alcohol education in many countries, including the developing world. Few would disagree with the need to reduce injuries and deaths associated with drinking and driving and with the main message that these two activities are not compatible. This approach, therefore, enjoys much public support.

Education around this issue includes public information campaigns in the print and electronic media, the use of driving simulators to demonstrate first-hand the effects of alcohol consumption on driving, school-based programs, and testimonials by survivors of drunk driving crashes. Many campaigns rely on general messages that discourage alcohol-impaired driving. Others attempt to inform the public about legal blood alcohol content limits and legislation around drinking and driving that exist within a particular country or region.

Many campaigns against driving while impaired have been implemented around the world. One example is “Bob,” a designated driver program that has been running in Belgium since 1995.⁸² The program involves a continuous awareness-raising campaign through the mass media, increased police controls around drinking and driving, and local initiatives in pubs and bars. Each week, the Bob bus, a van decorated in Bob colors and equipped with a driving simulator, supports local events. The campaign also provides informational materials and administers blood alcohol tests. The key elements of the “Bob” program were documented for replication across Europe as “Euro-Bob” in cooperation with the European Commission. Since 2001, variations of the campaign have been adopted in Denmark, France, Greece, the Netherlands, Portugal, and Spain, with similar programs started in other EU member states.

Partnerships have played a key role in the success of initiatives against drunk driving and include transport agencies, law enforcement, the alcohol beverage industry, civic organizations and retail bodies. They operate in tandem with government regulations governing drinking age laws and blood alcohol limits that are in place in many countries. However, enforcement of existing laws, for example through random breath testing, is an essential adjunct to education and an important factor in reducing alcohol-related crashes.⁸³

Recent findings indicate that mass media campaigns can contribute to reducing alcohol-related crashes and the incidence of drunk driving.⁸⁴ The campaigns were found to reduce social costs related to injuries, lost productivity, pain and suffering, and property damage. It appears that campaigns can achieve positive results regardless of whether the focus is on legal consequences of drunk driving or on negative social and health aspects. However, all of the campaigns were implemented in conjunction with other prevention activities, which may have contributed to their success.

Responsible Hospitality

A second popular and effective approach that addresses behavior targets those who sell or serve beverage alcohol. The objective of this approach is to make the drinking environment safer. Responsible hospitality education has shown considerable promise in this regard. It attempts to educate wait staff, bartenders and

servers about potential risks, drinking patterns and outcomes, and teaches them skills necessary to deal with intoxicated patrons. The goal is to educate servers and bar staff about the legal and social responsibilities of serving alcohol and how to intervene effectively when problems occur. Responsible hospitality and server training are clearly an area in which the beverage alcohol industry has a role. In fact, most SAOs in existence around the world have implemented programs around this approach.

Specifics differ from one program to another. Some focus on educating servers about liability issues, while others emphasize the importance of server judgment in reducing harmful outcomes. Programs have been implemented in many countries, but not all have been evaluated. On the whole, however, server training has received a positive response, especially when combined with enforcement.⁸⁵ It can raise awareness, but also reduce heavy drinking, the numbers of intoxicated patrons and outcomes including drunk driving accidents.⁸⁶

CONCLUSIONS: WHAT WORKS?

As this report has attempted to demonstrate, alcohol education is a complex and challenging area. It involves formal educational measures, as well as informal influences, all of which help to shape attitudes towards drinking and risk, encourage certain drinking patterns and discourage others. More importantly, alcohol education is an approach which, like other policy and prevention measures, cannot be viewed or implemented in isolation but depends on a comprehensive approach.

The central question with regard to alcohol education remains whether it works and is effective. As the debate around the issue clearly demonstrates, the answer is likely to be, “It depends.” While some alcohol education measures have been found to be highly effective, others are demonstrably less useful. While some have helped change behaviors and increased awareness, others have been less successful.

Yet research into the effectiveness of alcohol education suggests that there are several lessons to be learned. First and foremost, targeted interventions appear to be more effective than broad-based measures. It is important to clearly identify the target audience and match it with the appropriate approach. As with any alcohol policy or prevention measure, cultural considerations and the relevance of the approach need to be recognized for there to be an appreciable impact.

Second, the goal of a particular approach needs to be clearly defined so that its effectiveness can be assessed. It may be unrealistic to expect a program designed to raise awareness to change behavior, for example. Third, combined interventions have been shown to be more effective than single approaches and benefit from the inclusion of multiple groups to ensure their success. Programs should be comprehensive in nature and be given time to become integrated into the system. Finally, alcohol education programs need to be realistic, corresponding to the needs of those whom they are intended to target, with measurable goals and evaluation criteria built into the program design.

The evidence also shows that, like most other measures, alcohol education should not be viewed and evaluated in isolation. Outside influences, often not quantifiable, play an important role in whether an approach is effective. Other policies and prevention approaches applied around the implementation of an educational program will also have a strong impact on the outcome. Similarly, the prevailing political climate and trends around alcohol consumption are key determinants in whether certain approaches are necessary, adequate or successful.

Alcohol policies are demonstrably more successful when they are targeted and when several targeted

interventions can be successfully combined. No single measure on its own is able to change the face of problems or attitudes around alcohol. Alcohol education is no different in this regard. The effectiveness of alcohol policy hinges upon its ability to integrate many components, to be flexible and realistic. Alcohol education is but part of the larger picture along with legislation, enforcement and other policy and prevention efforts.

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