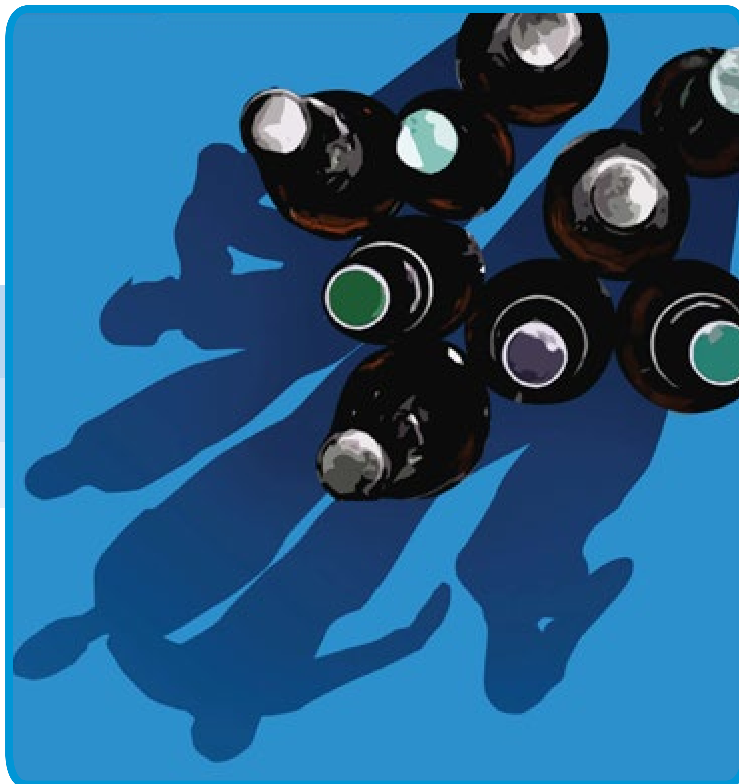
Meeting Report

INFORMAL CONSULTATION TO DEVELOP A TRAINING PACKAGE FOR HEALTH WORKERS ON ALCOHOL ADDICTION



29-30 June 2016
Manila, Philippines

World Health Organization
Western Pacific Region

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

INFORMAL CONSULTATION TO DEVELOP A TRAINING PACKAGE FOR HEALTH WORKERS ON ALCOHOL ADDICTION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
29–30 June 2016

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NOTE

The views expressed in this report are those of the participants of the Informal Consultation to Develop a Training Package for Health Workers on Alcohol Addiction and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Informal Consultation to Develop a Training Package for Health Workers on Alcohol Addiction, held in Manila, Philippines, from 29 to 30 June 2016.

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Keywords

Alcoholism / Health personnel - education

SUMMARY

Young people are more vulnerable to alcohol-related harm because of specific biological, neurological, social and psychological factors. It is the biggest risk factor for deaths in young people 15–29 years of age. This is an important public health concern in the Western Pacific Region where 22% of the population, around 235 million people, belong to the age group 10–19 years. In terms of consumption patterns, around a third of older adolescents (aged 15–19 years) consumed at least one standard alcoholic drink in the past month and more than one in ten (12.5%) engaged in binge drinking. Consumption in young people is expected to increase due to marketing strategies of the alcohol industry that target the youth. New sweeter, fruit-flavoured and "lighter" alcohol beverages with the same alcohol content appeal to younger consumers, and advertising is shifting from traditional approaches to sponsorship of music and sporting events that young people patronize. Social media, which is popular with youths, is now a key marketing instrument.

Based on feedback from the recent Regional Forum on Protecting Young People from the Harmful Use of Alcohol, co-organized by the World Health Organization (WHO) and the Department of Health of Hong Kong SAR (China) on 29–30 April 2016, expertise on alcohol harm in young people is limited, especially in low- to middle-income countries. There is a need to develop local experts who can properly manage individual patients medically and also serve as advocates and resource persons for broader alcohol harm prevention interventions.

The Mental Health and Substance Abuse Unit in the Division of NCD and Health through the Life-Course (DNH) of the WHO Regional Office for the Western Pacific drafted the design for a training course that is envisioned to strengthen leadership skills of a core group of local practitioners, public policy leaders and community advocates who will address alcohol harm prevention and reduction in their respective countries. The review of these materials by experts in the field contributed to the training design and content. The Informal Consultation to Develop a Training Package for Health Workers on Alcohol Addiction was held in Manila, Philippines on 29–30 June 2016 and was attended by four technical advisers, one observer, seven WHO representatives and two interns from DNH.

The purpose of the informal consultation was to convene a group of experts in adolescent health, addiction, psychiatry and public mental health to review drafts of the training course design. WHO and the technical advisers were able to agree on the target audience; the overall objective and specific learning objectives of the training programme; and the session topics, methods of delivery, time allotment and evaluation methods. Implementing arrangements such as a time frame, possible collaborating centres, partners and resource persons were also discussed.

The Mental Health and Substance Abuse Unit will continue to work on the training design and develop materials for the training course. A list of priority Member States to be invited to the pilot training will be drawn up and funding sources to implement the course will be explored.

1. INTRODUCTION

1.1 Meeting organization

The Informal Consultation to Develop a Training Package for Health Workers on Alcohol Addiction was held in Manila, Philippines on 29–30 June 2016. It was organized by the World Health Organization (WHO) Regional Office for the Western Pacific and was attended by four technical advisers, seven WHO secretariat representatives and two interns from the Division of NCD and Health through the Life-Course (Annex 1).

1.2 Background

Young people are more vulnerable to alcohol-related harm because of specific biological, neurological, social and psychological factors. It is the biggest risk factor for deaths in young people 15–29 years of age. This is an important public health concern in the Western Pacific Region where 22% of the population, around 235 million people, belong to the age group of 10–19 years. In terms of consumption patterns, around a third of older adolescents (aged 15–19 years) consumed at least one standard alcoholic drink in the past month and more than one in ten (12.5%) engaged in binge drinking. Consumption in young people is expected to increase due to marketing strategies of the alcohol industry that target the youth. New sweeter, fruit-flavoured and "lighter" alcoholic beverages with the same alcohol content appeal to younger consumers, and advertising is shifting from traditional approaches to sponsorship of music and sporting events that young people patronize. Social media, which is popular with the youth, is now a key marketing instrument.

Based on feedback from the recent Regional Forum on Protecting Young People from the Harmful Use of Alcohol, co-organized by WHO and the Department of Health of Hong Kong SAR (China) on 29–30 April 2016, expertise on alcohol harm in young people is limited, especially in low- to middle-income countries. There is a need to develop local experts who can properly manage individual patients medically and also serve as advocates and resource persons for broader alcohol harm prevention interventions.

The Mental Health and Substance Abuse Unit of the WHO Regional Office for the Western Pacific drafted the design for a training course that is envisioned to strengthen the leadership skills of a core group of local practitioners, public policy leaders and community advocates who will address alcohol harm prevention and reduction in their respective countries. The review of these materials by experts in the field contributed to the training design and content.

1.3 Meeting objectives

The technical consultation was held with the following objective: for a group of experts in adolescent health, addiction, psychiatry and public mental health to review drafts of the training course design.

2. PROCEEDINGS

2.1 Global and regional alcohol harm prevention and reduction updates

Dr Susan Mercado, Director, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, presented the global and regional perspectives on reducing the harmful use of alcohol. She emphasized that alcohol is the world's third leading risk factor for premature mortality, disability and loss of health, causing more than 200 diseases and injuries. It is responsible for one in twenty deaths and has caused more than two times the number of deaths due to HIV/AIDS, violence or tuberculosis. In the Western Pacific Region, more than 700 000 deaths were attributed to alcohol or one death every minute. The harmful use of alcohol kills and disables people at a relatively young age. Alcohol use was the single biggest risk factor for deaths in young people aged 15–29 years and was responsible for 49 467 deaths in this age group, almost double the number caused by occupational risks (26 294 deaths), illicit drug use (9495 deaths), unsafe sex (7481 deaths) and tobacco use (no deaths) in the same age group.

She explained that the onset of alcohol drinking was usually during adolescence. During this stage of development, structural and functional changes happen in the brain that make young people more at risk of alcohol-related harm. Specifically, young people are less sensitive to the sedative and mobility impairment side-effects of alcohol but are more sensitive to its social and rewarding effects making them prone to reach high levels of intoxication more readily. Once intoxicated, young people are more at risk of experiencing physical, sexual and emotional harm. This age group is vulnerable to current marketing approaches of alcohol products. It is important to note that the alcohol industry has increased marketing activities in this Region. For example, one British company increased its 2010 marketing budget by 50% and spent £ 370 million pounds in 2013 to reach consumers in the Asia-Pacific region. In 2011, the industry spent US$ 10.9 billion on advertisements in China.

In 2008, 193 Member States reached consensus at the sixty-first World Health Assembly on a global strategy to confront the harmful use of alcohol. In 2010, at the sixty-third World Health Assembly, countries adopted resolution WHA63.13, which endorsed the global strategy. The global strategy focuses on ten key areas of policy options and interventions at the national level, but three most cost-effective target areas are prioritized. These three "best buys" are regulating the availability and the marketing of alcoholic beverages, and instituting pricing policies.

The WHO Regional Office for the Western Pacific has strategically focused its attention on protecting young people from the harmful use of alcohol by promoting these three areas. Dr Jason Ligot, Consultant, Mental Health Promotion, Division of NCD and Health through the Life-Course, elaborated on the recent alcohol harm reduction activities in the Region. WHO had recently co-organized three meetings with the Department of Health, Hong Kong SAR (China): (1) Regional Meeting on NCD Prevention and Control through the Reduction of Alcohol-Related Harm, 2012; (2) Regional Meeting on Addressing the Harmful Use of Alcohol by Young People, 2013; and (3) Regional Forum on Protecting Young People from the Harmful Use of Alcohol, 2016. During these meetings, Member States had been updated on cost-effective strategies for alcohol harm reduction among young people and shared examples of interventions that were implemented in their respective areas as well as lessons learnt. In the last Regional Forum, Member States had been encouraged to develop

training material for medical professionals to raise awareness on alcohol harm diagnosis and management, especially in young people, while the WHO Regional Office had been requested to strengthen engagement of civic organizations, academia and the medical community in alcohol harm prevention and reduction. These recommendations are the rationale behind the conceptualization of a leadership course for alcohol champions in low- to middle-income countries. The last meeting also saw young people from Member States finalizing and releasing their *Statement of Young People against Alcohol Harm* in which they called on other young people and their families, governments, international agencies, civil society and the media to join forces to institute policies and laws that protect young people from the harmful use of alcohol. Two publications by the Regional Office were also launched in 2016: *Young People and Alcohol: A Resource Book* and *How Alcohol Harms Young People and What You Can Do About It*, together with its corresponding video. These publications provide information on the importance of protecting young people against alcohol harm and how one can contribute support to addressing the issue. The publications were meant for policy-makers, community leaders, youth advocates and parents. A social media contest was also conducted in Cambodia, Mongolia and the Philippines, where the youth produced videos for their peers to raise awareness on alcohol harm. The winners presented their videos at the 2016 Regional Forum.

2.2 Existing training on alcohol harm management

Dr Yutaro Setoya, Mental Health Technical Officer, WHO Division of Pacific Technical Support, presented the WHO Mental Health Gap Action Programme (mhGAP) and its Intervention Guide. He described the learning objectives, topics and methods of the alcohol use and alcohol use disorders module, and explained challenges encountered in the module implementation, mostly the lack of health personnel.

Three technical experts presented examples of training courses on alcohol harm prevention and management from their respective countries.

Dr Yvonne Bonomo, Faculty, Department of Addiction Medicine, St Vincent's Hospital, University of Melbourne, Australia, shared the features of two training courses: one for general practitioners and family doctors to upskill their management of alcohol and other drugs (AOD); the other for doctors to become specialists in AOD. The former is part of the Royal Australian College of General Practitioners' curriculum for AOD medicine in which general practitioners and family physicians undertake continuing professional development courses on a variety of relevant topics (e.g. motivational interviewing, quality assurance activity, clinical audit of local AOD, mental health promotion). The latter is a three-year clinical course spearheaded by the Fellowship of the Australasian Chapter of Addiction Medicine and funded by the Government of Australia. Physician trainees learn hospital and community management of AOD.

Dr Edgardo Tolentino, psychiatrist and immediate past president, Philippine Psychiatric Association, Philippines, presented three local programmes that target government health-care workers. The Adolescent Health Education and Practical Training (ADEPT) e-learning toolkit, developed by the Philippine Department of Health (DOH) and United Nations Children's Fund (UNICEF), has five learning modules – alcohol use and misuse are integrated in module 5. The Alcohol, Smoking, and Substance Involvement Screening Test – Brief Intervention (ASSIST-BI) trains government health service providers to identify alcohol, smoking and

substance use among the youth and provide corresponding brief interventions. Another training instrument, the Training Manual on Promoting Mental Health in the Communities contains a module on assessing and treating mental illness in the community and also discusses alcohol dependence as a common type of mental illness.

Dr Mitsuru Kimura, Director, Department of Psychiatry, National Hospital Organization, Kurihama Medical and Addiction Center, Japan, shared the experiences of a WHO Collaborating Centre for Alcohol Control and Education. The Kurihama Medical and Addiction Center has been conducting alcoholism training courses for clinicians since 1975. These courses are co-organized by the Japanese Ministry of Health, Labour and Welfare. In 2010, the Ministry approved an additional charge for hospitalized patients with alcoholism who receive specialized treatment for addiction. Hospitals need to have at least one doctor and one medical staff who completed the Kurihama training programme in order to charge the fee. The policy change promoted the training programme and more participants have enrolled. To date 6000 medical doctors, nurses, public health nurses, social workers, clinical psychologists and occupational therapists have taken the course. In addition, there are a few educational programmes in universities and in the community that aim to reduce underage drinking.

Three other training courses from the United States of America were presented by Dr Carmela Mijares-Majini, Consultant, Mental Health and Substance Abuse, Division of NCD and Health through the Life-Course. The first is the Clinician’s Guide Online Training implemented by the US National Institute on Alcohol Abuse and Alcoholism. It targets primary care and mental health clinicians to raise awareness on strategies for effective clinical interviews and interventions for heavy alcohol drinking. The second is the Screening, Brief Intervention and Referral to Treatment (SBIRT) core training conducted by the US National Institute on Drug Abuse (NIDA) for primary care providers and counsellors. The training aims to build capacity of health-care providers by improving their skills in screening, care management, referral, follow-up and brief treatment of patients with substance use problems (including alcohol abuse). The third is an SBIRT training course that was designed by the US Substance Abuse and Mental Health Services Administration (SAMHSA) for paediatric residents and medical faculty. The course was developed to train residents and faculty in the principles of SBIRT and increase the use of SBIRT in medical residency programmes and physician practices.

In discussing the gaps in alcohol-related harm clinical management and advocacy for public policy, Dr Bonomo pointed out that most training courses were designed to manage adults. Hence, there was a need to raise awareness that adolescents are physically and emotionally different from adults, and that managing alcohol-related problems in young people requires new skills to be effective. Dr Kimura also suggested that to reach adolescents with alcohol-related problems, it is necessary to raise awareness on the harms of underage alcohol drinking among school teachers, school counsellors and workers engaged in child welfare. From the perspective of a low- to middle-income country, Dr Tolentino observed that despite the perception of a growing alcohol problem among the youth in the Region, there is a dearth of training programmes for health-care providers on this topic. He also agreed with the recommendation to develop a training course for health-care providers on the prevention and management of alcohol harm in young people.

Dr Bale Kurabui, Police Force Medical Officer, Fiji School of Medicine and Chair, Regional Alcohol Network, Fiji, shared that Fiji has seen a rise in alcohol-related harm in its young people. However, he was unaware of structured training programmes for health-care providers and policy-makers, aside from the mhGAP module on alcohol, that address the issue. He said that he believes that building the capacities of leaders and advocates of alcohol harm prevention and management in young people is needed in the Pacific islands.

2.3 Draft training module on alcohol harm prevention and reduction

The Mental Health and Substance Abuse Unit drafted the design for a training course to strengthen the leadership skills of a core group of advocates who will address alcohol harm prevention and reduction in their respective countries. The draft training design was presented to the experts for their review and comments.

First was a review of the target participants and training goal. Initially, practicing physicians who exhibit the potential to be advocates for alcohol harm prevention and reduction in young people were proposed as the target participants. The experts recommended that the target participants should also include government policy-makers who work in health, enforcement, education or youth sectors as well as nongovernmental leaders from the community, people's organizations, faith-based organizations or academia to widen the scope of influence of the core group.

The training goal was edited from "To strengthen leadership skills of a core group of local practitioners in alcohol harm prevention and management" to "To strengthen leadership knowledge and skills of a core group of local advocates in alcohol harm prevention and management in young people."

The experts also reviewed the specific learning objectives, topics, methods and evaluation methods of the session plans for modules 1 and 2 in the draft training design, and proposed time allotment per learning session. Presented below are the updates to the draft session plans for both modules. Comments from the experts are indicated in parentheses (Tables 1 and 2). Please refer to Annex 3 for the draft training design with the proposed modules 1 and 2 session plans.

Table 1. Draft session plan for module 1

Learning objective (Participants will be able to…)	**Session topics**	**Methods**
Explain the biology and psychological aspects of alcohol drinking, especially in young people. (Experts: Add “social” to “psychological aspects”)	• Stages of development in young people • Motives to drink in young people • Psychosocial risk factors for alcohol problems in young people • Biopsychosocial consequences of alcohol use in young people, including effects on the brain • Natural history of alcohol consumption in young people	• Illustrated lectures • Video (Experts: Allocate “2 hours”)
Identify contributing factors to alcohol consumption and related harm in young people.	• Physical, economic and social availability of alcohol • Effect of marketing on drinking patterns in young people (Experts: Add “protective factors/resilience”)	• Illustrated lectures • Country case studies (Experts: Allocate “2 hours”)
Describe the WHO and other tools for screening and management. (Experts: Add “Explain detoxification of young people”)	• mhGAP interventional guide: alcohol use and disorder module • WHO AUDIT and ASSIST • Motivational interviewing • Treatment (e.g. brief intervention, pharmacotherapy) • Relapse prevention (Experts: Add “communicating with adolescents and detoxification of young people”)	• Illustrated lectures • Demonstration (actual and/or video) • Role playing (Experts: Allocate “3 hours”)
Perform an assessment and manage young patients with harmful alcohol use and/or have alcohol use disorders. (Experts: Change to “Describe resources needed for clinical management and identify gaps in their respective countries”)	(Experts: Add “Requirements for clinical management including the service delivery and referral systems, medicine access”)	(Experts: Add “Illustrated lectures; country case studies; Workshop: Preparation of country situation”) (Experts: Allocate “1.5 hours”)
Define the role of family in the effective management of alcohol harm. (Experts: Add the role of “community”)	• Community improvement strategies • Family interventions (i.e. family-based counselling) • Parent education • Law, regulation, policing and enforcement (Experts: Add “youth engagement” and “Parent concerns and education [modelling, monitoring, positive communication, encouraging prosocial behaviour]”)	• Illustrated lectures • Demonstration (actual and/or video) (Experts: Allocate “1 hour”)

Table 2. Draft session plan for module 2

Learning objective (Participants will be able to…)	**Session topics**	**Methods**
Describe the epidemiology of alcohol use and harm.	• Global and regional burden of alcohol harm, especially among young people • Important alcohol consumption indicators (Experts: Add "Data sources, collection, analysis and reporting, and highlight equity issues at the local level)	• Illustrated lectures • Preparation of country situation (Experts: Allocate "2 hours")
Explain the global strategy to reduce the harmful use of alcohol.	• *WHO Global Strategy to Reduce the Harmful Use of Alcohol*, with a focus on the cost effective interventions on alcohol harm prevention • 2025 global targets for noncommunicable diseases (NCDs) (Experts: Add "SDG 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol; Global Plan for the Decade of Action for Road Safety 2010-2020; Global Action Plan for the Prevention of Inter-Personal Violence 2016-2026; 2018 Progress monitor on NCDs, and impact of interventions to outcomes")	• Illustrated lectures • Country case studies (Experts: Add "Workshop: Assessment of country status versus 2025 global targets and 2018 progress monitoring; and, Workshop: Assessment of existing and target areas/interventions") (Experts: Allocate "8 hours")
Advise relevant agencies in the drafting, finalization, implementation, monitoring and evaluation of the three cost-effective interventions on alcohol harm prevention.	• Policy cycle (Experts: Change to "Policy and legislation development, planning, implementation, monitoring and evaluation") • Examples of effective alcohol prevention policies, legislation and local government resolutions from around the world (Experts: Add "Examples of ineffective alcohol policies")	• Illustrated lectures • Case studies • Workshop (Experts: Add "Workshop: Review of existing or draft policy/ legislation of the country) (Experts: Allocate "4 hours")
Advocate to the medical community, civil society, and government for institution of alcohol harm prevention measures.	• Health communication, advocacy, networks and social movements • Examples of successful advocacies that were led by health professionals • Planning an advocacy campaign in the country (Experts: Add "media literacy, and mechanisms of communication that reach the youth")	• Illustrated lectures • Case studies • Workshop (Experts: Allocate "4 hours")

For the implementing arrangements, the experts agreed that the course should be implemented in three modules: the first module will focus on clinical management, the second module will be on public policy and advocacy, and the third module will be a venue to report country progress on a priority alcohol control intervention selected from the module 2 course. The first module is tentatively proposed in February 2017, the second in June 2017, and the third in October 2017 to coincide with the seventh Global Alcohol Policy Conference in Melbourne, Australia.

Since this is a pilot phase, only three or four Member States will be invited, with priority given to low- to middle-income countries with high prevalence of heavy episodic drinking or high alcohol consumption in young people. Three representatives per Member State will be requested to participate according to the recommended members of the core group.

Possible implementing institutions and partners were also identified. Besides WHO, one of the Regional Office's collaborating centres for the prevention and control of alcohol and drug abuse may be considered as the organizer to conduct the course. This could be St Vincent's Institute of Mental Health Service (Australia) or the Kurihama Alcoholism Center, National Hospital Organization (Japan).

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Findings

The consultative meeting achieved its objective. The WHO Secretariat and advisers were able to agree on the target audience; the overall objective and specific learning objectives of the training programme; and the session topics, methods of delivery, time allotment and evaluation methods. Implementing arrangements such as the time frame, possible collaborating centres, partners and resource persons were also discussed. Please refer to Annex 3 for the draft training design.

3.2 Next steps

The Mental Health and Substance Abuse Unit will continue to work on the training design and develop materials for the training course. A list of priority Member States to invite to the pilot training will be drawn up and funding sources to implement the course will be explored.

ANNEX 1

LIST OF TEMPORARY ADVISERS AND SECRETARIAT

1. TEMPORARY ADVISERS

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ANNEX 2

PROVISIONAL AGENDA

(1) Welcome remarks

(2) Introduction of the consultation

(3) Global and regional update on the burden of alcohol harm and cost-effective interventions

(4) Highlights of the regional forum on protecting young people from the harmful use of alcohol

(5) Sharing and discussion of training programmes in alcohol harm management

(6) Moderated discussion on gaps in the clinical management of and advocacy against alcohol harm and the development of a leadership course

- ➢ Review of course objectives and target group
- ➢ Review of session plan for module 1
- ➢ Review of session plan for module 2
- ➢ Discussion on implementing arrangements

(7) Next steps

(8) Closing

ANNEX 3

DRAFT TRAINING DESIGN

Leadership training on the prevention and management of alcohol harm in young people

1. Background

Young people are more vulnerable to alcohol-related harm because of specific biological, neurological, social and psychological factors. It is the biggest risk factor for deaths in young people 15–29 years of age. This is an important public health concern in the Western Pacific Region, where 22% of the population (235 million people) is 10–19 years of age. In terms of consumption patterns, around a third of older adolescents (aged 15–19 years) are current drinkers, and more than one in ten (12.5%) engage in binge or heavy episodic drinking. Consumption in young people is expected to increase due to marketing strategies of the alcohol industry that attract the youth. New sweeter, fruit-flavoured and "lighter" alcohol beverages with the same alcohol content appeal to younger consumers, and advertising is shifting from traditional approaches to sponsorship of music and sporting events that young people patronize. Social media, which is popular with youth, is now a key marketing instrument.

Based on feedback from the recent Regional Forum on Protecting Young People from the Harmful Use of Alcohol, which was co-organized by WHO and the Department of Health of Hong Kong SAR (China) on 29–30 April 2016, expertise on alcohol harm in young people is limited especially in low- to middle-income countries. There is a need to develop local experts who can properly manage individual patients medically and also serve as advocates and resource persons for broader alcohol harm prevention interventions.

2. Training goal

To strengthen leadership knowledge and skills of a core group of local advocates in alcohol harm prevention and management in young people.

3. Target participants

The target participants of this training are:

3.1 physicians who exhibit potential to be advocates for alcohol harm prevention and reduction in young people. These are physicians who:

- regularly encounter young patients who are victims of alcohol harm in their practice (ER physicians, paediatricians, psychiatrists, etc.);
- are leaders in their respective fields and have the influence to convene other physicians; and
- have access to policy-makers or influential stakeholders;

3.2 government policy-makers who work in the health, enforcement, education or youth sectors; and

3.3 non-government leaders from the community, people's organizations, faith-based organizations or academia.

4. Learning objectives (tentatively refer to session plan)

5. Methods (tentatively refer to session plan)

The training will use various adult learning methods which include a mix of illustrated lectures, videos, case studies, structured and panel discussion, workshops, mentoring, etc. Please refer to the session plan (section 7) for more details.

6. Course evaluation

Evaluation of the course will be done by answering the following questions:

- Did the participants acquire the envisioned knowledge and skills from the course?
- Were the topics relevant? Were there topics that need to be included or removed?
- Were the methods used effective?
- Was the time allotted sufficient?

To measure knowledge, pretests and post-tests will be done at the start and end of a training module. Skills assessment will be done through observation of role plays and presentation of workshop outputs. Relevance of topics, effectivity of methods and time allotment will be evaluated through feedback forms at the end of a training module. Effectivity of the course to establish advocates will be assessed through review of submitted reports or plans for in-country implementation and feedback on implementation.

7. Implementing arrangements

7.1 Course duration: The course will be delivered in three modules over a period of 10 months.

7.2 Number of Member States/participants: **Four Member States (three participants per Member State)**

Member States for the pilot phase will be selected based on high prevalence of heavy episodic drinking and limited prevention measures.

7.3 Implementer: WHO Regional Office for the Western Pacific or one of the collaborating centres for the prevention and control of alcohol and drug abuse

<u>WHO headquarters collaborating centres</u>

a. **National Drug Research Institute** (formerly Joint Centre)
   - Curtin University of Technology, Australia
   - Head: Professor Steven Allsop
   - Professor Mike Daube (Co-Chair of the National Alliance for Action on Alcohol and Director of McCusker Centre for Action on Alcohol and Youth
   -

b. **National Drug and Alcohol Research Centre** (formerly Joint Centre)
   - University of New South Wales, Australia
   - Head: Professor Richard P. Mattick

c. **Clinical Policy and Research Division**
   - Drug and Alcohol Services, South Australia
   - Head: Associate Professor Robert Ali

d. **Centre for Social and Health Outcomes Research and Evaluation**
   - Massey University, New Zealand
   - Head: Professor Sally Casswell (Chairperson of the Global Alcohol Policy Alliance)

WHO Regional Office for the Western Pacific collaborating centres

a. Kurihama Alcoholism Center
   - National Hospital Organization, Japan
   - Head: Dr Higuchi Susumu

b. Mental Health Institute
   - Second Xiangya Hospital, Central South University, China
   - Head: Dr Hao Wei

c. St Vincent's Institute of Mental Health Service (WPRO CC for Mental Health)
   - St Vincent Hospital, Melbourne, Australia
   - Head: Professor Helen Herrman
   - Dr Yvonne Bonomo (Physician, Department of Addiction Medicine, St Vincent's Hospital Melbourne and Medical Head of Unit, Women's Alcohol and Drug Service (WADS), Royal Women's Hospital, Melbourne)

d. Victorian Health Promotion Foundation (VicHealth – Collaborating Centre for Leadership in Health Promotion)
   - Melbourne, Australia
   - Head: Ms Jerril Rechter
   - Dr Bruce Bolam

Other institutions and organizations

a. Centre for Addiction and Mental Health (CAMH)
   - Toronto, Canada

b. National Drug and Alcohol Research Centre (NDARC)

c. Thai Health Promotion Foundation/Health Promotion Policy Research Center, International Health Policy Foundation
   - Director: Dr Surasak Chaiyasong (also Assistant Professor of Social and Administrative Pharmacy, Mahasarakham University)

Other resource persons**:**

- Dr Cornelius Goos (previous Regional Adviser on Alcohol, Drugs and Tobacco and acting Director for Health Promotion and Disease Prevention, WHO Regional Office for Europe)
- Dr Kelvin Wang Man-ping (Assistant Professor, School of Nursing, Hong Kong University)

7.4 Possible relevant events:

a. ASEAN Review Meeting/Research Project

- Thailand, August 2016

b. International Society of Addiction Medicine Annual Meeting

- Montreal, Canada, October 2016

c. Asia-Pacific Society for Alcohol and Addiction Research

- Taipei, Republic of China (Taiwan), June 2017

8. Proposed course schedule:

Activity/ task	Month															
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Internal planning	x															
SPMC		x														
Invitation to Member States			x													
Deadline of nominations of participants					x											
Training preparations – design, materials, logistics		x	x	x	x	x	x									
Module 1 training								x								
Project implementation								x	x	x	x					
Module 2 training												x				
Project implementation												x	x	x	x	
Presentation at the 7th Global Alcohol Policy Conference (Melbourne) **Module 3: Course evaluation/ graduation**																X

9. Proposed session plan

Learning objectives (Participants will be able to…)	**Topics**	**Methods**	**Time allotment**	**Evaluation method**
• Explain the biology, and psychological and social aspects of alcohol drinking, especially in young people	• Stages of development in young people • Motives to drink in young people • Psychosocial risk factors for alcohol problems in young people (e.g. mental health problems) • Biopsychosocial consequences of alcohol use in young people • Natural history of alcohol consumption in young people	• Illustrated lectures • Video	2 hours	• Written pretest and post-test
• Identify contributing factors to alcohol consumption and related harm in young people	• Physical, economic and social availability of alcohol • Effects of marketing on drinking patterns in young people • Protective factors/Resilience	• Illustrated lectures • Country case studies	2 hours	• Written pretest and post-test
• Describe and perform the WHO AUDIT and brief intervention • Explain detoxification of young people	• Communicating with adolescents • WHO AUDIT • Brief intervention • Detoxification of young people	• Illustrated lectures • Demonstration (actual and/or video) • Role playing	3 hours	• Observation of performance during role plays
• Describe resources needed for clinical management and identify gaps in their respective countries	• Requirements for clinical management (including the service delivery and referral systems, medicine access)	• Illustrated lectures • Country case studies • Workshop: Preparation of country situation	1.5 hours	• Group presentation on the existing service delivery and availability of medications in country
• Define the role of family and community in the effective prevention and management of alcohol harm	• Community improvement strategies • Youth engagement • Family interventions • Parent concerns and education (modelling, monitoring, positive communication, encouraging prosocial behaviour, alcohol provision [?])	• Illustrated lectures • Demonstration (actual and/or video)	1 hour	• Written pretest and post-test

Learning objectives (Participants will be able to…)	**Topics**	**Methods**	**Time allotment**	**Evaluation method**
	• Effective models of law, regulation, policing and enforcement *			
• Describe the epidemiology of alcohol use and its role in road trauma, interpersonal violence, mental health, self-harm and risky sexual behaviour	• Global and regional burden of alcohol harm, especially among young people (health/injury/trauma outcomes) • Important alcohol consumption indicators (i.e. total consumption, prevalence of current and binge drinking) • Data sources, collection, analysis, and reporting • Highlighting equity issues at the local level	• Illustrated lectures • Workshop: Preparation of country situation (move up)*	2 hours	• Group presentation on country situation
• Explain the global strategy to reduce the harmful use of alcohol	• SDG 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol • 2025 global targets for NCDs • Relevant references and guidance documents by WHO - *WHO Global Strategy to Reduce the Harmful Use of Alcohol*, including the 10 target areas with focus on the cost effective interventions on alcohol harm prevention, - *Global Plan for the Decade of Action for Road Safety 2010–2020* - Global Action Plan for the Prevention of Interpersonal Violence 2016–2026 - 2018 Progress Monitor on NCDs - Other references • Impact of interventions to outcomes	• Illustrated lectures • Country case studies • Workshop: Assessment of country status versus 2025 global targets and 2018 progress monitoring • Workshop: Assessment of existing and target areas/interventions	8 hours	Presentation of country status and proposed strategies for the country
• Advise relevant agencies in the drafting, finalization, implementation and monitoring and	• Policy and legislation development, planning, implementation, monitoring and evaluation • Examples of effective alcohol prevention policies, legislation and local government resolutions from around the world	• Illustrated lectures • Case studies • Workshop: Review of existing or draft policy/legislation of	4 hours	Presentation of group critique/review of exiting country policy/law (or other country's policy/law)

Learning objectives (Participants will be able to…)	**Topics**	**Methods**	**Time allotment**	**Evaluation method**
evaluation of alcohol harm prevention/ reduction interventions	• Examples of ineffective alcohol policies	the country		
• Advocate to the medical community, civil society and government for the institution of alcohol harm prevention measures in the country	• Health communication • Health advocacy, networks and social movements • Examples of successful advocacies that were led by professionals • Stakeholder mapping and establishing networks in the country/ region • Planning an advocacy campaign in the country • Media literacy • Mechanisms of communication that reach the youth	• Illustrated lectures • Case studies • Role play • Workshop	4 hours	• Communication material to be used for the advocacy • Submission of a core group 1-year action plan and feedback presentation on progress after a few months. Action plan will include a campaign/ advocacy activities
• Establish or strengthen a local network or movement for alcohol harm prevention			4 hours	

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