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Revista de cercetare și intervenție socială

Review of research and social intervention

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

Selected by coverage in Social Sciences Citation Index, ISI databases

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Revista de cercetare și intervenție socială, 2012, vol. 36, pp. 54-73

The online version of this article can be found at:

www.rcis.ro

and

www.scopus.com

Published by:

Lumen Publishing House

On behalf of:

„Alexandru Ioan Cuza” University,

Department of Sociology and Social Work

and

Holt Romania Foundation

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA

is indexed by ISI Thomson Reuters - Social Sciences Citation Index
(Sociology and Social Work Domains)



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Success local policies in preventing and reducing the alcohol consumption among youngsters

Maria CONSTANTINESCU¹, Cornel CONSTANTINESCU²

Abstract

Young people are most vulnerable to the consequences of alcohol consumption. Local authorities are the main institution in the development of local policies to reduce alcohol related harm and preventive actions to target not only individual consumers, but the environment in which the young grows: parents, teachers and vendors of alcoholic beverages. The main goal of this project is to reduce youth alcohol availability. Cooperation between different organizations is essential because prevention education programs (schools) alone will not be able to change drinking behavior. In preparing its policy on alcohol on the knowledge of reality. Thereby, collecting local data on the level of alcohol consumption among young teens, parent's attitudes and availability of alcohol was made by several sociological research based on sociological investigation. The population investigated included teenagers, parents and sellers of alcoholic beverages. Implementation of this policy required the formation of alcohol-related working groups according to the three elements of the project: public support (through media coverage and cooperation with message frequency and parents), legal regulations and how to apply them (identification of the level of application and increased police actions in this direction). Key factors in the success of this project were the good communication and good cooperation of all involved.

Keywords: health social policy; local policy; alcohol drinking; public support; the availability of alcohol; harm reduction; implementation.

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Issues and risks of alcohol use at European and national level

Alcohol consumption, globally, is the third major risk factor for health. There are a variety of problems related to alcohol that can have a devastating impact on individuals and their families and can significantly affect the community. It is often said that moderate alcohol consumption has some health benefits to people, e.g.: can be relaxed, talkative and uninhibited. However, negative consequences are more serious. Besides being an addictive drug, alcohol cause dozens of different diseases and conditions. “On the one hand, consuming alcohol might contribute to social well being on an individual and societal level. On the other hand, alcohol use is correlated with many effects on individual health, such as liver disease, heart disease, stroke, intoxication, and mental health issues, as well as with societal issues such as crime, rape, (traffic) accidents, and fighting”, (Brown et al., 2000; Ellickson et al., 2003; Warner & White, 2003; Tapert et al., 2003; Sindelar, Barnett & Spirito, 2004; Macdonald et al., 2005). Also alcohol can have a negative impact on people other than they consume, the offenses caused (eg. domestic violence, family breakups, traffic accidents and problems at work). “Global Strategy to reduce the harmful use of alcohol” adopted by the 63rd World Health Assembly in May 2010, is the commitment of Member States of the World Health Organization on the actions supported at all levels. “Along with tobacco, alcohol is one of the factors that cause death and disability, situations that could be prevented” (Babor et al., 2010). Cigarette and alcohol use have important health, social and economic consequences. „A combination of excessive alcohol consumption and tobacco use may have sinnergistic effects, on therisk of developing cancer and cardiovascular diseases (Schlecht et al.,1999). Insights into the relationship between alcohol and tobacco use in adolescents will help to inform preventive interventions.

It is estimated that alcohol is responsible for 7.4% of the problems that affect health and cause premature death in the EU, young people are most exposed, especially 15-29 age group, with 10% mortality among female cases and 25 % of the causes of male mortality. Around 10.000 people die annually in car accidents caused by driving under the influence of alcohol. Commission Communication of 24 October 2006, “E.U, strategy to support Member States in reducing the leading cause problems with alcohol” targeting the harmful effects of alcohol, both in terms of health, as well as economic and social impact. The strategy envisages five priorities aimed at reducing the impact and effects of alcohol consumption in the European Union. “These are: protection of children and young people by reducing alcohol consumption during pregnancy, limiting children from families suffering from alcohol and reducing alcohol consumption among young people” (Vladescu & Busoi, 2011).

Regarding the prevention of accidents caused by drink-driving, was taken into account that the risk of such accidents increases with the amount of alcohol in the

blood. For this reason, the E.U. Member States (so Romania also) introduced a maximum limit of it. For young drivers and the leading means of transportation, alcohol is not tolerated at all. Also, for the same purpose of preventing road accidents was used to test the frequency of drivers in traffic. "It is necessary to protect young people, because the risks of alcohol consumption by young people are more serious" (Anderson and Baumberg, 2006). There is no safe level of alcohol consumption by young people, especially by those who have not attained the age of 18. The brain is in a process of development until the age of 24 years, and alcohol frequently and in large quantities can disrupt this process, causing a range of learning problems, behavior and even alcohol dependence in adulthood. Alcohol consumption, especially at younger age, can have serious consequences. After alcohol consumption, adolescent directly are confronted with increased risk of traffic accidents (Sindelar, Barnett and Spirito, 2004), involvement in fights (Macdonald et al., 2005), falling incidents (Harnett, Herring, Thom and Kelly, 1999), unprotected sex (Bisakha, 2002; Miller et al., 2007), and alcohol poisoning (Wilsterman, Dors, Sprij and Wit, 2004; Radenkova – Saeva, 2007). On the long term, the risks are various diseases, and even addiction at a higher age (Alcohol – Related Disease Impact, 2008). Furthermore, research has shown that alcohol consumption within adolescents has permanent consequences on the brain, and that adolescent brain does not fully develop when children start drinking before the age of fifteenth (Ellickson et al., 2003; Tapert et al., 2005). Also, adolescents who drink alcohol, score poor results on memory tests compared to adolescents who do not use alcohol (Tapert et al., 2003). Consuming alcohol, therefore, also, negatively influences school performances (Miller et al., 2007). Parents strongly underestimate their childrens alcohol consumption (Verdurmen et al., 2008). Excessive youth and teenage alcohol consumption is often not visible (van Hoof et al., 2008), a direct indicator of excessive youth alcohol consumption is alcohol intoxication.

Alcohol consumption in Romania is among the highest in the world. Registered average alcohol consumption per capita in Europe is 9.51 liters, in Romania this level is 11.3 liters. It is estimated that in Romania, unregistered consumption of pure alcohol per capita is 4.0 liters, making the total figure to reach 15.3 liters. "Compared with other countries from Europe, only seven other countries (Russia, Ukraine, Andorra, Czech Republic, Moldova, Estonia and Hungary) the average alcohol consumption is slightly higher" (World Health Organisation, 2011). Romania has a long tradition related to alcohol consumption. Daily consumption of alcohol is common, especially in rural areas, is considered a normal lifestyle. Alcoholic drinks are called homemade brandy or tuica, is distilled alcoholic beverages with alcohol concentration of 40%. They are made from fruits such as apples, plums and pears. Wine and spirits are often considered homemade natural and healthy as they made their fruit without chemical additives. Despite the fact

that the figures related to alcohol and its harmful effects are large in Romania, most romanians realize that alcohol represents a major risk to health. „Compared with Europe, romanians seem to be more aware of health risks: 68% of Romanians realize that alcoholic consumption may increase the risk of heart disease compared to 53% of Europeans; 62% of romanians discern a link between alcohol and depression compared to 49% of Europeans. „Compared to the population of other 27 countries in Europe, romanians are most aware of a relationship between cancer risk and alcohol consumption (57%). On average, in Europe only 36% of the population aware of this risk” (Eurobarrometer, 2010).

Alcoholic drinks are economically important products. Alcohol provides jobs for people working in bars, restaurants and agriculture, provide foreign currency for alcoholic beverages exported and generate tax revenue for the government. But the company pays an enormous price for the economic benefits associated with the production, sale and consumption of these goods. “,Three important mechanisms explain alcohol’s ability to cause harmful effects in terms of medical, psychological and social: physical toxicity, intoxication and addiction. For this reason, alcohol consumption is a common substance” (Alcohol and Public Policy Group, 2010). Alcohol industry, especially beer and spirits industry, it is a very active industry in all European countries and also in Romania. Romania is an example of a country where the new open market systems allow companies that have business with opportunities to use alcohol modern marketing campaigns to introduce alcohol-based products and new styles of drinking. The economic power of these companies influence, directly or indirectly, health policy, they promoting industry interests. “These aspects causes the public health sector and governments to meet the public health strategies at the national and local level in order to minimize the consequences of alcohol consumption” (Idem). Alcohol has a significant impact on society. Problems attributable to alcohol is a huge economic burden. Costs related to alcohol consumption in Europe *Figure 1* and psychological damage are plenty, of which exemplify: impaired health and crime.

European Commission complements the efforts of Member States by providing a forum on alcohol and health in various oragnizatii participating Member States and European institutions. Under this action are involved alcohol producers, who are taught to adopt a responsible marketing strategy, especially in terms of health.

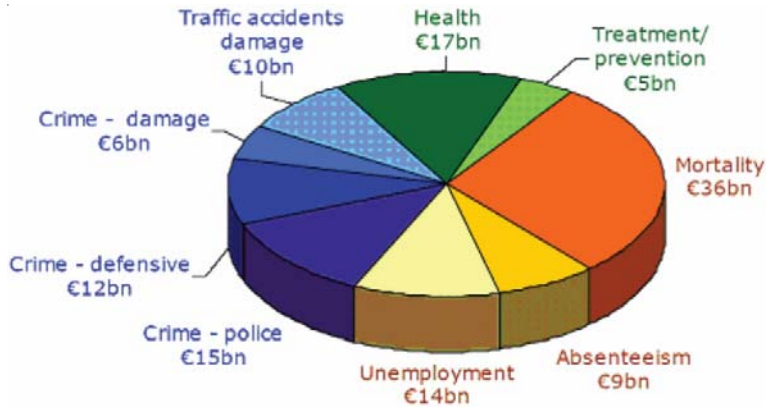


Figure 1. *The tangible cost of alcohol-related harm by component (by Anderson, P. and Baumberg, B., 2006)*

Fundamentals of an integrated policy to prevent alcohol consumption

Traditionally, measures to prevent alcohol were directed to individual consumers of alcohol on health and education as consumption of alcohol, but research has shown that this has no effect on public health (Holder, 1998). Especially towards the consumption behavior of young people is rarely affected by information about the consequences of alcohol consumption. For many years, in many countries, the main activities of the alcohol policy aimed at educating young people, their information on health risks and other consequences of alcohol consumption. Unfortunately, all these educational investments have been in vain. Young people aren't generally interested in information about short and long term consequences on their health. However, educating parents about the consequences of alcohol consumption among young people can be effective. It is likely that young people be tempted to follow a modern lifestyle, and alcohol is one of the elements of this lifestyle, also stimulated by alcohol marketing campaigns on TV, Radio, during social events and via the Internet. Alcohol is fashionable and attractive for young people. Therefore, alcohol sellers, parents, teachers and local authorities and national duty to protect young people against risks caused by alcohol consumption. "Prevention programme of alcohol consumption and health education policies must be implemented by families, schools, local and central authorities" (Constantinescu & Constantinescu, 2010).

Norms and values related to alcohol and drinking behavior is not just a personal choice, for the most part, they are the result of environmental influences, eg. legislation on alcohol, style education on parents, friends or the number and behavior rules points of sale of alcoholic beverages in individual living environment. "Because alcohol is linked to many influences coming from the environment in which it operates around the community, it must be approached not only through the individual but also by light of changing attitudes towards alcohol and drinking from alcohol consumption patterns" (Holder, 1998).

Action on unhealthy personal life style (smoking, addictive behavior, sedentary etc.) includes a wide range of activities such as: increased action for health promotion, pricing policy, control of hazardous substances, strategies for helping people to gain trust and support lifestyle changes in adverse circumstances (increase of personal, regardless of the status issue, assimilated the concept of empowerment). In Central and Eastern European countries this component of health policy has been neglected at least until the early '90. Local health policy is a component of social protection policy seen as a response to the state (through the central and local) community social issues, and of certain population groups at various social risks. In terms of alcohol policy should be made in cooperation with various specializations makers and local project supporters, from public and private organizations within the community. This *systems approach* (Holder, 1998; Reynold, 2003) brings together different sides of society, such as healthcare, education, welfare, public order, control and safety. Local coordinating institution is a community in general and, therefore, it is essential that the leader of the project plan. Some measures to limit the availability of alcohol can get sometimes opposition from some community groups. For this reason, it is also important for local authorities to support interventions and measures. Alcohol is part of a lifestyle that has to do with society. Therefore, a policy to prevent alcohol consumption should be in close touch with society, in making a policy of prevention of alcohol, three aspects of society form the pillars of the policy esntiali. "The three pillars are: public support, regulation and laws and regulations, each representing an essential part of local policy on alcohol" (Reynolds, 2003).

Pillar 1: Education and Public support

People in the community must have knowledge about the project: what measures will be taken and are supporters of the project they are involved. The subject project is clearly targeting seriousness of the risks of alcohol consumption among young people. People in the community are informed about the importance of this subject and objective of the project. Effect of project success and public support depend on the implementation of the proposed policy and project activities. "Public support can be achieved in three ways" (Gascbaranyi and Mulder, 2007): (1) Increased level of knowledge and awareness of health risks of alcohol consumption among adolescents in society in general, or specific groups; (2)

Increased level of knowledge about the need policy measures; (3) Informing the public about policy outcomes, for example through media. In obtaining public support, media is a very important partner. Journalist should be involved in the project to disseminate strategic information and activities report then.

Pillar 2: Policies and laws

Limiting alcohol availability through effective regulation is an important factor for reducing alcohol consumption and its harmful effects. The success of a policy on alcohol is to reduce alcohol availability. Scientific studies (Babor et al, 2010) show that alcohol policy applied to national and local level can have success, especially if it will limit the availability of alcohol, and key elements of an effective of alcohol are: (1) A good policy price: high taxes and a minimum price; (2) A proper implementation and enforcement of existing laws on age limit for serving alcohol; (3) Limiting the number of places to sell alcoholic beverages; (4) Limitation alcohol marketing; (5) Enforcement rules on alcohol and assets; (6) Early medical detection by excessive alcohol consumption.

Some of these measures should be taken nationally and others regionally. Limited availability of alcohol can be legal, for example, through regulations limiting the number of alcohol outlets and reduce the working hours of bars and shops, as well as verification of compliance by the sellers of legal age limit for selling alcohol. Effective legislation and reality is important, and the community must support the legal regulations on alcohol. The legislation on alcohol should be clear to all people in the community (especially for authorities and organizations). This is essential for sellers of alcoholic beverages, and training related to the legislation on alcohol interventions and compliance is good. Sales people should be instructed to ask young people an identity and refuse to sell alcohol to minors.

Pillar 3: Implementation of legislation and regulations

Without proper enforcement, legislation on alcohol can be ineffective. Policy needs to actively apply the laws, otherwise, the chances to observe a community are very small. Therefore, enforcement is an essential element in implementing a local policy on alcohol. Not only new policy measures should be instructed to ask young people an identity and refuse to sell alcoholic beverages to be applied. There are various authorities in Romania who are responsible for law enforcement on alcohol. Local and regional authorities and the government are responsible for implementing local legislation and Law Enforcement are separate tasks. Direct law enforcement authorities are local police, national police and jandarmaria. Good cooperation between them is very important. At the beginning of the project is necessary to clarify the responsibilities of various authorities. It also recommends partnering with the priorities related to implementation of laws and their description in a local law enforcement strategy.

A successful policy in preventing and reducing alcohol consumption

Alcohol consumption among young people can be reduced by appropriate policies. More and more research (Babor, T. et al., 2010) provides a scientific basis for the need of adoption by governments and local authorities of actions based on interventions that have proven useful for reducing alcohol related harm and has shown that, in the absence of effective policies on alcohol, this problem will increase with the problems related to alcohol consumption society. The main leader in the development of local policies on alcohol are local authorities.

Project interventions at community level are organized so Community public authorities opened a new opportunity to build a space friendly namely community participation in its problems. An effective alcohol policy is based on some general principles: limiting availability of alcohol to young people and effective implementation of laws on alcohol. For this purpose should be prohibited promotions on alcoholic products, availability and advertising, all having a significant impact on young people. The introduction of a policy which limits the availability of alcohol is the most effective way to change the behavior of individuals to alcohol. "This can be achieved by implementing strict rules, for example on the number of alcohol outlets, the price of alcoholic beverages and enforcement of minimum age for alcohol consumption" (Babor et al., 2010). Among the priority activities of the Community policy include education programs that begin in childhood and adolescence and continues to limit tendencies to consume alcoholic beverages. "The best way to do this is to give children as much as possible, an environment without alcohol: not to allow alcohol to age 18 was not possible to buy alcohol by the age 18, alcohol laws are applied properly and to limit alcohol marketing" (van der Vorst, 2007).

Negative consequences of harmful alcohol consumption are felt best community scale. Determine their visibility in the community desire to act. Local authority is best placed to make decisions on the measures and interventions best suited to address or prevent the harmful effects of alcohol-related problems. Community becomes the active subject of a wide range of problem solving as *the principle of decentralization* (Zamfir, 2000) collective offered a new approach to public sector moving in a significant extent, public mechanisms from central to local level. In every community there are a number of activities that ensure its implementation, production of goods and services of interest, distinct from national public sector organized by the state. In this case, only local authorities are only exponents of the national central authority in the community, but are about to become, first, public instrument of the community. Local public authority develop a range of community activities, supported by a combination of resources mobilized by the community and national resources transferred. Decentralization, as a major goal of modern society, opens a new possibility: supplementing the resources obtained through standard taxes, with new forms of mobilization of

additional local resources, financial contributions and work, especially oriented to the implementation of projects off. These may include prevention of alcohol, drugs, tobacco, „improving school performance of certain risk groups” (Constantinescu & Constantinescu, 2010) etc. and leading to the welfare of the community.

In order to implement a project to prevent alcohol consumption among young people in Romania, Pitesti municipality cooperated with the Netherlands Institute on Alcohol Policy (S.T.A.P.). Based on experiences in Pitesti, was created a D.R.A.I.N. (Romanian Dutch Implementation Alcohol Policy Network) for actions to prevent alcohol. Pitesti is the first city in Romania which has been adopted its own local policy to prevent alcohol consumption among young people. *Theme project aimed* seriousness of the risks of alcohol consumption by young people. The main *target group* were students teenagers, this group is very vulnerable to the effects of alcohol and can be influenced relatively easily. By preventing them from start to drink alcohol (at a young age) are preventable problems that may occur later. Reducing and preventing alcohol related harm in the community is why a policy objective local alcohol. Before taking action and initiating implementation of project activities is preparing *a plan of policy* firmly local including a description of (gravity) existing problems, based on national data, regional or local alcohol problems and, more specifically, on issues related to alcohol consumption among young people. Also, this plan of policy reflects the vision of the hottest, the general objectives and measurable target groups, and budget roots in key interventions needed to address reported problems related to alcohol consumption. It is also necessary to inform supporters of the community project on the project plan.

Description of existing problems and vision of the project. It requires a description of the severity of existing problems, based on national data, regional or local alcohol problems and, more specifically, on issues related to alcohol consumption among young people. *Project's vision* is systemic. Behavior of young people from alcohol consumption is influenced by the environment in which they live. Educational messages to young people themselves do not cause change their behavior towards alcohol consumption, following the vision of the project aims to prevent alcohol consumption among young people through actions aimed at limiting disponibilitatii alcohol in their environment, involvement of public institutions (school, church, police), NGOs and last but not least, parents. Youngsters represents age category of importance, and the company has the responsibility to protect them from negative influences of alcohol, they are very vulnerable to such negative influences. The more young, so their behavior towards alcohol is more easily influenced and we hope for better results in the work of prevention of alcohol consumption.

Data collection is necessary to have an accurate picture of alcohol consumption among young people, parents and the state's attitude regarding compliance and

enforcement of existing laws on alcohol. Existing international research: (Anderson & Baumberg, 2006; Babor et al., 2010; Hibell et al., 2004 etc.) and nationally (Lotreanu et al., 2009; Constantinescu et al., 2008; Rascanu, 2004; Coman & Coman, 2005; Pasca, 1998) in the harmful effects of alcohol were a strong theoretical basis for obtaining an overview of the main problems related to alcohol. To describe the local situation in drinking among young people need specific local information updated. They can be used to obtain an overview of the main problems related to alcohol. Thus, some data were obtained from the police, such as data vendors record fines for selling alcohol to minors alcohol or record number of incidents of alcohol-related traffic. Doctors, hospitals have provided useful data regarding the number of patients intoxicated with alcohol and alcohol-related diseases. Information from these local data sources are very important to support local policy on alcohol consumption among young people. In addition to these existing data in the community were organized research studies (sociology, social workers and university students) at the local level in the project to obtain specific information. Thereby, the DRAIN project was made in the town of Pitesti, Romania several surveys that assessed alcohol use among adolescents, norms and alcohol-related problems, students and parents attitudes, consumption patterns of alcohol availability in obtaining alcohol, the compliance and enforcement existing laws on alcohol in Romania. The methods used in the studies were based on interviews and *sociological investigation* questionnaire. In 2008 a *survey among students*, the 1500 students surveyed (10% of all students in Pitesti), and in 2009 were *surveyed parents* (432). Survey among students is based on the ESPAD questionnaire, processed and adapted to specific Arges area by specialists from the University of Pitesti, University of Twente, Netherlands and the Netherlands Organization STAP. Following these two studies, we could form a clear picture about the behavior and knowledge students and parents about alcohol. By asking parents and students could make a comparison between responses from students about the behavior and perceptions of alcohol consumption behavior towards parents desire baurturi alcoholic consumption of their children.

Studies Results (shocking) shows that 88% of teens Pitesti community (aged between 14 and 19 years) currently consume or have consumed alcohol, 50% consumed alcohol regularly, 71% of parents said that they do not allow children to consume alcohol before the age of 18, while 37% of teens indicated that they consumed alcohol before the age of 13 years, 15% admit they were drunk before 13 years, although 85% of parents said they had discussed about alcohol and its effects with their children, 34% of students said their parents do not know that they drink alcohol, or at least they have never discussed this topic. From these studies show that alcohol consumption among pupil adolescents is a serious, alarming problem for the entire community. It also became obvious that the environment in which they live is very important. Many parents underestimate the problem, being far too tolerant of their children Most parents do not drink less when children are present and underestimate alcohol consumption by their children.

Local authorities in Pitesti in collaboration with specialists from S.T.A.P. the Netherlands have initiated a research program, *Mystery shopping research*, (2010) in bars and restaurants in Pitesti, and in supermarkets. Research aimed at owners of these places how and vendors comply with the law on the sale of alcohol to minors. Verification was done with teams of young people under 18 and requiring beverage. A similar research in Pitesti, organized in 2008 all showed that no bar and no store did not meet the legal requirement (Van Hooff, JJ., M. Moll, M. Constantinescu, 2009). „Mystery shopping research, in local bars Pitesti revealed that young people can buy alcohol everywhere, sellers do not require identity documents, no alcohol outlets located near the Pitesti 62% of schools. So, sellers of alcoholic beverages does not comply with the law on legal age limit.

Regional data collection on alcohol consumption among young people, parent's attitudes and availability of alcohol forms a solid basis for preventive actions and the formulation of *project objectives* to be realistic and appropriate. The main objectives of the project aims to: (1) community awareness about alcohol consumption among young people and changing the rules of the community about this (spread expressions, no alcohol before the age of 18 years; disseminate information on health risks of alcohol consumption); (2) a reduced availability of alcohol to young people in the community (compliance with regulations related to alcohol; effective enforcement). For each objective of the project were set concrete measurable *targets*, such as: delay average age at which young people start drinking from 14.5 to 16 years over the next three years, compliance by sellers of alcoholic beverages of the legislation, to reach 40% in three years (less than 60% of minors can buy alcohol in stores). Then, general objectives of interventions are connected with the special objectives of the project: raising awareness and informing parents and professionals on alcohol consumption among young; increase public support on the project and the subject by frequent media coverage; improving law enforcement by police; improve compliance by sellers of alcoholic beverages age limit. The objectives of the interventions can lead to the formulation of specific activities of the Action Plan.

Regarding to *national law* on alcohol is necessary an overview of existing local regulations and also the proposed changes, and the responsibilities. Must be clearly define locally is responsible for enforcement of legislation on alcohol. It is necessary to describe the relevant issues related to alcohol consumption among young people in the region or community. Reducing the number of these problems will be targeted policies.

Many interventions can be performed without a big *budget* to be necessary, however, it is necessary to reserve a budget for promoting the project (through the media and materials) and financing local coordinator. This project model is based on the cooperation of people in the community who want to volunteer to reduce the number of problems in the community. Thus, results can be achieved by strengthening teamwork and personal motivation.

Local policy developed by applying the DRAIN project is successful because it relies on a systemic approach to modern type. This policy mainly aimed at reducing alcohol related harm among young people (as revealed in the general and specific objectives) and preventive actions are not aimed at individual consumers of alcohol, but the environment in which it lives, eg. parents, teachers and sellers of alcoholic beverages. Young people's behavior from alcohol may change only through cooperation between various public institutions (school, church, police), NGOs and especially under the direct coordination of local authorities.

Implement a local policy to prevent alcohol

At this stage it is working according to the three elements of the project: public support, regulation and enforcement. Supporters of the project are representatives of institutions that relate to the three elements of prevention (education and public support, laws and regulations and their application), it is the task force, being able to consider measures as appropriate and provide solutions for every necessary. The project consists of community members and through, the specialists of the institutions with responsibilities related to alcohol policy, teachers and parents, persons in the media and others. It all depends on motivated people in the community. In the D.E.V.C.O.M. actions (community development), community size depends on the objective of action. Scale matter you want to promote „the common good” projects or group action. It can operate either throughout a city, a neighborhood, a neighborhood or a group of city blocks. All these can be identified as target communities according to Action” (Sandu, 2005).

Network and Working Group is a first step in project implementation and local authorities and local coordinator play a key role in this process. In the network have been involved a number of institutions and organizations: School (teachers), police, media (journalists), University (teachers and students), medical institutions (doctors), parents. Local licensing authority, the school inspectorate, youth organizations, religious clubs. Establishment of working groups was done according to the three pillars of the project model (public support, regulations and their enforcement). Working group members, although representing different organizations, however, have the same goal: communicating the message about the risks of alcohol consumption on health community to sensibilizatii all community members. Next is to create an *action plan*. The project team in cooperation with local authorities draw up an action plan that must be made in order to achieve the project objective. It also was approved by City Council, making definite continuation of the project. In this phase of the plan concrete actions be assigned to working groups or persons or institutions responasabile. Revealed that the plan that the project was ready to begin implementation of specific interventions. *Creating public support* was the next step in the action plan of the project. Media

campaigns have an important role in raising awareness on the consequences of alcohol consumption on health, learning, working and driving safety.

Media had an important role in informing the public support the project by project problematicii daily. Publication in the media of accurate information about alcohol issues of fact as they become more visible, to be in the public's attention and local politicians, which is the basic element for policy change. The project has developed relationships and partnerships with some journalists from local or regional level, which were personally motivated to be able to publish articles or TV prezenta. news about the project and the risks of alcohol on health. Free advertising during the project was achieved through participation in project events of media contacts and send them press releases, or updates on progress of project that deserves to be made public. They developed a series of public support materials: brochures for parents with information about alcoholic consumption among adolescents, leaflets about the project by the media attention, a report with guidelines for an educational campaign, a documentary for parents about the risks of alcohol and a documentary on the project.

Parents are important partners in supporting public and project implementation. They have an important influence on alcohol consumption by their children. Parents are the main influence in a child's life. No matter what teens say they need to inform parents about alcohol, but also that they establish rules related to alcohol consumption. To contact the specific target group, parents, and children, a good environment is *the school*. Schools are very important and useful channel of communication of information on alcohol and projects. Organizing meetings with parents in schools is an effective way to contact parents. For schools, parent involvement committee is important because, typically, is more difficult to contact parents. In many schools, each community has organized a monthly activity for the prevention of alcohol consumption.

Awareness of regulations, compliance and improving their awareness and respect for the law on alcohol, people should be informed and trained on the rules and how they can comply with these laws. Specific rules and selling alcohol consumption are not entirely clear to all citizens, and sometimes even members of the police, local authorities and owners of bars. Accurate, structured, clear on the law on alcohol may be essential for compliance with laws and, consequently, to reduce alcohol availability. Another step in limiting the availability of alcohol directly was the implementation of new policy measures. Experience and research project in Pitesti by the World Health Organization have shown that by appropriate public policies, alcohol consumption among tineriloe can be reduced. For this purpose should focus on (some of) the following policy measures: (1) Limiting the number of days and hours of sale, density of certain locations or points of sale of alcoholic beverages. Establish a special program (opening and closing) for bars and discos; (2) Limiting alcohol consumption in public places. Prohibition of alcohol in certain areas of the city and at certain times. Promoting physical safety

and social order; (3) Limit alcohol marketing and promotional prices in bars and discos. Prohibition, for example, promotional prices on alcohol products if the reduction is 25% from normal price or free drinks ban. Should be controlled especially alcohol marketing and promotions aimed at young people and attracting young people; (4) Promoting the consumption of soft drinks, by setting prices lower than those of the cheapest alcohol; (5) From experience DRAIN project, one of which was introduced policy measures in Pitesi was restrictions in the sale of alcohol near schools.

Improve law enforcement on alcohol is based on a strategy for implementing the legislation related to alcohol consumption that were involved in the police departments who fell to and responsibility to organize and efficiently. Strategy is the process by which a community passes from one state to another, a process that fosters community out of passivity, involves identifying networks, alliances and against the organization and community development, structuring projects and actions over several years. In this enforcement strategy aimed at the conclusion of partnerships for the development of concrete actions: (1) Every first Friday of the month, a team of control will check if the point of sale of alcoholic beverages meet the legal age limit. Various police departments work together to form a team to monitor compliance by vendors check the age limit for alcohol. Compliance with the age limit is a very serious and could lead to reducing the number of alcohol-related problems among young people. There are many improvements needed in this respect in the studied community; (2) Failure to limit the age of three times in the same year (cases found by the police) lead to the suspension of sale for a certain period of time of that store. This measure must be approved in City Council, showing that local authorities take the problem seriously and sellers must comply with the law; (3) Publication in media (local press and TV) has a short report, conducted by police concerning violations. Frequent media coverage increases the impact of legislation. If a message appears on the sanction to a local newspaper or local television, a much larger group of people will be informed. The media coverage may give the impression that politics is more active and people will respect the law if they believe that there is a strict application of the law. By receiving frequent information on police checks and sanctions is possible to estimate the risk vendors to be sanctioned is higher than it actually is. Partnerships with local media is beneficial for frequent media coverage on enforcement by the police. Regulation of Pitesti has enabled local police to participate in activities to prevent alcohol carried out in schools during football matches and cultural activities. On these occasions, young people were informed about the risks of alcohol consumption; (4) Police information by the seller. Of alcoholic beverages and owners. The bars on the law on alcohol (providing leaflets, posters and legislative materials).

Conclusions

Prevention of alcohol consumption among young people can be organized and better adapted to local community needs. Dutch Institute for Alcohol Policy (STAP.) cooperated with municipality of Pitesti, Romania, in order to create a basis for implementing actions to prevent alcohol consumption among young people. In this sense, we worked together for three years (2008-2011) in the DRAIN project (The Dutch-Romanian Network for Implementing Alcohol Policies). This program has provided funds to promote social change in Central and Eastern Europe, then based on experiences in Pitesti, was created a model for action to prevent alcohol.

Alcohol consumption creates problems not only individually but also in the whole society level. Can also considerably burdening the economy, and is, globally, the third major health risk factor. Especially young people are more vulnerable to the consequences of alcohol consumption. In the development of local policies on alcohol, local authorities should be the main organizing institution. If authorities at national and local measures are not taken within the shortest number of these issues will continue to grow. This is worrying since the figures related to alcohol consumption in Romania is already very high compared to other EU countries.

The Community Systems Perspective on Alcohol Problems is premised on research literature about the components and effectiveness of alcohol interventions. Alcohol problems derive from the interaction of the overall alcohol consumption and the demand and the supply of alcohol. Fortunately, both alcohol supply and demand can be moderated by public policies, and alcohol problems can thus be prevented. The World Health Organization (W.H.O.) concluded in a review of current alcohol research literature that alcohol related problems of individuals have to be placed in the context in which they occur. This context is the environment in which an individual level and all factors that are present there to influence the behavior of the individual. The most influential factors are the price of alcohol, the assortment of alcohol, the number of alcohol outlets (stores and bars, restaurants, discos), the intensity of the marketing of alcohol. In order for an alcohol prevention policy to be successful these contextual factors need to be taken into account. Targeting just one or two of these factors, while ignoring the presence and influence of the other factors, will result in failure of the strategy. A successful prevention strategy needs to use proven effective methods and approaches (reducing the availability of alcohol is the most effective method), create awareness of alcohol related issues in the community and support for the policy measures through continuous and intensive media attention. The three building blocks of an effective alcohol prevention policy are public and political support, compliance to legislation and enforcement these legislations. Each build-

ding block represents an essential target of the prevention policy and demands its own strategy and the involvement of stakeholders. Stakeholders are organizations and institutions that are involved in the development of execution of the alcohol prevention policy.

Alcohol problems derive from the interaction of the overall alcohol consumption and the demand and the supply of alcohol. Both, alcohol supply and demand can be moderated by public policies and alcohol problems can thus be prevented if problems of individuals are placed in the context in which they occur. This context is the environment in which the individual level and all factors that are present there to influence the behavior of the individual: price of alcohol, number of outlets, intensity the marketing of the alcohol, social norms and attitudes toward alcohol and national alcohol policy.

DRAIN project addresses with harmful alcohol consumption, which is a real threat to public health, prosperity and welfare. It intends to create a national network of experienced and motivated professionals (individuals and organizations) which strive to develop and implement local policy on alcohol, based on the theory of systemic approach: presenting a proven effective in reducing policies and prevent problems related to alcohol consumption at the municipal level. The project aims to improve community capacity to cope with harmful alcohol consumption within the current political framework, taking into account and using the possibilities of a community and a changing nation. The project addresses especially to the transfer of knowledge and expertise than on contributing to an intervention for a limited time.

Policy applied by local authorities through the project aims to drain mainly to reduce alcohol-related harm among young people and is based on a systemic approach, according to which preventive actions should target young consumers living environment for alcohol, for example: parents, teachers and vendors of alcoholic beverages. Only alone prevention programs education (schools) will not change behavior towards alcohol is essential cooperation between different organizations involved in project. A prime objective of local policy aimed at: community awareness and change community norms within the community on alcohol consumption among young people and realized through: educational campaign for students (experience exchange, brochures, posters) educational campaign for parents (informational meetings, brochures and posters) educational campaign for teachers (informational meeting). Another goal followed in the local alcohol policy was to reduce alcohol availability to young people, supported by actions such as: restricting the number of outlets, improving regulations on the sale of alcoholic beverages to minors and penalties, restricting alcohol marketing and sponsorship.

In the past, prevention of alcohol was considered only as a component of social care policy, addressing to the people with problems in sense. Today, this

view has changed. Health problems due to lifestyle are becoming more and more seen as a result of causes that people can not influence. It is necessary to drive the company to address determinants of health (especially unhealthy eating habits, lack of physical activity, tobacco, psychosocial stress, alcohol harmful effects), with an approach based on results and actual data evidence, (shown), alcohol-related problems. Adoption and implementation of effective control policies are currently drinking essential and indispensable to protect public health and safety.

Application of local regulations and national legislation aimed at first monitoring and control of alcohol sales to young people under the age of 18 years to the point of sale of alcoholic and on the other hand permits monitoring and control of alcohol sales points.

Therefore, during the project, emphasis should be placed on the integration of new information structural and ways of working in the community. Attention on alcohol policy must become an integral part of the community. For example: police should understand that law enforcement and verification of compliance with legislation on alcohol should be a task of their work, activities organized by schools or parents for teachers or other org. within the community to continue after project completion. One way of ensuring policy after the project is to partner with all organizations involved in the project and local authorities. In three years, the duration of the project have been many meetings, and intervention studies with positive results. Pitesti city can be a national model for the development of local policy alcohol prevention among young people. It is possible that communities may not have the same problems and habits related to alcohol, but there is a general approach or model to reduce the number of alcohol-related problems among young people. This pattern of consumption of alcoholic prevention at the community level based on actual data (DRAIN model) was developed in Pitesti in recent years and may be disseminated nationally. The success of this project was not a big budget, but in a good cooperation and communication and union of all the motivating factor in achieving project obiectivelor in protecting the health of the community. Be taken into consideration that the implementation of legislation in itself does not require substantial resources and that can start with a minimum level of application and can then be expanded over time, gradually. Research shows that preventive measures can be very effective in terms of costs. This means that the tremen long will spend less money, for example, health care, treatment or property damage related to alcohol consumption. A good local policy on alcohol should lead to savings of money in the long run.

References

- Alcohol and Public Policy Group. (2010). *Alcohol: No Ordinary Commodity - a summary of the second edition*. Addiction, UK: University Press.
- Anderson, P., Baumberg, B. (2006). *Alcohol in Europe*. London: Institute of Alcohol Studies.
- Babor, T., Caetano, R., Cassell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Gruenewald, P., Hill, L., Holder, H., Homel, R., Österberg, E., Rehm, J., Room, R., Rossow, I. (2010). *Alcohol: no ordinary commodity, research and public policy. [second edition]* UK: University Press.
- Bisakha, S. (2002). Does alcohol-use increase the risk of sexual intercourse among adolescents? Evidence from the NLSY97. *Journal of Health Economics*, 21, 1085-1093.
- Brown, S., Tapert, S.F., Granholm, E., Delis, D.C. (2000). Neurocognitive functioning of adolescents: effects of protracted alcohol use. *Alcoholism: Clinical and Experimental Research*, 24, 167-171.
- Coman, D., Coman, H. (2005). *Management si tratament in toxicomanii*, Cluj-Napoca: Editura Medicala Universitara Iuliu Hatieganu.
- Constantinescu, M., Ciucă, S., Despa, N., Pița, C., (2008), Aspecte psihosociale privind consumul de alcool in randul elevilor pitesteni. In *ACUM - Colocviul international de stiinte sociale*, Editura Universitatii Transilvania Brasov.
- Constantinescu, M., Constantinescu, C. (2010). Strategies for educational succes of Romanian children in a rural a community. In Maria, Roth, Diana, Dămean, (editors), *The social Ecology of School Success*, Cluj-Napoca: Editura Presa Universitară Clujeană.
- Constantinescu, M., Constantinescu, C. (2010). The alcohol consumption and health status of the teenagers. *Psychology & Health*, vol 25, Supliment nr.1, 184.
- Ellickson, P.L., Tucker, J.S., Klein, D.J. (2003). Ten-year prospective study of public health problems associated with early drinking. *Official Journal of The American Academy of Pediatrics*, 111, 949-955.
- Eurobarometer (2010). *EU citizen's attitudes toward alcohol*, Brussels: TNS Opinion & Social.
- Gascbaranyi, M., Mulder, J. (editors). (2007). *Handleiding lokaal alcoholbeleid, een integrale benadering*. Nederlands Instituut Voor Alcoholbeleid.
- Hibell, B., Andersson, B., Bjarnason, T., Ahlstrom, S., Balakireva, O., Kokkeve, A., Morgan, M. (2004), *The ESPAD Report 2003*, alcohol and other drug use among students in 35 European countries.
- Holder, H., (1998). *Alcohol and the community. A systems approach to prevention*. Cambridge: Cambridge University Press, 1998.
- Lotrean, L.M., Kremers, S., Ionut, C., de Vries H. (2009). Gender differences regarding the alcohol-tobacco relationship among Romanian adolescents – a longitudinal study. *The European Journal of Public Health*, 19, 285-289.
- Macdonald, S., Cherpitel, C.J., Borges, G., DeSouza, A., Giesbrecht, N., and Stockwell, T. (2005). The criteria for causation of alcohol in violent injuries based on emergency room data from six countries. *Addictive Behaviors - an International Journal*, 30, 103-113.

- Miller, J.W., Naimi, T.S., Brewer, R.D., Jones, S.E. (2007). Binge drinking and associated health risk behaviors among high school student, *Pediatrics*, 119, 76-85.
- Pasca, D. (1998), Alcoolul si fenomenul infraccional. *Revista Psihologia*, 3, 14-15.
- Radenkova-Saeve, J. (2007). *Epidemiological profile of acute alcohol poisoning in toxicology clinic, emergency hospital N. I. Pirogov. Acta Medica Bulgarica*, 34, 41-46.
- Rascanu, R. (2004). *Alcool si droguri: Virtuti si capcane pentru tineri*. Bucuresti: Editura Universității din Bucuresti.
- Reynolds, R.I. (2003). *Building Confidence in Our Communities*, London: London Drug Policy Forum.
- Sandu, D. (2005). *Dezvoltarea comunitară. Cercetare, practică, ideologie*, Iași: Polirom.
- Schlecht, N.F., Franco, E.L., Pintos, J., Negassa, A., Kowalski, L.P., Oliveira, B.V., Curado M.P. (1999). Interaction between Tobacco and Alcohol Consumption and the Risk of Cancers of the Upper Aero-Digestive Tract in Brazil. *American Journal of Epidemiology*, 150(11), 1129-1137.
- Sindelar, H.A., Barnett, N.P., Spirito, A. (2004). Adolescent alcohol use and injury. A summary and critical review of the literature. *Minerva Pediatrica*, 56, 291-309.
- Special Eurobarometer 272b Wave 66.2- TNS Opinion & Social. *Attitudes towards Alcohol*. European Commission, March 2007.
- Tapert, S.F., Caldwell, L., Burke, C. (2005). Alcohol and the adolescent brain: Human studies. *Alcohol Research & Health*, 28(4), 205-212.
- Tapert, S.F., Cheung, E.H., Brown, G.G., Frank, L.R., Martin, P.P., Schweinsburg, A.D., Meloy, M.J., Brown, S.A. (2003). Neural Response to Alcohol Stimuli in Adolescents With Alcohol Use Disorder. *Archives of general psychiatry*, 60(7), 727-735.
- Van der Vorst, H. (2007). *The key to the cellar door. The Role of the Family in Adolescent's Alcohol Use*. (Proefschrift), Nijmegen: Radboud Universiteit Nijmegen.
- Van Hoof J., van Noordenburg M., Jong, M. (2008). Prevalence Happy Hours and it's effects". *Journal of Public Health Policy*, 29, 340-352.
- Van Hoof, J., Moll, M., Constantinescu, M. (2009). Selling alcohol to underage adolescents in Romania: compliance with age restrictions in Pitesti. *Revista de Cercetare si Interventie Sociala*, 27, 82-91.
- Van Hoof, J.J., Van Dalen, W.E., Reijlink, L.M.J. (2010). Alcohol outlets near schools in a midsize Romanian city. Prevalence and characteristics. *Romanian Journal of Legal Medicine*, 18(4), 295-300.
- Verdurmen, J., Smit, E., Van Dorsselaer, S., Schulten, I. (2008). *Parents about alcohol, tobacco and illicit drugspecific upbringing 2007*, Utrecht: Trimbos Institute Netherlands Institute of mental health and addiction.
- Vlădescu, C., Bușoi, C. (2011). *Politici de sănătate în Uniunea Europeană*, Iași: Polirom.
- Warner, L.A., White, H.R. (2003). Longitudinal effects of age at onset and first drinking situations on problem drinking, *Substance Use & Misuse*, 38 (14), 1983- 2016.
- Wilsterman, M.E.F., Dors, N., Sprij, A.J., Wit, J.M. (2004). Treatment and policy on youth alcohol intoxication in first aid departments in the Den Haag region, 1999-2000. *Nederlands Tijdschrift voor de Geneeskunde*, 148(30), 1496-1500
- World Health Organisation. (2011). *Global Status Report on Alcohol and Health 2011*. WHO: Geneva.

World Health Organization. (2009). *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm*. WHO Regional Office for Europe.
Zamfir, C. (2000), Politică socială în România în tranziție. In Zamfir, Elena, Bădescu Ilie, Zamfir, Cătălin, (coord.) *Starea societății românești după 10 ani de tranziție*, București: Expert.

Internet references

Alcohol-Related Disease Impact 2008. (n.d.). Retrieved January 9, 2009, from <http://www.cdc.gov/alcohol/ardi.htm>.