

**Shakya Nanayakkara**  
**Secretary General, Healthy Lanka**

## **Initiating Community Action: The Importance of Community Involvement in Prevention Programmes**

In the broader sense, the term “community” implies a group of people living and working in close geographic proximity, in a specific city, town, village or neighborhood. A community can also be defined in ethnic, tribal or cultural terms as a group of people living in close proximity sharing certain common ethnic and cultural traits such as the same language, the same religion, and the same set of rituals and traditions. The community is generally a major influencing factor in the lives of its members and for this reason, programmes that aim at counteracting problems within the community would be more effective if they motivate the community as a whole towards taking collective action against the problems. Community Action is thus an important concept in prevention. When looking at issues related to alcohol use within the community, it may be observed that the issues are complex, inconsistent, and unevenly distributed. Therefore in order to tackle them effectively, it is necessary to develop comprehensive prevention programmes involving multiple targets and a range of settings. It is also necessary to aim at obtaining the widest possible participation from members of the community.

In the recent years, the findings of research and evaluation as well as the experience of social workers involved in alcohol and drug prevention have indicated the need for the potential of using comprehensive communitywide prevention efforts involving multiple levels, sectors, proportions, organizations and strategies. An alcohol free community can be created through the process of community empowerment. Empowerment shifts the responsibility for planning and decision making from agencies and professionals to the community so that the community bears the responsibility of the implementation, progress, and sustainability of the programmes.

### **Community Empowerment Paradigms**

Table 1 below shows the main differences in actions taken through service delivery by organizations, and through the empowerment of communities.

Delivery of service	Empowerment of Communities
Professionals are responsible: Doing for the community	Responsibility is shared: Doing with the communities
Power is vested in agencies	Power resides in the communities
Professionals are seen as experts	The community is the expert
Planning and service are responsive to each agency's mission	Services and activities are planned and implemented on the basis of community needs and priorities
Planning and service delivery are fragmented	Planning and service delivery are interdependent and integrated.
Leadership is external and based on authority, position and title	Leadership is from within the community, based on the ability to develop a shared vision, maintain a broad base of support, and manage community problem – solving.
Ethnic and cultural differences are denied	Ethnic diversity and special populations are valued
External linkages are limited to networking and coordination	Cooperation and collaboration is emphasized
The decision - making process is closed	Decision – making is inclusive
Accountability is to the agency	Accountability is to the community
The primary purpose of evaluation is to determine funding	Evaluation is used to check programme development and decision – making
Funding comes in lump sum	Funding is on critical health issues
Community participation is limited in providing input and feedback	Community is maximally involved at all levels

**Table 1: Differences between the Service Delivery Model and the Community Empowerment Model**

### **Promoting Prevention through a Community Action Team: Initiating the Process**

Prevention activities could begin as part of a daily routine. For example, one could start by making an effort create a change in attitude among one's peers and other individuals whom one may meet and interact with on a day to day basis. However, to launch a comprehensive communitywide programme it is

necessary to form a small group within the community or a Community Action Team (CAT), consisting of about 5 to 10 members. Individuals best suited for selection to the CAT should have most or all of the following:

- An interest in community work.
- The ability to give feedback on the process.
- The ability to devote some time to participate in team activities.
- Familiarity with the community and its problems

The recruitment of community members to the CAT should begin with informal discussions through which participants must be convinced on why one feels one would be best suited to participate in prevention activities. The 5 – 10 members of the CAT should then be recruited from among the participants at the discussions.

Discussions may focus on the following points:

- It is the duty of the community to prevent young people from becoming dependent on alcohol by taking appropriate steps to reduce the attractiveness of alcohol even before they initiate its use
- There are numerous measures which can be implemented with regard to the above and continuous effort will ensure success
- This preventive work should be regarded as the responsibility and challenge for the local community itself rather than that of any outside agency
- The alleviation and prevention of problems related to alcohol use will make life happier, more pleasant, and more enjoyable for all members of the community

### **Obstacles to Mobilizing the Community**

In conducting the discussions described above, it is inevitable that certain questions and objections may arise. A few examples of these questions and objections and recommended responses to them are given below.

- *How could current users who are dependent on alcohol be stopped?*

The main objective of the programme is to minimize the problems related to alcohol use. When users realise that prevention is not a vendetta against them but rather, an enterprise to protect society as a whole, they could usually be persuaded to support prevention efforts. This includes cooperation in efforts to reduce or stop alcohol use and to prevent potential users from initiating the use.

- *Prevention work has been done in the past too but no good has come of it.*

The current situation could have been much worse if no prevention activities were carried out in the past. Those working towards prevention are now equipped with innovative approaches that are much more promising and enjoyable.

- *Preventative activities will offend alcohol users*

Prevention is not a battle between the users and the non-users. The community as a whole suffers from the consequences of alcohol use, and therefore the community as a whole must respond to the problem. Prevention efforts are for both, users and non users. The prevention approach outlined here should not offend current users.

- *Will families of illicit brewers suffer if consumption falls?*

The money spent on alcohol could be saved and spent on other activities that will generate income and employment. The ways in which money could be invested in this way must be explored. Such investment will be of greater value to the community. When considering the harm caused to the families of users and of those who manufacture alcohol, it could be observed that the quality of life for both, is considerably low. Therefore the loss of the illicit alcohol trade is not a great loss to the community or to the families of those connected to it.

- *Can we implement these activities alone?*

These activities cannot be implemented individually. It is necessary to enlist the support of others in the community. However, it is not essential that a special organization to combat drug problems be established. The existing organizations, structures and opportunities can be utilized and involved in this endeavour. Initially, it may not be possible to convince all members of the community to join the prevention efforts. This should not be seen as a major obstacle as in the early stages of the prevention programme the support of a few individuals is sufficient to achieve the desired results.

Following the formation of the CAT, the next step would be to mobilize a wider group for launching the prevention efforts. Unlike the more traditional approaches, through this new approach, the responsibility of carrying out prevention efforts within the community should not be entrusted to specialized agencies and professionals but should instead lie with the community. Members of the larger group should then be recruited from within the community itself. The most important element for success is the level of enthusiasm and interest in the group. Table 2 below shows the major differences between the traditional and new approaches to alcohol prevention.

Traditional approach	New approach
Fear tactics are central and the harm, caused by effects of substance use is greatly exaggerated	Both, the harm as well as the basis of the alleged positive effects of substance use are challenged. The fact that the so called positive effects of alcohol, for example enjoyment and the forgetting of worries, are not due to the chemical effects of these substances but as the result of a permissive environment, and social beliefs and expectations is stressed on.
The message is to a great extent, delivered by experts, elders, or the clergy, using a didactic process	Expertise is built within the community itself and the expected change is brought about with the participation of all members of the community
Activities are often limited to seminars and lectures	Activities are not confined to special campaigns and other activities, but are incorporated into the individual's daily routine.
Often seen as a struggle between non-users and users.	Prevention is recognized as a joint activity involving all levels of users and non-users.
More disciplined and serious minded people are involved	All types of individuals are involved. A successful intervention effort will need the combined efforts of a multifaceted task force.

**Table 2: Differences between the Traditional and New Approaches to Prevention**

It is vital that the CAT looks for ways of making the prevention efforts efficient and effective. This requires assessing the current situation as well as planning, monitoring and evaluating the prevention efforts, aspect of prevention programmes that most, though keen to work in the community often tend to neglect. It is then, the duty of the CAT to ensure that all its members are interested in planning and assessing the progress of the programme and in maintaining this interest.

The CAT must seek answers to the following questions on how the community is organized.

- Which organizations and systems make important decisions?
- Who are the key individuals in the community?
- What are the problems related to the alcohol use and the drug use?
- What are the patterns of alcohol use within the community?
- What are the beliefs and attitudes regarding alcohol use within the community?
- What are the alcohol promoting influences?
- What community alcohol prevention programmes already exist?

-What are the existing legislations relating to alcohol use?

This enables the people to identify the extent of problems related to alcohol use within the community. Quite often, allowing members of the community to discover for themselves, the extent of the harm caused by alcohol is sufficient to initiate a response. The realization of, for example, the sheer enormity of the annual expenditure on alcohol is usually shocking to many, so much so that they are motivated to eradicate the use of the substance. People can similarly be guided towards discovering the ways in which alcohol promotes injustice and the exploitation of the weaker segments of society.

Another factor that could motivate community members to take action towards prevention is the prospect of using the money that would otherwise be spent on alcohol for the development of the family and the community. It is therefore important for the CAT to calculate the total cost of these substances over a given period of time and spread awareness on it among the community. One way in which this could be done is by randomly selecting a sample of approximately 50 families through a survey, calculating the amount spent on alcohol among these families during a given period of time, and generalizing the findings to the entire community. The total cost of alcohol can be assessed by observing the members of the community that use alcohol, investigating their personal experiences related to alcohol, and based on the observations made, assessing the total amount spent on alcohol over a given period of time.

The expenditure on alcohol can also be estimated by establishing friendly relationships with the licit and illicit sales outlets that sell alcohol within the community. Those who have regular contact with such sales outlets are also ideal for carrying out inquiries of this nature. Once the necessary figures have been obtained, the community could be informed of the facts that emerged from the assessment in a suitable manner. If an assessment is conducted by the community at the initiation of the prevention programme, another assessment could be conducted after about 1 to 2 years in order to measure the changes that occurred within the community as a result of the programme. Though measuring the actual rate of alcohol consumption within the community may prove difficult, the changes among the members of the community with regard to factors such as the perception of alcohol use and drunken behaviour could be assessed and analyzed.

### **Establishing Indicators**

To ensure the likelihood of success, an overall impact expected to be achieved through the programme should be determined at the outset and the progress made towards this impact should be continually assessed. The observation of the changes in attitudes towards alcohol use as well as the extent of alcohol use form a strong foundation upon which the overall impact could be developed. As having proper quantifiable data provides a solid basis for the assessment of the impact, the next step would be to develop measurable indicators based on the various areas covered through the impact. Evaluation of the indicators should then be conducted on a regular basis.

## **Identifying resources**

Resources are essential in prevention activities. While the people of the community are one such resource, all organizations, groups, and institutions operating within the community as well as community leaders and other stakeholders could be considered valuable resources as well. By incorporating prevention activities into the existing activities of the organizations, groups, and institutions and by lobbying with community leaders and other stakeholders, the chances of achieving success through the prevention programme could be increased. When working with the former, it is important to lead them towards realizing the ways in which the prevention of alcohol use furthers the aims and objectives of their own individual organizations and institutions. This realization could further strengthen their support for the prevention programme. It is therefore important at the very outset, to properly identify the available resources and take them into account when planning the programme.

Shakya Nanayakkara  
Secretary General, Healthy Lanka  
+94 773786788  
shakya@healthylanka.lk

