



IFMSA

International Federation of
Medical Students' Associations

***“Substance Abuse”
Advocacy and Peer Education
Training***

***Pre-General Assembly IFMSA August Meeting
2012***

***5th to 9th August 2012
Mumbai, India***



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The purpose of this document is to provide the IFMSA EB with required information on the proposed “Alcohol and Youth” pre-GA, its background, methodology and logistics in order to draw readers’ attention to the importance of a pre-GA on the suggested topic.

Introduction to the Workshop and Background

Harmful use of Alcohol as well as the problem of heavy drinking has become a big burden attracting attention of big health organizations such as WHO [1]. Also IFMSA, representing interests of 1,2 million young future professionals, started acknowledging this growing problem which led to the adoption of the Policy Statement on Hazardous and Harmful Use of Alcohol at the 60th General Assembly in Copenhagen [2]. We believe that the adopted IFMSA Policy Statement shows the importance of this problem for its members as well as the importance of national and local interventions towards the society on the suggested subject. During past years IFMSA has established successful partnerships with external organizations such as Global Alcohol Policy Alliance (GAPA), Institute of Alcohol Studies (IAS), Alcohol Policy Youth Network (APYN) and European Alcohol and Health Forum (EAHF). The latter resulted in the submission of a Commitment to the Forum to create a youth project on Alcohol related harm and responsible drinking [3]. The rationale behind the Commitment was to create an IFMSA Project on Harmful use of Alcohol using the IFMSA’s resources such as TSD, PSD as well as SCOPH. We believe that IFMSA can provide a good platform for youth education in this field by creating a pool of qualified trainers as well as training and subject related materials. The proposed pre-GA is a pilot version of a project and it aims to equip its attendees with general training, peer-education, advocacy and project management skills.

We believe that this pre-GA will be a first step for IFMSA towards taking action on reducing the global burden of alcohol abuse for several reasons:

First, this pre-GA aims to train a diverse group of medical students with different background on skills that will enable them to start local and national interventions after returning back home. We believe that over time these local and national interventions will result in a sustainable IFMSA Project on Alcohol related harm. Having both IFMSA and external trainers will ensure that our participants take a multifaceted approach to the problem as they will be trained to tackle the issue from different angles.

Secondly, this pre-GA draws attention of society in general and medical students society in particular to the implementation of WHO Global Strategy on Harmful Use of Alcohol, thus allowing us to join a global movement.

Thirdly, we believe that IFMSA has the capacity to create a generation of health professionals with broader understanding of alcohol related problems and their global impact.

Vision and goals

Vision

Creating a pool of IFMSA Trainers qualified in the field of substance-particularly in alcohol related harm- with broad knowledge in peer education, advocacy and project management. This will form a resource platform for the IFMSA's Project on harmful use of Alcohol, which will aim to decrease the burden of alcohol related harm within the society.

Goals

We aim:

- To create a pool of highly motivated and well educated trainers with broad understanding of the issue of substance abuse who are capable of organizing interventions on different levels using techniques of peer-education, trainings, advocacy and project management.
- To provide pre-GA training with high-quality trainers of different backgrounds such as TSD, IPET and collaborate with our main youth partner in this field APYN by inviting its trainers.
- To organize training based on the main principles and recommendations of WHO, Eurocare and IAS to reduce harmful use of alcohol among youth groups.
- To provide speakers from IFMSA Alcohol related Partners such as GAPA, IAS and Eurocare in order to show examples of professional approach to advocacy and lobbying in implementation of the Global Strategy as well as train workshop participants in effective ways of Advocacy and Lobbying.
- To collaborate with the WHO Department on Mental Health and Substance Abuse to provide the participants with up to date information on the field of substance abuse including mental health implications, social determinants and public health problems.
- To identify possibilities for action of the IMFSA on the field of substance abuse with focus on alcohol related harm and responsible drinking.
- To create a resource database with materials on Alcohol related harm including training, peer-education, and project management materials.
- To allow new trainers to practice their skills during AM2012 in different SC or Regional Sessions.
- To closely follow up on the creation of the project on alcohol-related harm through our pre-GA participants.
- To provide a leading example of a multi-faceted SCOPH project, which targets young people, medical students and the public and can inspire the creation of similar projects in the future.

- To fulfill the IFMSA's Commitment to EAHF by means of this pre-GA as well as report to the WHO as part of implementation of Global Strategy on Harmful use of Alcohol among youth.

Participants

Expected number of participants:

We are planning to have about 20 participants.

Application procedure:

All applicants will have to fill out an online form as part of their application. The online form will consist of the following questions:

- What experience do you have in peer education, project management and advocacy?
- Please explain your interest in this preGA and motivation to apply?
- How do you think IFMSA should tackle the burden of substance abuse and particularly alcohol-related harm?
- How do you plan to use the skills you gain during the preGA in the future?

We will rate the answers to these questions with points according to the applicant's experience, motivation and future plans. As this pre-GA will be the first step in the creation of a project on alcohol-related harm we will pay special attention to the potential we see in the participants to further build up the project and implement it in their respective NMOs using the knowledge and skills gained during the pre-GA.

Using a point system we will make sure that the selection process is fair and transparent.

Group composition

While selecting the participants we will ensure a fair and diverse representation of regions, countries and NMOs. Diversity will benefit the preGA as through exchange with each other the participants will get to know different aspects of problems related to substance abuse, different points of view on how to tackle these and many ideas about the project on alcohol-related harm. Having participants from different regions, we will also ensure the implementation of the project and spread of knowledge in different regions.

Preparation

We will get in touch with all participants prior to the workshop via email providing them with further information on the background and the agenda of the workshop.

The participants will be required to prepare for the preGA by reading information about substance abuse which we will send to them. We will do this to ensure a

productive meeting where all participants start with the same level of knowledge.

Methodology

Throughout the preparation of the preGA we will work together with experienced trainers and certified peer education trainers. Furthermore, we plan to get input by SCOPHians and relevant officials such as the TSDD and PSDD in order to ensure high quality sessions that meet the needs of participants.

We will use well-established training methods within our workshop. Our approach will be based upon an experiential learning model with highly interactive techniques.

We plan to have trainings on topics such as project management and evaluation to ensure that participants have the basic knowledge to work on the creation of the project on alcohol-related harm.

In the second part, we will include peer education techniques e.g. sessions on skills building and behavior change interventions. We will work with different methodologies such as role plays. The participants will be able to experience these techniques first as trainees in order to be able to apply them as trainers.

Besides training skills, we will also provide the participants with useful information on harmful use of alcohol and promote discussion on alcohol-related issues.

For this part, we hope to invite speakers from our Partner NGOs such as GAPA, Eurocare, IAS or APYN which is involved as main IFMSA Partner in this pre-GA Project.

In the end, the participants should have a profound knowledge on the subject which they can pass on to peers and the public as part of the project on alcohol-related harm.

As we want our participants to have a concrete plan how they can use the gained skills to train fellow medical students we will have time scheduled for them to prepare trainings. In the following GA, the participants will have the chance to train SCOPHians on how they can address harmful use of alcohol to their peers and future patients. This way, they can already apply the newly gained knowledge and about 100 SCOPHians will be trained on harmful use of alcohol as a start of the project on alcohol-related harm.

Duration of the pre-GA: 3,5-day training with 8 working hours per day.

Proposed list of Speakers/Trainers

- Trainers: 1 IFMSA Trainer + 1 APYN Trainer + 1 IPET Trainer
- Speakers: IAS, GAPA, Eurocare or EAHF

Follow up Plan

A close follow-up is a crucial part of the concept of our pre-GA as its aim is to create an international project on the harmful use of alcohol and to provide the participants with the necessary skills to set up further projects tackling the issue of substance abuse.

Short-term follow-up:

At the GA, we plan to include the project on alcohol-related harm in different parts of the SCOPH sessions. We will invite an external to give an introduction to harmful use of alcohol. The preGA participants will present the newly created project to the SCOPHians and will create a network of SCOPHians who want to start this project in their NMOs.

Furthermore, the preGA participants will give trainings to the SCOPHians about peer education on substance abuse. This will give them the possibility to not only apply the knowledge and skills gained at the preGA but also pass them on and we will create a pool of SCOPHians trained to advocate against substance abuse.

We will send reports about the outcome of the pre-GA to both EAHF and WHO. This will be followed by regular updates on the status of the project on harmful use of alcohol to both partners.

Long-term follow-up:

Led by the pre-GA participants and under guidance of the SCOPH Dream Team, SCOPHians will start local projects on alcohol-related harm in their NMOs. We hope that the output of the preGA with both trained SCOPHians and a useful collection of materials will form the necessary base for those projects.

We will follow-up on the progress of the project on alcohol-related harm through close contact with the former preGA participants. The follow-up will include

provide us with information about the strengths and weaknesses of the preGA in regards to its usefulness for the creation of the project on alcohol-related harm.

Furthermore, we will also evaluate the created project on alcohol-related harm. The evaluation will consist of internal and external evaluation. For internal evaluation, we will ask SCOPHians about their progress with the project, the problems they encounter starting it and the support they require by the trained preGA participants or the SCOPH Dream Team. External evaluation will consist of different evaluation forms for the target groups of the Alcohol project. We will ask questions to assess gain of knowledge and potential behavior change.

As the end of our term is only two months after the preGA we will create all the necessary evaluation forms within our term and focus on a good handover of the project to the upcoming SCOPH Dream Team.

In the long-term follow-up we will focus on the creation of the project on alcohol related harm but at the same time, we will encourage participants to use the gained skills to start projects which target other aspects of the issue of substance abuse. While creating a resource database, we will provide the possibility to share materials on all aspects of substance abuse. This way, the project on alcohol related harm will be both a leading example and a starting point for further projects.

Proposed Agenda

The pre-GA training is planned to occupy 3,5- days, beginning on 5th of August up to 9th of August 2012. The usual working day will consist of 8 working hours per day. Taking into consideration that the pre-GA venue is the same as the GA venue, a few hours on GA arrival (pre-GA departure day), i.e. 9th of August, are scheduled to be used for the preparation of the trainings at the GA. The detailed agenda will be set 2-3 weeks prior to pre-GA, for a draft general agenda please look below.

	Day 1 - Arrival Day	Day 2	Day 3	Day 4	Day 5 - Departure Day
9.00		Introduction to Training and Problem Statement	Peer Education Skills	Advocacy Session	Preparation of GA Training Sessions
11.00		General Training	Alcohol related	Project Management	

		Skills	harm training (APYN Trainer)	Skills	
13.00	arrival	General Training Skills	Peer Education in substance abuse	Future project implementation workshop	
16.00	Teambuilding	Skills practice	Substance Abuse External	Wrap-up and follow-up	

Fundraising Plans and the Budget

- The budget is supposed to be mainly used for coverage of costs related to the invitation of external speakers and room facilities.
- We hope to fundraise from involved Alcohol Field partners such as APYN, GAPA and IAS as the external speakers and trainers cover their expenses from their organizational sources.
- As has been discussed before with IFMSA president, there might be a possibility to use IFMSA GA Budget for External Speakers, as well as allocation of pre-GA funds (to be negotiated with pre-GA OC depending on budget).
- There also is the possibility to add a fee of about 20 Euros for pre-GA registration to cover travel expenses for External Speakers and Trainers.

Coordinators' Contact Detail

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ANNEX

[1] WHO Strategy to reduce Harmful use of Alcohol

http://www.who.int/substance_abuse/activities/gsrhua/en/index.html

[2] IFMSA Policy Statement on Hazardous and Harmful use of Alcohol

IFMSA Policy Statement

Hazardous and harmful use of alcohol

Copenhagen, Denmark

Date of adoption: August 5 2011

Summary

The International Federation of Medical Students' Associations (IFMSA) represents 1.2 million medical students from 91 countries across the globe.

We, the 60th General Assembly of the IFMSA, strongly believe that it is of high importance that the hazardous and harmful use of alcohol is tackled. The hazardous and harmful use of alcohol is one of the four shared risk factors of the non-communicable diseases, and is therefore a significant contributor to the global burden of disease.

IFMSA is committed to reduce the hazardous and harmful use of alcohol on the local and national level by conducting projects which are going to aim in reaching out the public in terms of raising awareness, training medical students, who are going to be the future physicians and have the responsibility to promote healthy lifestyles, intervening at school students with regards to primary prevention for students who have not yet started using alcohol, as well as secondary prevention for students who are hazardous and harmful users of alcohol.

IFMSA is, lastly, engaged in the international efforts which are being conducted to reduce the hazardous and harmful use of alcohol, through the work of the World Health Organization (WHO) and the European Alcohol and Health Forum (EAHF), as well as co-operating with several partner NGOs, such as the Global Alcohol Policy Alliance (GAPA) and the Alcohol Policy Youth Network (APYN).

Introduction

The hazardous and harmful use of alcohol is a major global contributing factor to death, disease and injury on two levels, namely on the one hand to the drinker and on the other hand to the surrounding of the drinker. The drinker is likely to develop health impacts, such as alcohol dependence, liver cirrhosis, cancers and injuries. The surrounding of the drinker, namely the people living in their surrounding are in danger of suffering from the dangerous actions of intoxicated people, such as drink-driving and violence or through the impact of drinking on fetus and child development.[1]

The harmful use of alcohol results in approximately 2.5 million deaths each year, with a net loss of life of 2.25 million, taking into account the estimated beneficial impact of low levels of alcohol use on some diseases in some population groups. Harmful drinking can also be very costly to communities and societies.[1]

Main text

In May 2010, the World Health Assembly (WHA), representing all 193 WHO Member States, approved a resolution to endorse the global strategy to reduce the harmful use of alcohol. IFMSA was one of the main contributors to the creation of the global strategy. We hereinafter:

- ü adopt the global strategy to reduce the hazardous and harmful use of alcohol of the WHO[2];
- ü command on raising global awareness of the magnitude and nature of the health, social and economic problems caused by the harmful use of alcohol[2];
- ü call for strengthened partnerships and better coordination among stakeholders;

- ü call for measures controlling the availability of alcohol, including a minimum age limit for the purchase and consumption of alcohol and hence the protection of children and adolescents, striving for a government monopoly which will be regulating the hours and days on which alcohol can be sold;
- ü call for regulations of the marketing of alcoholic beverages, regulating the content and the volume of marketing; regulating direct or indirect marketing in certain or all media; regulating sponsorship activities that promote alcoholic beverages, as well as having clear legislation on regulations of marketing at social media and lastly bans on product placements and sport sponsorships;
- ü call for clear labelling of alcoholic beverages containing information on the negative effects of the hazardous and harmful use of alcohol and containing information about the ingredients of the beverage
- ü call for pricing policies enforcing alcohol taxes;
- ü call for drink–driving policies, including blood alcohol concentration (BAC) laws and random breath testing by setting maximum blood alcohol concentrations for drivers and enforcing these with random breath testing as well as at the same time set lower permissible BACs for younger drivers;
- ü call for the formation of a definition of the 'alcoholic beverage';
- ü call for treatment for disorders caused by alcohol use by implementation of the ATLAS manual[5], for the support of initiatives for screening and brief interventions for hazardous and harmful drinking at primary health care and other settings by the implementation of the ASSIST manual[4] and community care for the ones affected and their families;
- ü call for the co-operation of the media and the creation of strong media campaigns so as to communicate the severity of the situation and the necessity of the measures described above to the people, ensuring everyone's participation;
- ü call for the participation of young people in the processes described above, so as to ensure the acceptance of these measures by the target group which is mostly affected by the alcohol industry;
- ü call for the creation of a framework convention for alcohol control, by the WHO, taking into consideration the similarities of the fight against the harmful use of alcohol and the tobacco consumption;
- ü affirm that we are going to continue our efforts on the local and national level in terms of raising awareness, with a special focus on drink–driving, youth drinking, alcohol and health, and social harm related to alcohol use, in terms of training medical students on this public health issue as well as intervening at school students to promote healthy lifestyles.

References

- [1] WHO Global Status Report on Alcohol and Health (2011)
- [2] WHO Global strategy to reduce the harmful use of alcohol (2010)
- [3] WHO Atlas on substance use (2010): resources for the prevention and treatment of substance use disorders
- [4] WHO ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care

Submitted by

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[3] IFMSA Commitment to European Alcohol and Health Forum (EAHF)

<http://ec.europa.eu/eahf/detailsForm.html?submissionNumber=1314987919855-1430>