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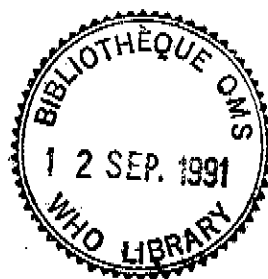
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
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SUMMARY REPORT

Working Group on Intervention Strategies for the Prevention of Alcohol Abuse

The Hague
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EUR/HFA target 17

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ABSTRACT

Alcohol-related problems affect people in many settings and different segments of society. A WHO Working Group met to identify intervention strategies for the prevention of alcohol abuse. They concluded that, to succeed, strategies should be comprehensive, decentralized, flexible and culturally appropriate, and make use of the primary health care approach.

TARGET 17

DECREASING HEALTH-DAMAGING BEHAVIOUR

By 1995, in all Member States, there should be significant decreases in health-damaging behaviour, such as overuse of alcohol and pharmaceutical products; use of illicit drugs and dangerous chemical substances; and dangerous driving and violent social behaviour.

Index:

ALCOHOLISM - prevent/control
PRIMARY HEALTH CARE
EUR

The Working Group was held as part of the WHO Regional Office for Europe's programme on the prevention of alcohol abuse. The 16 participants were psychiatrists, general practitioners, nurses, sociologists, psychologists, health educators and public health administrators. They came from eight countries of the European Region, and included representatives of the International Council on Alcohol and Addictions, and the International Council of Nurses.

The Working Group was a follow-up of previous activities concerned with alcohol-related problems specific to particular settings and different segments of the population. It also took note of earlier discussions about alcohol-related problems in primary health care.

The intervention strategies discussed covered most of the areas where prevention is possible.

Topics discussed

Among a great variety of topics that were considered and discussed the following deserve special attention:

- the potential of primary health care in health promotion and the prevention of alcohol-related problems;
- health promotion and alcohol education and their social and political context;
- the need for a comprehensive preventive approach at national, regional, community and primary health care levels;
- the decentralization of preventive activities;
- the prospects for prevention in an integrated Europe;
- the limitations of evaluation research.

Conclusions

1. The potential of primary health care in health promotion and the prevention of alcohol-related problems is very promising. In order to overcome resistance, however, primary health care staff will need additional training and motivation. Better coordination between specialized treatment services, primary health care services, and public health and other promotive and preventive agencies will also have to be provided and developed.
2. Educational alcohol campaigns will increase public awareness and reinforce the decline in consumption trends. To succeed, however, they have to be culturally and socially specific, and to be supported by local initiatives and integrated with broader preventive measures.
3. Any approach should be comprehensive and flexible enough to incorporate variations in the cultural meaning and perception of drinking. Nevertheless, a comprehensive approach would include control measures and educational training, as well as intervention in health-related fields (such as agriculture or economics) and other overall preventive activities.

4. Prevention and health promotion should follow the trend towards the decentralization of political and economic structures in Europe. Nevertheless, the possible conflict between overall public health interests and (short-term) economic interests should not be overlooked.

Decentralization with central support offers a good opportunity for community-based formal and informal, preventive and health promotive activities.

5. An integrated Europe offers the potential for better cooperation and a more rational allocation of resources in prevention and health promotion. Care has to be taken, however, that the existing cultural features of alcohol policies and drinking habits are not submerged in the relaxation of controls and the greater availability of alcoholic drinks; there is also a risk that new drinking styles tend to be adopted on top of old ones, rather than replace them.

Countries of central and eastern Europe may be particularly vulnerable in this respect.

6. Although programmes and policies must be evaluated, this evaluation must not be reduced to a technical process. Given the present level of methodology in evaluation research, simple monitoring techniques may from a practical and economic perspective, yield results that are just as useful.