



Consultative Group on Programme Development
Consultative Group on Budgetary Questions

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10. PROTECTION AND PROMOTION OF MENTAL HEALTH

10.2 Prevention of Alcohol Abuse (ADA)

*Alcoholism. P & C
Europe*

1. Situation analysis

The last three decades have witnessed considerable increases in the consumption of alcohol in countries of the European Region, despite an intensification of efforts to prevent and treat the associated problems. The available evidence shows that alcohol-related conditions rank as one of the most important social and health problems in the Region.

While in 1950 only two countries had an annual capita intake of more than 10 litres of pure alcohol, in 1975 the number had risen to 10. In some countries, the rise was well over 300% while others had smaller percentage increases, and in one case there was even a decline.

Currently, there is growing evidence that the traditional national patterns of alcohol use have been influenced by cultural patterns in other parts of the Region. As a result, in many countries the traditional type of drinking behaviour has not been eliminated, but new habits have been grafted on to the old ones as more affluent lifestyles take hold.

An explanation for the these changes is not readily available, but the growing "internationalization" of the alcohol industry through supranational corporations with monopolies over many aspects of alcohol production and distribution is perhaps the main factor. However, tourism, labour migration, the increasingly international flavour of advertising and the mass media have probably also led to changes in the type and scale of alcohol consumption, and to an erosion of national and regional differences.

There is also a trend towards heavier drinking among certain groups who might, as a result, be recognized as new "high-risk groups", such as women and young people. In some countries, 80% of 15-year-olds have already started drinking.

In a recent study of the relationship between alcohol control policies, aggregate levels of consumption and chronic health problems related to drinking, it became clear that controls are not rigid systems of legal regulations which are easily changed. Rather, they are elaborate networks of cultural, economic and political structures which are both a response to, and a determinant of, the magnitude of alcohol-related problems. They involve economics, culture and history. Most of all, they involve politics and the state apparatus.

The profits, both private and public, to be made from the sale of alcohol often lead to a conflict between economic interests on the one hand and the concern felt by the health authorities regarding the possible consequential health and social problems on the other hand. Moreover, there is conflicting evidence about the effectiveness of prevention and treatment programmes. Hence, there is a need to improve the evaluation of existing programmes and to explore new avenues, including programmes oriented to specific target groups.

^a 30 April 1982 separate meeting of Consultative Group on Budgetary Questions.

In conclusion, the European countries are faced with growing overall consumption of alcohol accompanied by increases in related health and social problems. It would appear that the following are the root causes of this situation.

- (1) Weak, fragmented and often contradictory national policies and programmes to combat alcohol abuse in most Member States.
- (2) Unsatisfactory methods for prevention, including control of alcohol abuse, and a lack of systematic evaluation of existing programmes.
- (3) Frequently ineffective treatment and rehabilitation of alcohol abusers and a lack of systematic evaluation of existing programmes.
- (4) Insufficient integration of services for prevention, treatment and rehabilitation in relation to alcohol abuse into the general health services, especially at the primary care level.
- (5) Virtual absence of action programmes against alcohol abuse at the international level.

2. WHO programme perspective

Within the framework of the long-term regional mental health programme (1970-80), a number of activities were devoted to problems related to alcohol. The programme fostered the development of community-based services, analysed national drinking patterns and the existing programmes for prevention, control, treatment and rehabilitation in relation to alcohol consumption and abuse. Special attention was given to the levels of aggregate consumption and the way in which they are influenced by social and economic factors. These activities have not only shown a relationship between aggregate consumption levels and the magnitude of problems related to alcohol, but also revealed the necessity of intersectoral coordination and collaboration at national and international levels in order to ensure compatibility between actions taken in the health, social and economic sectors.

The technical discussions during the Thirty-Fifth World Health Assembly in May 1982 on the subject of alcohol consumption and alcohol-related problems will provide an opportunity to examine the reasons why national alcohol policies are needed, and what strategies might be adopted for application in different sociocultural and economic situations, in the context of national strategies for health for all by the year 2000. In the light of the technical discussions, the Regional Office programme will promote development of defined, comprehensive national policies and programmes leading to a reduction in alcohol abuse. To this end, efforts to improve programmes for prevention, treatment and rehabilitation, with special emphasis on vulnerable groups, will be intensified, as will be attempts to integrate such programmes into the general health services, especially at the primary care level.

A network of national counterparts will be developed from 1982, and the main trends in Europe will be identified at a symposium to be held in 1983.

Increased contacts will be established with relevant United Nations agencies, IGOs, NGOs and countries. One of the aims of this approach will be the formulation of a coordinated intersectoral European programme for the prevention and reduction of alcohol abuse and related health, social and economic problems.

These preliminary steps should permit the development of a regional policy for the prevention and reduction of alcohol abuse by 1983. This policy and the related regional targets for HFA2000 will be reviewed at the 33rd session of the Regional Committee in 1983. In view of the new thrust being given to this programme, progress will be assessed in 1987 and the targets revised if necessary.

To achieve optimal programme effectiveness, close collaboration will be maintained with most other programme areas within the Regional Office. Special close links will be established with the mental health, health promotion, health education, primary health care, accident prevention, workers' health, health economics, country health programming and research, promotion and development programmes.

3. Programme structure

Objective

- 1.1 To promote the development of comprehensive national policies and programmes leading to a reduction in the abuse of alcohol and its related health, social and economic effects.

Estimated cost in 1984-85: Regular budget: \$ 20 000 Other sources: \$ 20 000

Targets

Approaches

- | | |
|--|---|
| <p>1.1.1 An analysis of national policies and programmes on abuse of alcohol and related problems in a representative sample of Member States by 1986</p> <p>1.1.2 Guidelines for planning, monitoring and evaluation of national programmes on alcohol abuse and related problems by 1990</p> | <ul style="list-style-type: none"> - Study by national centres, based on the experience of the international study on alcohol control experiences and of the WHO headquarters study on community response to alcohol-related problems (1982-85) - Working group to analyse results that will serve as a basis for development of guidelines under target 1.1.2 (1986) - Publication of study (1986) - Development of draft guidelines on the basis of the above study, which will include a review of national practices and evaluations - Selection of pilot countries/zones for field testing of the draft guidelines (1986) - Consultation with collaborators from pilot zones (1987); pilot study (1987-89) - Working group to evaluate findings; publication of guidelines (1990) |
|--|---|

Objective

- 2.1 To develop more effective approaches to the prevention of alcohol abuse, with special reference to vulnerable groups.

Estimated cost in 1984-85: Regular budget: \$ 15 000 Other sources: \$ 20 000

Targets

Approaches

- | | |
|---|--|
| <p>2.1.1 An analysis of trends in problem drinking and related health and social problems in the European Region, including changes in national and social patterns, with reference to high-risk and vulnerable groups:</p> <ul style="list-style-type: none"> - young people 1987 - women, especially 1988 - specific employment categories 1989 <p>2.1.2 An analysis of constraints on preventive efforts due to attitudes/lack of knowledge among politicians and other decision-makers, personnel in health and related sectors and the general public by 1987</p> | <ul style="list-style-type: none"> - Studies by collaborating centre(s), starting three years before the target date for the working groups (i.e. from 1984) - Working group on young peoples' drinking problems (1987) - Working group on women's alcohol problems with special reference to high risk during pregnancy (foetal alcohol syndrome) (1988) - Activities will be coordinated with regional programmes 9.1(a) Maternal and child health, 9.Y Unemployment, poverty and health and 9.3 Workers' health (Objective 2.1) - Studies by national centres in selected Member States with different socioeconomic and cultural patterns (1984-85) - Workshop of directors of national centres (1986) - Publication (1987) |
|---|--|

- 2.1.3 Improved legislative measures for reducing problems associated with alcohol abuse by 1988
 - Review by collaborating centres of existing legislation and legislative structures for alcohol and alcohol abuse, including legislation on trade and other economic aspects (1986-87)
 - Working group to discuss the analysis; publication (1988)
(see also health legislation target 2.1.1, with which there will be joint action)
- 2.1.4 Methods for involving the mass media in prevention and control of alcohol abuse and associated problems by 1989
 - Invitation to mass media representatives to attend major WHO meetings on alcohol abuse (from 1983)
 - Consultant and collaborative centre studies in a representative sample of Member States on mass media presentation of problems related to alcohol and their relative impact (1986-88)
 - Publication (1989)
- 2.1.5 Identification of constraints to prevention of alcohol abuse due to economic and related interests in the production, marketing, sale and consumption of alcohol; development of recommendations for planned and flexible methods to overcome these factors in the public and the private sectors by 1990
 - Consultant study of public revenue from alcoholic beverages and direct expenditure on treatment and social support of problem drinkers in a representative sample of Member States (1984-85)
 - Study by national centre(s) of economic and other interests in production, marketing, sale and consumption of alcoholic beverages (1985-86)
 - Working group summarizing both studies and drafting preliminary guidelines on how to deal with constraints (1987)
 - Testing of guidelines in pilot countries/zones (1988-89)
 - Evaluation of results, finalization of guidelines (1990)

Objective

3.1 To stimulate the development and improvement of treatment and rehabilitation programmes in alcohol abuse.

Estimated cost in 1984-85: Regular budget: \$ 20 000 Other sources: \$ 10 000

Targets

Approaches

- 3.1.1 Guidelines on evaluation methodology by 1987
 - Drafting of guidelines by a consultant (1984)
 - Field testing (see target 3.1.2 below) (1985-86)
 - Workshop to evaluate results; publication (1987)
- 3.1.2 Country profiles of programmes on treatment and rehabilitation for problem drinkers in selected Member States with different socioeconomic and cultural patterns by 1986
 - Collaborating centre studies (1985-86)
- 3.1.3 Improved programmes for treatment and rehabilitation of problem drinkers by 1989
 - Workshop of collaborating centres, IGOs and NGOs to evaluate results under target 3.1.2 and to formulate improved programmes for field testing (1986)
 - Pilot testing of proposed models by national centres (1987-89)
 - Working group to evaluate results (1989)

Objective

- 4.1 To improve the integration of services for prevention, treatment and rehabilitation in alcohol abuse into health services at the primary care level, paying special attention to vulnerable and high-risk groups.

Estimated cost in 1984-85: Regular budget: \$ 5 000 Other sources: \$ 10 000

| <u>Targets</u> | <u>Approaches</u> |
|---|--|
| 4.1.1 Analysis (in a selected sample of Member States) of existing service structures by 1986 | - Study by national centres, including the preparation of an inventory of existing services and analysis by a consultant (1986) (see target 1.1.1) |
| 4.1.2 An analysis of the role of different sectors and services in the prevention, treatment and rehabilitation of drinking problems: | - Development of national profiles under targets 1.1.1 and 4.1.1 |
| - specialized services/ primary health care by 1987 | - Working group on specialized services/ primary health care (1987) |
| - lay groups/community networks by 1988 | - Working group on lay groups and community networks (1988) |
| - sectors other than health by 1989 | - Working group on the role of sectors other than health (1989) |
| 4.1.3 Epidemiological approaches for the identification of groups at high risk of developing problems associated with alcohol consumption by 1988 | - Collaborative studies and testing of methods by selected national centres (1984-87) |
| | - Working group to evaluate results and produce guidelines on epidemiological methods (1988) |
| 4.1.4 Guidance on the identification of special health service needs of vulnerable and high-risk groups by 1988 | - Application by national centres of the methods developed under target 4.1.2 to identify special health service needs (1987-88) |
| | - Working group to analyse the results and develop guidelines (as for target 4.1.2, i.e. in 1989) |

Objective

- 5.1 To increase coordinated action for reducing alcohol abuse between Member States, United Nations organizations, IGOs and NGOs.

Estimated cost in 1984-85: Regular budget: \$ 10 000 Other sources: \$ 15 000

| <u>Targets</u> | <u>Approaches</u> |
|---|--|
| 5.1.1 An analysis of transboundary factors influencing alcohol in: | - Studies (starting two years before the target date) |
| - the tourist industry by 1984 | - Analysis by collaborating centres of the relative importance of transboundary factors (1987) |
| - trade agreements by 1985 | |
| - mass media and advertising by 1986 | |
| 5.1.2 A coordinated international programme of work for the prevention and reduction of alcohol abuse by 1989 | - Review of current policies on alcohol abuse in United Nations organizations, IGOs and NGOs (1986-87) |
| | - Drafting of a common framework for coordinated action (based on outputs under targets 5.1.1 and 5.1.2) and a programme of work; European conference to discuss joint action (1988) |
| | - Adoption of the plan of action by the Regional Committee (1989) |

Objective

n.1 To facilitate continued programme development responsive to the needs of Member States and to support efficient programme delivery

Estimated cost in 1984-85: Regular budget: \$ 15 000 Other sources: \$-

Targets

Approaches

- | | | | |
|-------|---|---|--|
| n.1.1 | Cooperation with individual Member States in the development and conduct of national programmes | - | Technical advice and collaboration by WHO regional staff, as requested - Provision of consultants |
| n.1.2 | Continued development of a WHO programme to meet the priority needs of Member States and the strategies for HFA2000 | - | Regular meetings of a programme advisory committee drawn from Member States - Meeting of an internal task force - Coordination with other IGOs, NGOs, national institutes and related WHO programmes - Designation and involvement of collaborating centres in the development and implementation of programmes - Use of individual collaborators in the development and conduct of WHO intercountry programme activities (meetings, training courses, etc.) - Support services |

Staff and intercountry project funds

| | 1982-83 | | | | 1984-85 | | | |
|--------------------------|--------------|----------------|---------------|----------------|--------------|----------------|---------------|----------------|
| | No. of Posts | Regular Budget | Other Sources | Total | No. of Posts | Regular Budget | Other Sources | Total |
| Staff | | | | | | | | |
| Technical Officer | 1/1 | 142 000 | - | 142 000 | 1/1 | 159 500 | - | 159 500 |
| Administrative Personnel | 1/1 | 67 400 | - | 67 400 | 1/1 | 66 100 | - | 66 100 |
| Projects | | 30 000 | 52 600 | 82 600 | | 85 000 | 75 000 | 160 000 |
| Total | 2/2 | 239 400 | 52 600 | 292 000 | 2/2 | 310 600 | 75 000 | 385 600 |