

Journal of Substance Abuse & Alcoholism

Review Article

Responsible (Low-Risk) Drinking-A Model Intended to Reduce Harmful Alcohol Consumption in Serbia

Ivica Mladenovic1*, Goran Lazetic1 and Dusica Lecic-Tosevski1,2,3

¹Institute of Mental Health, Belgrade, Serbia

²University of Belgrade, School of Medicine, Belgrade, Serbia

³Serbian Academy of Sciences and Arts

Abstract

In spite of significant problems related to alcohol consumption, there is no clearly defined system activity in Serbia, addressing the issue of prevention of alcoholism and alcohol-related disorders. The need to readjust the model of "zero tolerance" to the model of "moderate drinking" is more than necessary, since it offers acceptable and "nonaggressive solutions" to all categories of alcohol consumers. In March 2014 the Institute of Mental Health initiated the Project entitled "Responsible Drinking in Serbia". This Project is the first national project in the field dealing with the reduction of harmful alcohol consumption. "Manual for Responsible Alcohol Drinking" release is scheduled for the first year of the Project implementation, including Project promotion in the media and public debates to be organized in four largest cities in Serbia. The Project is being promoted with the idea to help the drinking population enjoy in alcohol use, eliminating the risk of developing alcoholism. A heavy-drinkers group is supported either to recognize the problems and reduce the drinking within "low-risk" limits or ask for professional support. Starting-alcohol consumption group should be warned to potential dangers accompanying alcohol drinking and acquainted with the postulates of "responsible drinking". Considering time-related and available funds limits, the Project "Responsible Drinking in Serbia" may be considered a "pilot project". Bearing in mind the potentials of the Project, it is more than evident that there is $\boldsymbol{\alpha}$ need for continuous activities i.e. a new approach to harm reduction and prevention of alcohol-related problems should be systematically defined in the country, including adequate support strategies.

*Corresponding author

Ivica Mladenovic, Head, Clinic for Substance Abuse, Institute of Mental Health, Palmoticeva 37, 11000 Belgrade, Serbia, Tel: 381-11-3307-507; E-mail: dr_im@ verd net

Submitted: 03 November 2014 Accepted: 07 December 2014 Published: 10 December 2014

Copyright

© 2014 Mladenovic et al.

OPEN ACCESS

Keywords

- Alcohol
- Harm reduction
- Responsible drinking
- Alcoholism prevention

INTRODUCTION

Alcohol is a psychoactive substance used largely worldwide. For thousands of years, drinking alcoholic beverages makes an integral part of many cultures [1]. Drinking alcohol is linked to over 200 alcohol-related diseases and injuries, out of which the most significant ones are: alcoholism, liver cirrhosis and many forms of injuries [2]. Harmful impacts of alcohol drinking causes approximately 3.3 million of deaths annually in the world (5.9% of all number of deaths) and 5.1% of global disease incidences are attributable to alcohol consumption [3]. Workplace-related extent of damage is hard to establish. However, approximately 5% of males and 2% of females, out of alcohol-consuming population

in European Union, emphasize negative impact of alcohol upon their productivity. The estimated annual total alcohol-related costs in EU run as high as 125 billion Euros [4].

Since classical medical model of "zero tolerance" towards alcohol is ineffective i.e. does not give adequate results in the segment of public health, it appears that the model of moderate drinking i.e. "harm reduction" is not only cheaper, but is more efficient comparing to a classical model [5]. The first form of "harm reduction" activity in the form of a control-drinking programme was defined in Liverpool in 1980 [6]. Over time, the related activities were developed in other countries and the whole process has culminated in a global document, elaborated

by World Health Organization (WHO) entitled "Global Strategy to Reduce the Harmful Use of Alcohol" [7]. WHO publication defines clear guidelines for low-risk drinking [8], making a new pattern of a socially acceptable drinking which was followed by many publications such as "Guides for Low-Risk Drinking" [9,10,11].

DRINKING PATTERNS AND ALCOHOLISM PREVENTION IN SERBIA

Drinking alcohol beverages in Serbia is a socially acceptable behavior. The actual situation is characterized by a high incidence of alcohol consumption, especially among youth. The results of 2006 survey showed that 25% of youth, aged 12-19 get drunk at least once in their lifetime. European School Survey on Alcohol and other Drugs among young people (ESPAD) survey points out that 90% of 16-year olds in Serbia drank one or two alcohol beverages at least once in their lifetime. The following was shown: 60% of children and youth in Serbia (aged 12-19) has no acceptable attitude towards alcohol consumption [12]; 72.2% of adult population in Serbia consumes alcohol; excessive drinking pattern is present in 3.7% of population (more than 60 gr. of alcohol per event); harmful or problem drinking is present in 6.2% of population; risk-related drinking is present in 13.3% of general adult population [13].

In spite of significant problems related to alcohol consumption, there is no clearly defined system activity in Serbia, addressing the issue of prevention of alcoholism and alcohol-related disorders. This may be accounted for extremely high tolerance towards alcohol consumption in addition to a long transition period and unfavorable economic situation, resulting in consequent marginalization of the actual problem. Preventive alcoholism-related activities in Serbia fall largely within the domain of universal prevention. So far undertaken specific activities are summarized to sporadic and uncontrolled initiatives, predominately in the segment of education of the youth about the adverse consequences of alcohol consumption.

More intense activities in the field of alcoholism prevention were recorded a number of years backward. Under the patronage of the International Association of National Public Health Institutes (IANPHI), the Institute of Mental Health in cooperation with the Institute of Public Health, in the period 2008-2011 carried out the project titled "Education of General Health Practitioners to Recognize and Diagnose Alcoholism in Primary Health Care". The Project included 10% of general health practitioners in all municipalities in Serbia. It included the release of the Manual for Alcohol Use Disorders Identification Test (AUDIT) (14) as well as the Manual, entitled "National Good Clinical Practice Guidelines for Diagnosis and Treatment of Alcoholism" [15] under auspices of the Ministry of Health. The National Committee for Prevention of Alcoholism, prepared the National Strategy to combat alcohol abuse and alcoholism which is to be approved soon.

Responsible drinking in Serbia

The Institute of Mental Health, Who Collaborating Centre in March 2014 initiated the Project entitled "Responsible Drinking in Serbia". The Project was supported by the largest beer brewing companies in Serbia. The goals of the Project are as follows: to reduce harmful use of alcohol, prevention of alcoholism and alcoholism-related disorders, education of the population on a

low-risk drinking style, as well as the mental health promotion of the population. "Manual for Responsible Alcohol Drinking" release is scheduled for the first year of the Project implementation, including Project promotion in media and public debates to be organized in four largest cities in Serbia: Belgrade, Novi Sad, Nis and Kragujevac. Considering the social aspect of the Project, we decided to replace the term "low-risk" by the formulation "responsible" that is more applicable and effective to the general population.

The "Manual for Responsible Alcohol Drinking" [16] is 40-page brochure, in the form of a pocket edition, in the circulation of 10.000 copies. It explains in a simple language, throughout a number of chapters, all issues that an average citizen of Serbia should be acquainted with, within the context of alcohol beverages drinking. This Manual is intended for all interested people among the general population in Serbia, regardless of gender, age or education, and its purpose is primarily educational and preventive.

In the opening chapter we described characteristics of alcohol and its harmful effects, placing an accent to the population category that should never drink alcohol. Important topics are described such as the youth and alcohol drinking, pregnancy and alcohol, alcohol and driving. On the grounds of WHO Guidelines, we defined the patterns of alcohol drinking, clarified the term "standard drink" and specified the meaning of a "low-risk" ("responsible") drinking [8]. Considering a significant representation within a general population, we especially focused on the pattern of "at-risk alcohol drinking" and offered detailed strategy intended to "relieve the harm" caused in such circumstances. We defined clear directions to support the individuals facing alcohol-related problems, outlining further on the actual benefits of "responsible drinking" and giving a summary with AUDIT instruction for alcohol use, enabling everybody to learn about personal drinking style and potential dangers (if any) thereof.

We aim to attain Project-related media promotion in the first year and to sensitize the public in order to create a new approach in prevention of alcohol-related disorders. Due to deeply-rooted practice within our national culture and involvement in all social rituals, there is extremely high resistance to change old behavioral patterns within the context of alcohol drinking. The need to readjust the model of "zero tolerance" to the model of "moderate drinking" is more-than-necessary, since it offers acceptable and "non-aggressive solutions" to all categories of alcohol consumers. The Project "Responsible Drinking in Serbia" is being promoted with the idea to help the drinking population enjoy further on in alcohol use, eliminating the risk of developing alcoholism. The heavy-drinkers group is supported either to recognize the problems and reduce the drinking within "low-risk" limits or ask for professional support and starting-alcohol consumption group is being warned to potential dangers accompanying alcohol drinking and acquainted with the postulates of "responsible drinking".

"The Manual for Responsible Alcohol Drinking" is available free of charge at the occasion of public debates organized in Serbia by the experts of the Institute of Mental Health. Distribution of the Manual will be carried out by the Institute of Mental Health

OSciMedCentral

(IMH) and the sponsors. The IMH will distribute the Manual at educational meetings in the aforementioned cities. In each of the cities and in cooperation with the local communities, a central debate is planned. In addition, in cooperation with all the interested non-governmental organizations (NGO), a few presentations will be held at the universities. The sponsors will be distributing the Manual at the appropriate events that they partly organize. The Manual can be also found in e-form at the web site of the Institute. All interested citizens are free to "download" a complete Manual in electronic form from the IMH website.

CONCLUSION

The Project entitled "Responsible Drinking in Serbia" is a pioneer activity in the field of reduction of the harmful alcohol use in our country and the "Manual for Responsible Alcohol Drinking" is a unique publication in this part of Europe. Considering time-related and available funds limits, the Project may be considered a "pilot project". Accordingly, the first summary of activities is scheduled for March 2015. The aim of this first "evaluation" is the correction of technical details and potential failures in the marketing, distribution, and promotion of the Manual. The parameters used for this evaluation will be attendance of presentations, analysis of media space dedicated to the project, as well as concrete feedback from citizens.

Stratified goals of the Project enable "growth and development", with the focus placed to some segments, such as: reduced harmful use of alcohol, psycho education and promotion of low-risk drinking pattern, impact on the "public opinion" and sensitization for the scope of new approach to alcoholism prevention. Bearing in mind the potentials of the Project, it is more than evident it should become a continuous activity i.e. a new approach to harm reduction and prevention of alcohol-related problems should be systematically defined in Serbia, including adequate support strategies. Given that the main aim of the project is the promotion of low-risk drinking and reduction of the harmful use of alcohol, if the project is well-accepted in Serbia, the first results in terms of reducing the incidence of dangerous drinking and alcohol abuse should be expected in five years time.

REFERENCES

 Mc Govern P. Uncorking the past: the quest for wine, beer, and other alcoholic beverages. Berkley: University of California Press; 2009.

- 2. Shield KD, Parry C, Rehm J. Chronic diseases and conditions related to alcohol use. Alcohol Res. 2013; 35: 155-173.
- 3. World Health Organization. Global status report on alcohol and health 2014. Geneva: WHO; 2014.
- 4. Anderson P, Baumberg B. Alcohol In Europe A Public Health Perspective. London: Institute of Alcohol Studies; 2006.
- Marlatt GA, Witkiewitz K. Harm reduction approaches to alcohol use: health promotion, prevention, and treatment. Addict Behav. 2002; 27: 867-886.
- Pates R, Riley D. Harm reduction in substance use and high-risk behaviour. London: The British Journal of Psychiatry. 2014.
- Tang YL, Xiang XJ, Wang XY, Cubells JF, Babor TF, Hao W. Alcohol and alcohol-related harm in China: policy changes needed. Bull World Health Organ. 2013; 91: 270-276.
- Babor TF, Higgins-Biddle JC. Brief Intervention for Hazardous and Harmful Drinking. A Manual for Use in Primary Care. Geneva: WHO; 2001
- Gorgulho M, Da Ros V. Alcohol and harm reduction in Brazil. International Journal of Drug Policy 2006; 17: 350–357.
- 10. National health and medical research council. Australian guidelines to reduce health risks from drinking alcohol. Commonwealth of Australia, 2009.
- 11. Butt P, Beirness D, Gliksman L, Paradis C, Stockwell T. Alcohol and health in Canada: A summary of evidence and guidelines for low-risk drinking. Ottawa: Canadian Centre on Substance Abuse; 2011.
- 12. Ministry of Health of the Republic of Serbia. European school survey about alcohol and other drugs (ESPAD). Belgrade: Institute of Public Health of Serbia; 2008.
- 13. national survey on lifestyles stanivništva Serbia in 2014 the use of psychoactive substances and games of chance. Belgrade: Institute of Public Health of Serbia "Dr Milan Jovanovic Batut"; 2014.
- 14. Mladenovic I test for identifying alcohol-related disorder (AUDIT) guide for use Belgrade: Institute of Public Health of Serbia "Dr Milan Jovanovic Batut "2010.
- 15.0f the Committee for the development and implementation of good clinical practice. National clinical guidelines for the diagnosis and treatment of alcoholism. Belgrade: Serbian Ministry of Health; 2013.
- 16. Mladenovic. Guidance for responsible drinking. Belgrade: Institute of Mental Health; 2014.

Cite this article

Mladenovic I, Lazetic G, Lecic-Tosevski D (2014) Responsible (Low-Risk) Drinking-A Model Intended to Reduce Harmful Alcohol Consumption in Serbia. J Subst Abuse Alcohol 2(3): 1022.