

## PUBLIC HEALTHCARE AND REGULATION OF ALCOHOL ABUSE IN SLOVAKIA

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**Abstract:** *The present contribution characterises current status of alcohol abuse in Europe and in Slovakia from the viewpoint of adult population. The essay further introduces public healthcare strategies aimed at reduction of problems with alcohol abuse. The issues dealt with include provision of short-term intervention by general practitioners and professional consultants at regional public health authorities, education of specific groups of citizens and legislative coverage of regulation of conduct in relation to alcohol consumption at public areas.*

**Keywords:** *Alcohol, consumption, abuse, population, issue, public healthcare, risk, Slovak Republic, Europe, short-term intervention, advisory office Europe and Alcohol*

Europe has been one of the biggest consumers of alcoholic drinks on the level of consumption of 11 litres of pure alcohol per adult person per year. Even though in comparison to 1970 the overall consumption of alcohol has decreased from 15 litres of pure alcohol per adult person per year, the issue of alcohol abuse viewed from the viewpoint of public healthcare still exists. Following tobacco and hypertension alcohol represents the third most serious risk factor causing diseases and worsening the public health standard. The past forty years were marked with levelling of the differences in alcohol consumption in Europe accompanied in the period 1960 to 1980 with increased consumption in Central and Northern Europe. Most Europeans drink alcohol, with only 15% of the adult population being non-drinkers. The most popular alcoholic drink in Europe is beer (44 %), followed by wine (34 %) and only then by spirits or hard drinks (23%). Estimates by experts of the European Union and the World Health Organisation suggest that there are 23 million people in Europe having problems with alcohol addiction, which represents 5 % of males and 1 % of females. With regard to alcohol drinking in the past 30 days Slovakia belongs to the average EU countries. While the EU mean is 66 %, the Slovak mean is 65 % (1).

### **Beer, Wine and Spirit Drinking in Slovakia**

In the monitored period of 1996–2006 the trend of beer drinking in the adult population did not change significantly following data of the Statistical Office of the

Slovak Republic from 2006 (3). Beer is drunk daily by 8 % of the adult population in Slovakia and occasionally by 40 % adults. However, 37 % of the Slovak population do not drink beer at all.

There has been a stabilised trend of wine drinking in the adult population and wine consumption does not decrease. Most respondents drink wine occasionally (69 %), and 24 % do not drink wine.

In the area of spirits consumption no substantial change occurred in the period in question. About 33 % of the adult population consider themselves non-drinkers of hard drinks.

## **Alcohol Control in Slovakia**

The framework documents for alcohol control in Slovakia are represented by the European Strategy of Alcohol Control of WHO and also the EU Strategy of Reduction of the Scope of Damage Related to Alcohol Abuse (2,6). In Slovakia the currently applicable local document is the Action Plan for Alcohol-Caused Problems, passed by the Government in 2006.

## **Community Approaches**

Primary healthcare related to alcohol addiction mainly involves **short-term intervention** of general practitioners and paediatricians as concerns habits of alcohol drinking when the addict visits the surgery. Studies implemented in Great Britain show that the short-term interventions resulted in 20 % reduction of excessive alcohol consumption (4,7). Despite the numerous positive conclusions the main issue remains to be the execution of the short-term intervention by the practitioners and the nurses, who should be professionally trained in these activities. For that reason appropriate professional training of healthcare professionals is important. The short interventions should also be competently performed by healthcare professionals in healthcare advisory centres in the context of the network of the Public Healthcare Authorities.

**Community education** in the area of alcohol consumption control represents one of the key instruments of reduction of alcohol-related problems. Systematic and long-term education of selected target groups impacts attitudes and conduct of the young generation. In this respect an important aspect is media education and presentations of model conduct in relation to alcohol. This is also closely connected to the promotional legislation aiming at stipulation of complete ban of alcohol promotion.

**Ban of advertising** of alcoholic drinks through printed and broadcast media represents one of the most effective instruments of reduction of experimenting with alcohol and regular alcohol drinking in children and youth.

**Ban of alcohol sale to children and teenagers and ban of alcohol serving to young people** represents another important tool of alcohol drinking reduction through reduced offer of and demand for alcoholic drinks. As for sales regulation and alcohol drinking at public areas it is important to draft a provision for complex

limiting of sale and drinking of alcohol at public areas close to schools, children playgrounds or other facilities frequented by children and youth.

In the area of coordination and execution of the policy of tobacco, alcohol and drug addiction control it is important to support the key role of the public healthcare sector.

## **Role of Public Healthcare – Alcohol Control Policy**

Within the framework of alcohol control the role of public healthcare follows from the European Action Plan for Problems with Alcohol, reflected in the National Action Plan for Problems with Alcohol for the period 1996 – 2010. The most important tasks of public healthcare include:

- Controlled sales and availability of alcohol (the most effective and the financially most convenient form of limitation of alcohol-caused damage).
- International initiatives and international support are important for the future development of public health.
- Research support – epidemiological monitoring of the situation covering various aspects of alcohol consumption and attitudes of children and youth to alcohol.
- Limitation of social availability of alcohol - change of social stereotypes, approaches to experimenting with and drinking of alcohol.
- Limitation of the number of places where alcoholic drinks can be bought and limitation of the opening hours of the shops that do sell alcohol.
- Ban of alcohol advertising.
- Education of professionals in primary healthcare and social care.
- Information, education and increase of awareness of the effects of alcohol abuse.
- Legislative acts (licence should be taken away from vendors selling alcoholic drinks in contradiction to the law, plus other mechanisms).
- Establishment and keeping of common records on the European Union level.
- Short intervention in the health advice and support centres of the Public Healthcare Authorities (time-limited advisory service with the aim to affect or change the client 's conduct in relation to his/her lifestyle).

## **Tasks of the National Action Plan for Problems with Alcohol**

- Establishment of a coordination authority in the national level
- General and special healthcare
- Protection of children and youth against alcohol
- Right of the young generation to life in an environment not affected by alcohol abuse
- Safety on the road – alcohol-affected traffic accidents
- Training programmes focusing on responsible sales of alcoholic drinks
- Education and information about risks of alcohol abuse

## **Obstacles to Execution of Anti-Addiction Activities and Society 's Approach to Addiction**

- Loss of moral barriers in all age groups
- Integration of alcohol drinking in every social activity
- The young generation are unable to define and distinguish consumption and abuse of the addictive substance
- Alcohol consumption is considered normal
- Consumer solidarity of all types of consumers is the determining factor of communication
- Non-drinker models are not accepted
- Stigmatisation of people after cure of their alcohol addiction – non-drinkers
- Frequent fluctuations of officials responsible for alcohol and drug addiction control

### **Conclusion:**

In the area of coordination and execution of the addiction control policy the key role of the public healthcare sector needs support. Abroad the Public Healthcare Authorities are competent and responsible for coordination and execution of certain instruments of alcohol control. Documents such as the National Programme of Health Support and the National Action Plan for Problems with Alcohol define the coordination role of the Ministry of Healthcare. A similar competence is also related to prevention, education and advisory service by Public Healthcare Authorities.

## **MOŽNOSTI VEREJNÉHO ZDRAVOTNÍCTVA PRI REGULÁCII UŽÍVANIA ALKOHOLU NA SLOVENSKU**

**Abstrakt:** Príspevok charakterizuje súčasnú situáciu užívania alkoholu v Európe a na Slovensku z pohľadu dospeljej populácie. Predstavuje stratégiu verejného zdravotníctva s cieľom znižovania problémov s alkoholom. Príspevok sa dotýka otázok poskytovania krátkej intervencie praktickými lekármi a odborníkmi v poradniach na regionálnych úradoch verejného zdravotníctva, vzťahuje sa na oblasť vzdelávania špecifických skupín obyvateľstva a oblasť legislatívno-právnej úpravy s cieľom regulácie správania vo vzťahu k užívaniu alkoholu na verejných miestach.

**Kľúčové slová:** Alkohol, užívanie, populácia, problém, verejné zdravotníctvo, riziko, Slovenská republika, Európa, krátka intervencia, poradňa