



Development of Country-Wide Strategies to Reduce the Alcohol Abuse

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ABSTRACT

Background: Evidence shows that in Iran alcohol abuse rate may be of concern, especially among the youth. The mental and social health and addiction Department of the Ministry of Health and Medical Education has designed a plan to prevent, treat, and rehabilitate the patients abusing alcohol in a time period of 2011-2015.

Methods: In a 6-month period, three guiding committees of experts in the field of alcohol abuse reviewed the literature. The meetings of the steering committee were held in order to collect the comments of the policy-makers in recognition of the problem, orientation, and administration procedures for the suggested strategies. The first input was discussed in the committee meeting. In the orientation phase, intervention strategies were suggested whose base was the evaluation of the previous international guidelines. In the final phase, the suggested strategies and challenges and their possible solutions were criticized. Finally, using these strategies, appropriate interventions were defined.

Results: Preventing alcohol supply, school- and community-based prevention efforts, monitoring and vigilance were defined as primary prevention. While secondary and tertiary prevention are defined to be the treating and rehabilitating services for the alcohol abusers.

Conclusions: We hope by using this strategy we will be able to control alcohol abuse in our country. The first step to reach this aim is done by breaking the taboo of giving alcohol-related information and news using media and educational programs especially to the young population.

Keywords: Addictive, alcoholism, behavior, prevention and control, primary prevention

INTRODUCTION

Alcohol is one of the world's top three priorities in public health areas. The evidence available to support this statement is large and persuasive. Alcohol impacts on both communicable and non-communicable diseases;^[1] for instance, alcohol is causally linked to eight different cancers and many cardiovascular outcomes, including hypertension, hemorrhagic stroke, and

atrial fibrillation.^[2] It contributes to more than 60 types of diseases and injuries. Alongside the direct effect alcohol addiction has on health, it is responsible for approximately 20% of deaths due to motor vehicle accidents, 30% of deaths due to esophageal cancer, liver cancer, epilepsy and homicide, and approximately 50% of deaths due to liver cirrhosis.^[3]

The harmful use of alcohol results in an annual rate of almost 2.5 million deaths.

- 3,20,000 young people between the age of 15 and 29 die from alcohol-related causes, resulting in 9% of all deaths in that age group
- Alcohol is associated with many serious social and developmental issues including violence, child neglect and abuse, and absenteeism from the workplace.^[4]

The information on the burden of alcohol in Iran is not adequate. Alcohol abuse is a psychiatric diagnosis described by recurring use of alcoholic beverages despite its negative consequences.^[5] Violence and aggression occur more frequently in Iranian abusers. It can be concluded that Iran is one of the most important alcohol-abusing countries in the middle east.^[6]

Countries that take stronger actions on alcohol will reap considerable gains in terms of better population health and well-being, enhanced employment and productivity, increased health and social welfare savings, higher health and economic quality, and greater social cohesion and inclusion.^[7]

When budgets are tight, it is important to direct governmental investments to the strategies that address the greatest harm. The pattern of substance use and related harm varies from country to the country, as will cultural values around how the seriousness of these is evaluated. Some effective prevention programs address only one type of harm (e.g. fetal alcohol spectrum disorder, road trauma, or transmission of infectious diseases). A comprehensive national strategy needs to address and prioritize the full range of harmful outcomes when making high-level decisions about policy priorities and investment.^[8]

In Iran, evidence shows that alcohol abuse rate is noticeable especially among the youth.^[9-13]

Since the spectrum of affecting factors is too wide to be managed by only health organization, this needs a wide cooperation between the different parts of the health system. Thus, the mental and social

health and addiction Department of the Ministry of Health (MOH) and Medical Education has designed a plan to prevent, treat, and rehabilitate the patients abusing alcohol in a time period of 2011-2015 to elucidate the applications and interventions needed in this regard. This is the first time that such a strategy has evolved in our country within the last four decades. The main organization with enough authority that could lead this strategy was the supreme council for prevention of alcoholic beverages use in affiliation with the ministry of interior affairs. This council had the responsibility for gathering other involved organizations (almost 30 organizations) whose coordinator was the MOH. Each organization had some task in each level of prevention, examples of which are primary prevention by giving information by Islamic Republic of Iran broadcasting through radio and TV or giving information on alcohol risks to the adolescents by the ministry of education. It is expected that using this program is helpful in preventing, treating, and rehabilitation of these patients and subsequently results in decreased alcohol-induced injuries.

METHODS

This project has been performed in a 6-month period [Figure 1] based on the review of the literature on the subject as well as the international experience in this regard in three guiding committees of experts in the field of alcohol abuse.

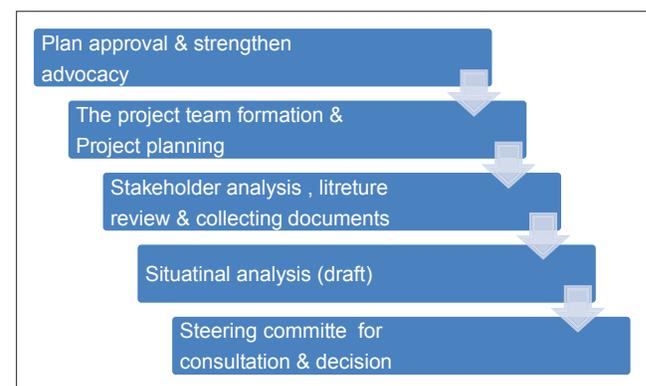


Figure 1: Formulation of the strategy; the plan was approved and a group of experts was formed. Literature on alcohol abuse and the preventive and treating care usually given to these patients was thoroughly evaluated. Meetings were held in order to collect the comments of the policy-makers in recognition of the problem, orientation, and administration procedures for the suggested strategies

After the acceptance of the mental and social health and addiction department of the MOH and Medical Education and finding appropriate sponsors for the project, a thorough search was performed. The meetings of the steering committee were held in order to collect the comments of the policy-makers in three different areas of recognition of the problem, orientation, and administration procedures for the suggested strategies.

In the first part, all evidence related to the subject was collected for the acquaintance with the problem. The first input was discussed in the committee meeting. In the orientation phase, the causes of the current situation were propounded and intervention strategies were suggested whose base was the evaluation of the previous international guidelines in this regard.^[4,5,14,15] In the final phase the suggested strategies, probable challenges and their possible solutions were criticized. Finally, using these strategies, appropriate interventions were defined in three steps; primary, secondary, and tertiary.

MAIN OBJECTIVES OF THE COMMITTEE

The main objectives were defined to be:

- Decreasing the burden of alcohol abuse to 25% by the end of the program
- Increasing the technical support, reinforcement of the consortium, improvement of the

inter-segmental coordination and equipment of sources to decrease the burden of alcohol abuse

- Alarming the general population in different age groups regarding the basic causes of the problem and consequences of alcohol abuse
- Endowment of the alcohol abusers of the cares being given to them in cities or villages.

INTERVENTIONS TO REACH THE ABOVEMENTIONED OBJECTIVES

Primary prevention

- Preventing alcohol supply
- School-based prevention efforts
- Community-based prevention efforts
- Monitoring and vigilance [Table 1].

Secondary and tertiary prevention

In these levels, interventions are defined to be the treating and rehabilitating services for the alcohol abusers [Table 2].

DISCUSSION

Although the trend of alcohol abuse is not clearly defined in Iran, the recent study performed by Damari *et al.* shows that currently it is being abused more than before.^[16] According to the evidence, one of the best ways to confront with alcohol abuse is reducing its availability.^[15] Since

Table 1: The routine monitoring generally needed at the primary prevention level

Efforts	Interventions
Preventing alcohol supply	Attracting the supports by creating a forum to reinforce the policy of limiting the alcohol availability, criminalizing the efforts of the abusers and suppliers
School-based prevention efforts	Designing standard packages of “education and extension of the life skills” Designing service packages for patient-finding and treatment of the background breakdowns known to be the base of alcohol abuse in childhood Preparation of the preventive policies and management of the school dropout in all student age ranges
Community-based prevention efforts	Establishment of the charter of development of the social education about the resources, risk factors, and consequences of the alcohol abuse using media Designation of the project of alcohol level measurement in the drivers Preparation of the service package of prevention and identification of the people at risk by community-based actions and its establishment by the cooperation of the Islamic board of the cities Organizing country-for cooperation in prevention Attraction of the sponsors for establishment of comprehensive recreational programs Establishment of the package for prevention, treatment, and decreasing the injuries in the borders of the big cities Continuous monitoring of the psychological improvement programs
Monitoring and vigilance	Establishment of the standard packages of “education and extension of the life skills” in work place Establishment of the recording system for collection of the data on alcohol abuse

Table 2: Secondary (for treatment) and tertiary (for rehabilitation) prevention

Treating services
Establishment of the preventive service packages, treatment and decreasing the injuries in the family medicine frame
Providing protocols for treatment of ethanol overdose, clinical management of the pregnant or lactating alcohol-abuser women
Evaluation of the circumstances to run emergency centers for short-term treatments
Development of the already existing treatment centers and providing fair access to treatment with acceptable fees
Establishment of self-treating educational packages
Rehabilitating services
Specialized consultation after the abandonment of alcohol abuse
Providing the standards of the rehabilitation centers according to the scientific approaches
Establishment of community-based rehabilitation packages

the use of alcohol is banned in our country, the interventions performed are different from those done in the countries which have not forbidden its use. The policy-makers have less focused on this subject. The studies performed on the preventive efforts are also debatable.^[17-19] In some studies, school-based interventions have been found to be more effective. In some other studies, the psychosocial interventions have been more effective and therefore, the policy-makers have tried to pay attention to all possible interventions with respect to the media limitations in Iran. Some experiments from Australia, Brazil, India, and United States of America have recommended secondary prevention based on screening and brief intervention in primary care and other settings.^[20] However, with regard to the difference in the usage pattern of alcohol between these countries and Iran, efforts have been done to modify these experiments to be performed in Iran. The other important matter is the cost-effectiveness of the program.^[21,22]

Based on the existing evidence, alcohol abusers are scarce in our country and therefore, tertiary prevention appears to be less important; this is while continuing the abuse with today trend needs attention to this level of prevention in the near future. Of course, previous successful efforts have been done to prevent abuse of other substances of abuse in Iran and it is believed that such successes can be achieved in alcohol, as well. In Iran, designing

and establishment of the preventive and treating protocols before the obligatory interventions of police and judicial system needs sensitizing of the expert people in the field.

Inter-sectorial satisfaction needs cooperation between the experts in the field of substance abuse, and this is definitely a taught lesson in the health intra-unit collaboration. Especially, analysis of the preventive, treating, and injury-decreasing administrative system (given by the literature review and meetings of the guiding committee) shows that at the moment we are weak in the management of this problem while being threatened more than before. The role of the health organization as a specialized institute involved in the prevention, treatment, and decreasing the injury induced by alcohol is therefore, accentuated. This organization should develop its role as a specialized consulter. The protocol in therefore predicted to be run in four stages:

- Equipment of the establishment
- Channeling the interventions: Applied studied projects including the establishment of the service packages, re-evaluation of the protocols, coalition with the current programs, educational programs in provinces, and attracting sponsors for human and financial resources
- Interventions (for 2 consecutive years)
- Evaluation of the program and its cost-effectiveness for consequent decisions.

CONCLUSIONS

Determination of the connections between the health organization and outside it as the engaged people in the prevention and treatment of alcohol and substance abuse will help the establishment of a motivated system instead of the erosive classical processes. We hope using this strategy, we will be able to control the currently increasing burden of alcohol abuse in our country. The first step to reach this aim is done by breaking the taboo of giving alcohol-related information and news using media and educational programs, especially to the young population.

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