

ICAP Periodic Review on Drinking and Culture

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International Center for Alcohol Policies (ICAP) is a not-for-profit organization whose mission is to promote the understanding of the role of alcohol in society through dialogue and partnerships involving the beverage alcohol industry, the public health community, governments, and others interested in alcohol policy, and to help reduce the abuse of alcohol worldwide. ICAP is supported by major international producers of beverage alcohol. For more information and links to ICAP's publications and policy tools, see www.icap.org.

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What is the *ICAP Periodic Review on Drinking and Culture*?

Background, Objectives, and Features

Alcohol consumption is an integral part of the social fabric in most societies. Yet the role occupied by drinking is quite different across countries and cultures and is reflected in local customs, patterns, and attitudes. Despite this wide diversity, the *lingua franca* of the alcohol field is English, as are the publications that provide the evidence base most commonly used in international policy discussions. As a result, much of the research published in other languages and reflecting different cultural contexts and approaches escapes broader notice.

The *ICAP Periodic Review on Drinking and Culture* is an electronic publication that seeks to help remedy this disparity. Its key objectives are to:

- (1) give greater exposure to research not currently published or widely available in English;
- (2) broaden the range of cultural perspectives and the evidence base used in the crafting of policy and prevention.

Each issue of the *Periodic Review* presents English translations of work published in language areas currently underrepresented in major English-language research databases. The featured content is grouped by topic and country.

Coverage of the *Periodic Review* is limited to psychosocial and sociocultural research, to focus on drinking culture, patterns, and psychosocial outcomes. Identification and selection of key research to be featured and all editorial decisions are carried out by the Editorial Group, consisting of experts from diverse geographic, linguistic, and discipline areas (see Annex 1 for a list of the Editorial Group members, and Annex 2 for the Guidelines on identifying and selecting the featured work). The International Center for Alcohol Policies (ICAP) serves as a coordinating center for receiving the nominations, arranging translations, and publishing the *Periodic Review*.

This Review issue features summaries of recent journal articles and reports from 11 central, eastern, and southern European countries, covering some of the following topics: alcohol policy, extreme/"binge" drinking, non-commercial alcohol, road safety, and young people. It also includes a translation of a full-text article on alcohol related mortality in Ukraine and Russia.

A page on the ICAP website (<http://www.icap.org/Publications/ICAPPeriodicReview/>) continues to serve as public repository of *Periodic Reviews* and related materials. Please refer to that page for this and past issues of this publication.

Table of Contents

ARTICLES FEATURED IN FULL TEXT.....	3	Young People.....	22
Drinking Outcomes in Adults	3	Germany	22
Russia/Ukraine	3	Prevention of alcohol abuse	22
Alcohol related mortality in Ukraine and Russia (1980–2007)	3	Hungary	23
		The significance of the relationship between external/ internal locus of control and adolescent substance use in behavioral medicine.....	23
TRANSLATIONS OF ABSTRACTS.....	15	Poland	25
Alcohol Policy: Historical Overviews	15	Comorbidity in adolescence: Simultaneous declaration of depressive, eating, obsessive-compulsive symptoms and use of psychoactive substances in the general population of 17-year-old students in a big city	25
Poland	15	Portugal	27
Demand reduction in the alcohol policy in Poland from 1982 to 2005	15	After the booze comes the hangover: a perspective of alcohol consumption in the young.....	27
Drinking Patterns in Adult Population	16	Serbia.....	28
Worldwide	16	General characteristics of psychoactive substances consumption and abuse among high school population	28
Patterns of alcohol use in selected cultures.....	16	Slovakia.....	29
Extreme/“Binge” Drinking	17	Young people’s attitudes to and experiences with alcohol and tobacco in Slovakia	29
Portugal	17	Spain	30
Validation of a questionnaire to evaluate alcohol related behaviours in excessive drinkers	17	Risk and protective factors in adolescents’ drug use, and differences by age and sex.....	30
Noncommercial Alcohol.....	18	Annex 1: Members of the Editorial Group.....	31
Belarus.....	18	Annex 2: Guidelines for Editorial Group of ICAP Periodic Review on Drinking and Culture	32
Consumption of alcohol surrogates by urban population....	18		
Road Safety	19		
Italy.....	19		
Road traffic crashes, alcohol, meals, sleep and work hours: a case-crossover study at the Emergency Room of Udine, Italy.....	19		
Portugal	21		
Ethical, technical and legal procedures of the medical doctor’s responsibility: in compliance with the road enforcement law on driving under the influence of alcohol and psychotropic substances	21		

ARTICLES FEATURED IN FULL TEXT

Drinking Outcomes in Adults

Russia/Ukraine

Alcohol related mortality in Ukraine and Russia (1980–2007)^{1,2}

A.V. Nemtsov³, N.M Levchuk, K.V. Davydov
Narkologiya, 2010,10, pp. 26-35. © Genius Media 2010

ABSTRACT: A comparative assessment was performed of the scope, diagnostic composition and gender distinctions of alcohol-related mortality in Ukraine and Russia (mortality: overall, with cirrhosis of the liver, pancreatitis, cardiovascular diseases, murders, suicides and other causes) in comparison with mortality with alcohol poisoning. It is shown that about one fourth of all deaths in Ukraine and Russia are alcohol-related. In this case, alcohol mortality in Russia (522.2 for men and 175.0 for women per 100,000 persons) is significantly higher than in Ukraine (458.2 for men and 151.6 for women). This concerns not only overall (on average of 14%), but also separate types of mortality, both in men and in women. A cluster analysis showed that the most closely related five causes are: alcohol poisoning, murders, suicides, pancreatitis and cirrhosis of the liver. More than likely, this link is established based on alcohol abuse. The conversion of alcohol mortality for 100,000 persons to absolute values shows that in Ukraine, in connection with alcohol, 140.9 thousand persons die annually, and in Russia 486.8 thousand die (average for 1980–2007).

KEYWORDS: Mortality; Alcohol consumption; Gender; Cardiovascular Disease; Liver Cirrhosis; Pancreatitis; Poisoning; Suicide; Murder; Russia; Ukraine.

Связанная с алкоголем смертность в Украине и России (1980–2007 гг.)

А.В. Немцов, Н.М. Левчук, К.В. Давыдов
Наркология, 2010,10, pp. 26-35.

КРАТКОЕ СОДЕРЖАНИЕ: Проведена сравнительная оценка размеров, диагностического состава и гендерных различий смертности, связанной с алкоголем, в Украине и России (смертность: общая, при циррозах печени, панкреатитах, сердечно-сосудистых заболеваниях, убийствах, самоубийствах и прочих причинах) при сопоставлении со смертностью при отравлении алкоголем. Показано, что около четверти всех смертей в Украине и России связано с алкоголем. При этом алкогольная смертность в России (522,2 для мужчин и 175,0 для женщин на 100 тыс. населения) существенно выше, чем в Украине (458,2 для мужчин и 151,6 для женщин). Это касается не только общей (в среднем на 14%), но и отдельных видов смертности, как у мужчин, так и у женщин. Кластерный анализ показал, что наиболее тесно взаимосвязаны пять причин: отравления алкоголем, убийства, самоубийства, панкреатиты и циррозы печени. Скорее всего, эта связь устанавливается на основе злоупотребления спиртным. Преобразование алкогольной смертности на 100 тыс. населения в абсолютные величины показывает, что в Украине в связи с алкоголем погибает 140,9 тысяч человек в год, а в России 486,8 тыс. (средняя для 1980–2007 гг.).

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In 1992, Ukraine and Russia became independent states with their own policies, in particular their own alcohol policies. Before this, in 1985, an anti-alcohol campaign was conducted. In Russia, the end of the anti-alcohol campaign of 1985 was marked by the liquidation of the state monopoly of alcohol production and the market reforms of 1992, when rapid growth in the consumption of alcohol began and, correspondingly, serious consequences. A new interest by the country's leadership in alcohol problems arose in 2005 and two laws appeared that went into force on January 1 and July 1, 2006. They played out in many months of turmoil on the alcohol market and many cases of alcohol poisoning by surrogates.

And in Ukraine, after the collapse of the USSR, the state monopoly of the production and sale of alcoholic beverages was also liquidated. Alcohol policy resulted in price regulation and alcohol taxes, which became an important tool for increasing the state budget. The practice was established whereby the state systematically raised excises or randomly introduced other legislative innovations regarding alcohol production. As a result, this led to an increase in prices for alcohol products and the expansion of the "shadow" alcohol market, maintaining it at a level of 25–30% consumption. In this case, a sharp reduction in population income and a fall in the level of life did not lead to a reduction in the demand for alcohol, but on the contrary aggravated the alcohol situation.

The results of the anti-alcohol campaign of 1985, the laws of 2005 in Russia and changes in the alcohol laws of Ukraine show that an alcohol policy cannot be effective without a clear view of the country's alcohol problems and without determining the tactical and strategic goals of political decisions. This is why, before choosing the direction of the alcohol policy, it is necessary first of all to assess the real alcohol situation in the country and secondly to determine the goals of the policy and thirdly to select the parameters for the results of political decisions. The leader in this triad should be a comprehensive understanding of the situation since the goals of the policy also should arise from the immediate alcohol problems. These provisions should be fundamental for the policy of any country, including Ukraine and Russia where alcohol problems have a common origin and are quite closely related to one another.

It is also important to emphasize that the tendencies of mortality, which existed in both countries in Soviet times, were unfavorable, but at the same time quite complex. However, after the collapse of the Soviet Union, this commonality of tendencies began to disappear and the gap in the key indicators of survival of the population began to increase. This concerns both overall mortality and the dynamics of life expectancy, as well as acute alcohol mortality, i.e. mortality from alcohol poisonings [23]. The causes of this gap are related, first and foremost, to the supermortality of working age men, which in turn may be closely linked to the alcohol factor.

All this leads to the necessity of assessing and comparing the alcohol situation in Ukraine and Russia. The complexity lies in the fact that the alcohol situation is made up of many components. In general terms, it can be divided into three components: the background of alcohol consumption, consumption itself and the consequences of consumption. Of them, the easiest to analyze is consumption. However, neither Russia nor Ukraine has precise data on consumption. Numerous estimates made in Russia and based on individual surveys of the population do not correspond to actual consumption, and are often lower than incomplete official data [2]. In the opinion of Finnish researchers working in Russia, self-reports by the country's population are underestimated by at least 2 times [22]. But there are more significant discrepancies [2]. Three independent estimates of consumption based on population data [4, 15, 24] are probably closer to actual alcohol consumption. They were averaged in [14] and are now widely used (for example, [7, 19]).

In Ukraine, the situation with estimates of alcohol consumption is even more complex. One estimate of actual alcohol consumption in Ukraine [12] does not have convincing justification, the other—the result of compilation of a number of sources shows on a graph of consumption in Russian and Ukraine for 2000–2001 more than 15 and 12 liters of pure alcohol for the population ages 15 years and older [23]. Another study [10] will be discussed below. Official statistics of the documented sale of alcohol, calculated in liters of pure alcohol per capita, is unreasonably low. In particular, in recent years, according to the data of the Federal State Statistics Service (Goskomstat) of Ukraine, consumption comprised only 1.6

liters of absolute alcohol per capita annually. At the same time, according to expert WHO estimates, the level of consumption of officially documented alcohol per capita at the age of 15 and older comprised in Ukraine 4 liters of pure alcohol, undocumented—7–8 liters, comprising a total of about 11–12 liters [25]. Unfortunately, such estimates exist only for 2003; there are no reliable estimates of consumption in Ukraine allowing assessment of a change in the severity of the alcohol situation for the last few decades.

Nevertheless, WHO data, which requires circumspect use, indicates that, despite the similarity of traditions and of the consumption of hard liquor in both countries, the overall level of alcohol consumption in Ukraine in comparison with Russia is a little lower, but the portion of undocumented alcohol is much higher. In particular, undocumented alcohol in Russia comprises a third of its overall total, and in Ukraine it is two thirds. In addition, among beverages produced at home in Ukraine, except for samogon, homemade wine is rather wide-spread (primarily in western and eastern regions). Data of population surveys also indicate the predominance of alcohol consumption in Russia in comparison with Ukraine. In particular, 80 g of alcohol and more is occasionally used by 30% of men in Russia and 25% of men in Ukraine [23].

The most complex component of the alcohol situation in both countries is the background of consumption. Its core is the imperfection of human nature and it is related to the eternal need for a drink. This need is controlled by a large number of social and psychological factors and, in addition, by the legal and black market production of alcoholic beverages, their price, drinking traditions and the population's attitude to drunkenness. The background of consumption is also determined by economic and social conditions of life and by individual and group factors, which in total determine the population's quality of life. The complex structure of the background of consumption and its weak scrutiny do not allow this perhaps most important, but also most complex component to be used as the basis of the study.

The third component of the alcohol situation, the consequences of consumption, also has a complex composition, especially in countries with high consumption such as Ukraine and Russia. In addition, many of the

consequences of alcohol abuse are not only poorly considered, but are difficult to take into account, such as the number of those suffering from alcoholism. This was the same in the USSR. However, in post-Soviet countries a statistical accounting is even more degraded. Even the incidence of alcohol psychoses is difficult to use for a quantitative assessment because of their inadequate documentation. This becomes evident with a comparison of the figures of neighboring regions [1].

All this leads to the conclusion that only catastrophic events such as mortality may more precisely characterize the quality of life, in particular the contribution of alcohol abuse. But here it has its own complexities—the very low quality of diagnoses of death, although the overall number of deaths is accounted for more or less accurately. It has already been shown repeatedly that those who died with a diagnosis of *cardiovascular disease* in a number of cases had a fatal concentration of alcohol in their blood [5, 26] or had a documented diagnosis of alcoholism [6]. Attesting to the significant underestimation of alcohol mortality is the fact that according to the official data of Goskomstat of Ukraine, the portion of alcohol deaths in the overall number of deaths comprises on average only 1.5–2.5%. There are the bases to assume that the actual scales of alcohol dependence mortality are hidden. The lack of reliable estimates of alcohol consumption and the unreliability of official statistics determine the importance and necessity of estimating alcohol-related mortality using an adequate indirect method.

Determination of the scope of alcohol mortality in Russia was performed repeatedly [1, 9, 11, 15–17, 20]. All these studies related to different periods of the dynamic alcohol history of Russia (sometimes to one year), and therefore are not completely comparable. Still worse is the fact that in some studies calculations were built on the basis of official, very incomplete data and in others there was a lack of detailed presentation of the method of calculations. Trends of the studied events were not taken into account, which distorts the depiction of the actual events. In addition, the periods selected for analysis were, as a rule, very short. But there were publications in which the authors “intentionally did not use commonly accepted mathematical processing of digital material” [8].

One of the authors repeatedly undertook an estimate of alcohol-related mortality in Russia [13, 14], but the results only extended to 2001 in connection with the fact that the estimate of the actual alcohol consumption was limited to this year [15], on the basis of which a determination was made of the scope of mortality. In Ukraine, the assessment of alcohol mortality was performed twice. One time the calculations were formed on one expert, little justified assessment of consumption [12]. In addition, this was done only for 1980–1988, without using standardized indicators of mortality and with the erroneous assumption that in this short period substantial changes in the age composition of the population could not occur. Another more fundamental study [10] will also be mentioned below in discussion of the results.

Thus, a comparative estimate of the scope of alcohol mortality in the two countries remains relevant, the more so that alcohol-related mortality is not only the most serious consequence of abuse, but also serves as an integral indicator of the severity of alcohol problems.

Task of the research—the comparative estimate of the scope and diagnostic composition of alcohol-related mortality, in Ukraine and Russia.

Study design—population, linear, indiscriminate, retrospective, uncontrolled.

Study subject—alcohol-related mortality.

Study material—data comprised on mortality in Ukraine and Russia, separately for men and women (European standard of the WHO per 100,000 persons). The array comprised 8 indicators:

- 1) overall mortality, as well as its individual alcohol-related types;
- 2) poisoning;
- 3) cirrhosis of the liver;
- 4) pancreatitis;
- 5) mortality related to circulatory diseases as well as socially significant mortality;
- 6) murders;
- 7) suicides;

- 8) mortality not included in the 6 previous types (hereinafter, “other”).

Thus, all mortality was covered and the baseline data was comprised of 32 indicators over 28 years (1980–2007).

Methodology

All 32 time series were subject to exclusion of a linear trend, for which a linear regression was calculated for each series and it was subtracted from the original series to preserve the dimension. Subsequent procedures were performed on the basis of the series after exclusion of a linear trend.

To make sure that the selected indicators of mortality are actually related to the consumption of alcohol, 28 series of mortality were subject to the correlation procedure of Spearman with four indicators of mortality with alcohol poisoning (men, women, Ukraine, Russia).

The methodology of calculations of the portion of alcohol-related mortality $[m_A]$ in the family of its types $[m_{A_n}]$ was composed of the determination of the coefficient of regression $[b m_n / m_{A_{0n}}]$ of each of the types of mortality $[m_n]$ for mortality with alcohol poisoning $[m_{A_{0n}}]$. Essentially, this coefficient $[b m_n / m_{A_{0n}}]$ for 1980–2007 is the average number of deaths of this or that type $[m_n]$ for one poisoning by alcohol (both indicators for 100,000 persons). Then for this period the average number of deaths with alcohol poisoning was calculated $[M_{A_{01,2,3,4}}]$. The product of the coefficients of regression $[b m_n / m_{A_{0n}}]$ and averages with alcohol poisoning $[M_{A_{01,2,3,4}}]$ served as a quantitative indicator of alcohol-related mortality:

$$[m_A] = [b m_n / m_{A_{0n}}] - [M_{A_{0n}}]$$

Of course, there was no need to calculate the portion of alcohol-related mortality with alcohol poisoning—it was assumed as 100% or 1.

Results

After exclusion of a linear trend all indicators acquired a comparable form (fig. 1 and 2). They had a significant correlation with mortality with alcohol poisoning (table 1 and 2). Exclusion comprised the suicides of women in Ukraine and Russia. All coefficients of regression for

Figure 1. Dynamics of mortality for men in Ukraine (1 and 2) and Russia (3 and 4): overall mortality (2 and 4) and with alcohol poisoning (1 and 3) after the exclusion of a linear trend

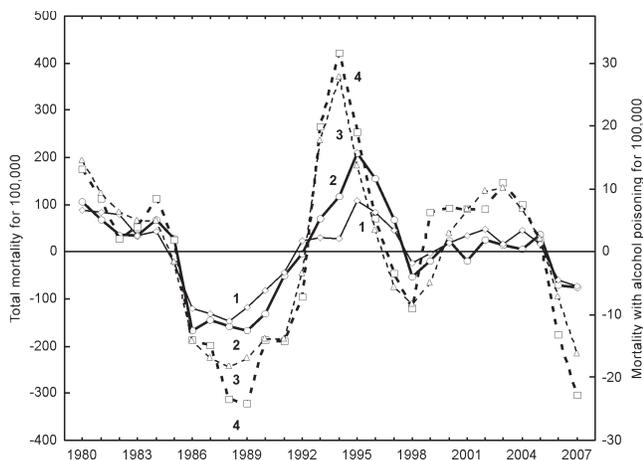
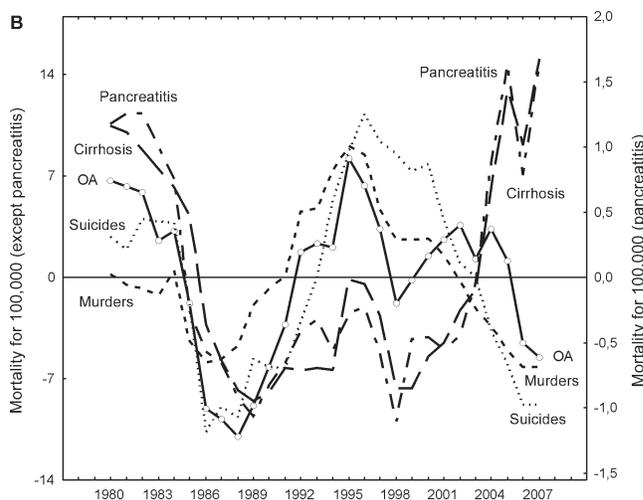
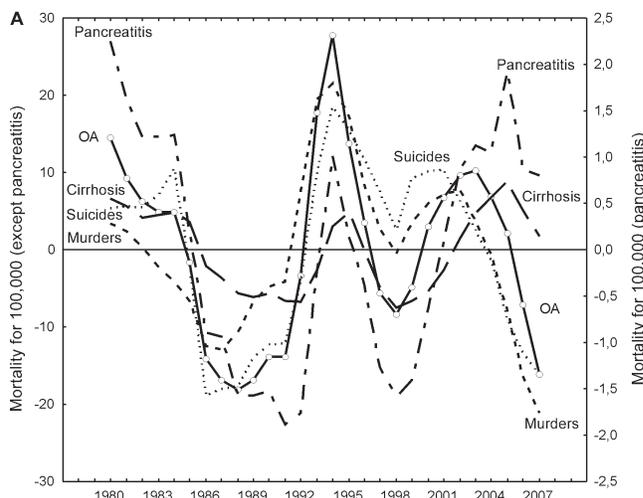


Figure 2. Dynamics of individual types of mortality in 1980-2007 after exclusion of a linear trend: A – Russia; B – in Ukraine; OA – alcohol poisoning



poisonings for Russia were significant (table 2; underlined in fig. 3). For Ukraine, a third of the coefficients was insignificant (table 1) both for women (suicides, cirrhosis of the liver, pancreatitis and others), and for men (cirrhosis of the liver). However, the sum of these insignificant coefficients with the remainder (significant) equaled the coefficient of regression of overall mortality due to poisonings in Ukraine.

The average values for alcohol poisoning [M_{Aon}] for men and women in Ukraine comprised 27.58 and 5.37 per 100,000, in Russia—correspondingly 35.05 and 8.56 (in the case of all four distributions, the Shapiro-Wilk test $p > 0.05$). Production of these values for the coefficient of regression for poisonings [$b_{m_n/m_{Aon}}$] (table 1 and 2) comprised an estimate of alcohol-related mortality per 100,000 [m_A].

For example, overall mortality for men in Ukraine: $16.61 - 27.58 = 458.2$ per 100,000 persons.

This comprises 26.2% of overall mortality (table 1).

Thus, alcohol-related mortality for 100,000 persons is in Ukraine 458.2 for men and 151.6 for women, and in Russia—522.2 for men and 175.0 for women (table 1 and 2), which corresponds to 26.2 and 23.9% of overall mortality respectively. In other words, about one fourth

of all deaths in Ukraine and Russia are alcohol-related. In this case, alcohol-related mortality in Russia is substantially predominant in comparison with Ukraine (table 1 and 2; fig. 4 A,B). This concerns both overall (on average by 14%) as well as individual types of mortality in both men and women. The exception was alcohol-related cirrhosis of the liver in men and women, the indicator of which in Ukraine was significantly higher (table 1 and 2). A difference in mortality with alcoholic pancreatitis both in men as well as women was insignificant.

In fig. 4 a cluster analysis is presented of eight causes of death in men in Ukraine (baseline data after exclusion of a linear trend). As is evident, 5 causes are more closely related: alcohol poisoning, murders, suicides, pancreatitis and cirrhosis of the liver. Participation in this group of causes of alcohol poisonings more than likely indicates that a close link of these five causes of death is established by the abuse of alcohol. The results of a cluster analysis in three other groups of the dead are analogous (women and men in Russia, women in Ukraine).

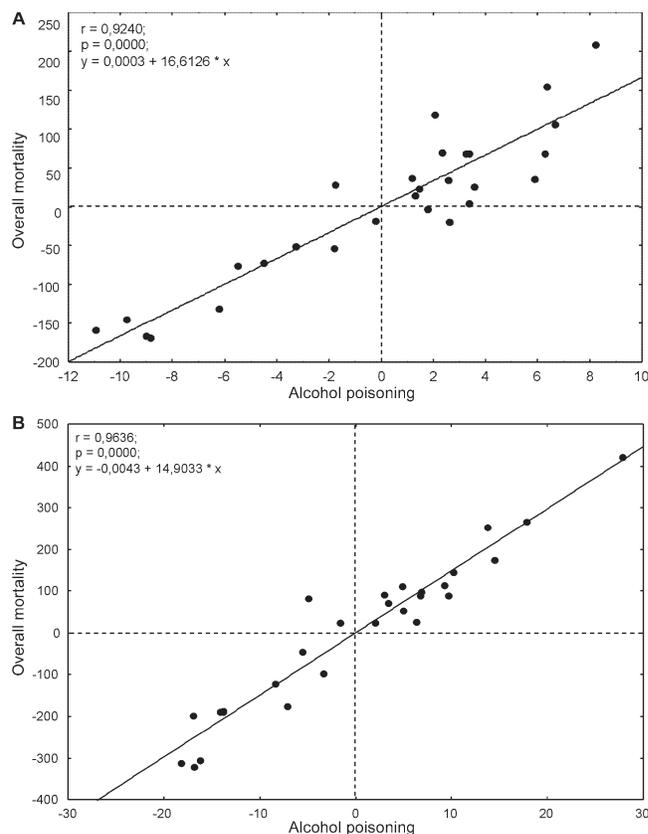
Having demonstrated a cautious attitude to the results and based on the average population in 1980–2007, it is possible to transform alcohol mortality for 100,000 persons into absolute values (table 3). This is the average alcohol-related mortality for the period 1980–2007.

Discussion of Results

The study was preceded by the exclusion of a linear trend of all variables. This was done to minimize an error in connection with the difference in the tangent of trends of the different variables. In this case, linear regression was taken into account, which was calculated from the original series. Often used in analogous conditions, the Box-Jenkins method (ARIMA) was not used in connection with the fact that this procedure is accompanied by a loss of the original dimension, which would interfere with assessment of the alcohol component, especially the calculation of absolute alcohol losses.

First and foremost, it is necessary to note that the material of Ukraine differed from the Russian material in the fact that 5 of the 16 coefficients of regression were insignificant (table 1) and the majority of them were for women (4 of 8). It is possible that related to the fact that in comparison with Russian data, the Ukrainian data has a higher random component due to a comparatively small volume. However, the total of insignificant coefficients with significant equaled the coefficient of regression of overall mortality, which indicates the proximity of insignificant coefficients to the actual indicators of existing types of mortality. Nevertheless, insignificant coefficients of regression were excluded from the analysis.

Figure 3. Regression of overall mortality of men from alcohol poisoning: A – in Ukraine; B – in Russia



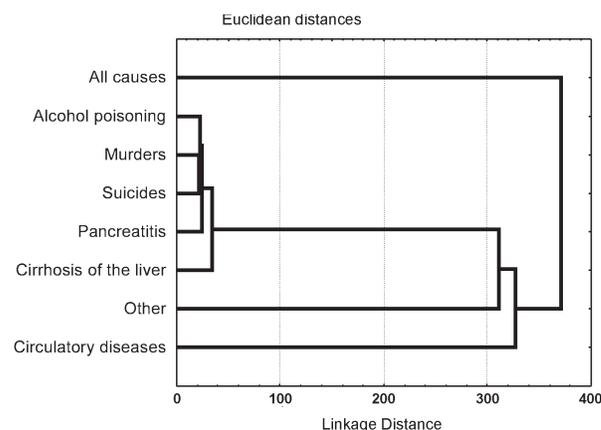
For conclusions it is important to validate the results obtained. To do this on the basis of a comparison with independent external sources is difficult due to the embryonic development of the problem of alcohol mortality in Ukraine and Russia. So, for example, a thorough study in Russia (Izhevsk) showed that 43% of deaths of men can be considered alcohol-dependent [9]. This is much larger than the results obtained in this study (23.9%). However, the Izhevsk data relate only to one large city for 2003–2005 and concern men ages 25–54, i.e. the cohort of consumers with the most “drinkers,” in contrast to the material of this study, which covers all Russian men, without dividing them up by age and for a longer period (1980–2007). In addition, in 2003–2004 the consumption of alcohol in Russia was relatively high, if you judge by alcohol poisoning (fig. 2A). As is evident, the results of the two studies are difficult to compare although they do not contradict one another.

The results obtained can be compared with those few studies that have already been done with respect to the determination of alcohol mortality separately in Russia and in Ukraine. Earlier, on the basis of another method (comparison of the cause of death with the estimates of alcohol consumption [3, 14], the portions of alcohol mortality ([3], table 4) were calculated for 1980–2001. As is evident, this portion in [3] comprises 29.6% in men and 17.0% in women. The majority of percentage indicators of this study are a little lower, at approximately 5–6%. The percentage difference can be explained by the fact that after 2003 there was a significant reduction in alcohol-dependent events, both overall (fig. 1) as well as other types of mortality (fig. 2A). This can be judged by other, alcohol-dependent events, such as alcohol psychoses. Beyond the 5% difference are deaths with cirrhosis of the liver and pancreatitis (table 4). This, more than likely, is related to the fact that these deaths after 2001 continued to increase as opposed to other types of mortality (fig. 2A), possibly, due to lags but more than likely in connection with the introduction in 1999 of new nomenclature for mortality (ICD-10). With consideration of these circumstances the fractional results of the two studies, which relate to Russia, may be considered comparable.

Besides outside it, signs of validity can be found inside this study. This is above all the high correlation of selected mortality indicators with deaths with alcohol poisoning (table 1 and 2). The corresponding coefficient of determination (for example, for overall mortality and alcohol poisoning in men of Russia $R_s^2 = 82.6\%$) indicates the large portion of both factors of the two types of mortality, which determine their fluctuations in 1980–2007 (fig. 1).

It is more difficult to correlate the Ukrainian data since reliable indicators [10] are obtained for a limited age category (20–64 years), for separate years (1980, 1986, 1995, 1998 and 2007) and for more fractional diagnostic categories. In addition, as in this study, some of the selected mortality categories for women were not correlated with alcohol poisoning and were excluded from the study. With consideration of the difference in age, only 4 averaged types of mortality were suitable for comparison (table 5). Four of the six indicators predominate in the study [10], which of course is due to the selective age of those who died (20–64

Figure 4. Cluster analysis of eight causes of death in Ukrainian men



years), for whom a higher consumption is characteristic. The share of alcohol-related deaths in this study (97.7%) is doubtful and inexplicable, although in the first study it was the highest, as in Russia, not only for men (73.4%), but for women (62.9%). Despite the large difference in indicators of the two studies, their indicators correlate well ($R_s=0.943$; $p=0.005$), which possibly indicates their substantive significance. All this indicates that in general the results can be considered acceptable for analysis.

The main conclusion of the first stage of work is that alcohol-related mortality in Ukraine and Russia is very high: about one quarter of men and one sixth of women died prematurely in connection with alcohol abuse. This means that if these people had not been drunks or alcoholics, they might have lived longer or significantly longer.

As a result of the study there is a certain paradox: in this case alcohol-related mortality per 100,000 persons is significantly higher in Russia (by 14% in men and by 15% in women), the share expression of this mortality in overall mortality is higher in Ukraine (table 1 and 2). Thus, alcohol mortality in men in Russia and Ukraine comprises 522.2 and 458.2, per 100,000 persons, and expressed in percentages is 23.9 and 26.2% respectively. More than likely, this means that overall mortality in Russian has a non-alcohol component in its composition, which is higher than in Ukraine (for example the factor of nutrition or poverty) and it reduces the portion of the alcohol component in overall mortality of

Table 1. Alcohol-Related Mortality in Ukraine for 1980–2007

Types of mortality	Average mortality for 100,000	Correlation with alcohol poisoning ^a		Coefficient of regression ^b	Alcohol-related mortality		
		R _s	P		For 100,000	Portion in mortality, %	Russia to Ukraine, %
Men							
Overall mortality	1747.6	0.943	0.000	16.61	458.2	26.2	+14.0
Circulatory diseases	931.1	0.876	0.000	8.25	227.3	24.4	+10.7
Suicides	43.6	0.533	0.004	0.94	25.8	59.2	+7.4
Murders	14.5	0.732	0.000	0.51	14.2	97.7	+66.9
Cirrhosis of the liver ^b	33.7	0.905	0.000	0.48 g	13.2	39.3	---
Pancreatitis	5.7	0.909	0.000	0.06	1.8	29.9	+33.3
Alcohol poisoning	27.6	---	---	1.00	27.6	100.0	+27.2
Other	691.4	0.584	0.001	5.37	147.9	21.4	+17.3
Women							
Overall mortality	948.3	0.812	0.000	28.23	151.6	16.0	+15.4
Circulatory diseases	613.6	0.712	0.000	19.49	106.8	17.4	+2.8
Suicides	8.0	-0.250	0.199	0.18 g	1.0	12.0	---
Murders	5.0	0.747	0.000	0.60	3.3	60.1	+84.9
Cirrhosis of the liver ^b	12.6	0.924	0.000	0.63 g	3.5	27.5	---
Pancreatitis	2.1	0.426	0.024	0.01 G	0.6	28.6	---
Alcohol poisoning	5.4	---	---	1.00	5.5	100.0	+56.4
Other	301.7	0.414	0.029	6.33 g	34.66	11.5	---
Note. ^a by Spearman; ^b after exclusion of a linear trend; ^c cirrhosis of the liver without separation into "alcohol" and "other;" ^d coefficients of regression are insignificant (p>0.05)							

Russia in comparison with Ukraine. Directly indicating this is the fact that the difference in alcohol mortality in Ukraine and Russia (64.0 per 100,000 persons) comprises only 15% of the difference in overall mortality (437.3 per 100,000 persons). In other words, the difference in overall mortality in the two countries is determined not so much by alcohol mortality as by its other types. This is of more interest than the full balance of the difference in mortality in Ukraine

and in Russia (437.3–64.0=373.3 per 100,000 persons). In addition, the higher share of the alcohol component in the composition of overall mortality in Ukraine is possibly also explained by the low quality of medical aid which is indicated by the insufficiency of medical funding. In particular, public expenditures per capita for health care in Ukraine are lower than in Russia (WHO database "Health for All").

Table 2. Alcohol-Related Mortality in Russia for 1980–2007

Types of mortality	Average mortality for 100,000	Correlation with alcohol poisoning ^a		Coefficient of regression ^b	Alcohol-related mortality		
		R _s	P		For 100,000	Portion in overall mortality, %	Difference from Ukraine ^b , p=
Men							
Overall mortality	2184.9	0.909	0.000	14.90	522.2	23.9	0.0000
Circulatory diseases	1222.6	0.820	0.000	7.18	251.7	20.6	0.0000
Suicides	63.1	0.743	0.000	0.79	27.7	44.5	0.0005
Murders	32.3	0.785	0.000	0.68	23.7	73.4	0.0002
Cirrhosis of the liver ^d	25.2	0.721	0.000	0.24	8.6	34.1	---
Pancreatitis	6.8	0.713	0.000	0.07	2.4	34.1	0.9797
Alcohol poisoning	35.0	---	---	---	35.1	100.0	0.0000
Other	799.9	0.872	0.000	4.95	173.4	21.7	0.0000
Women							
Overall mortality	1164.1	0.896	0.000	20.44	175.0	15.0	0.0000
Circulatory diseases	807.5	0.853	0.000	12.81	109.7	13.6	0.00000
Suicides	11.8	0.244	0.212 d	0.28	2.4	20.3	---
Murders	9.7	0.860	0.0000	0.71	6.1	62.9	0.89882
Cirrhosis of the liver ^d	12.0	0.725	0.0000	0.40	3.4	28.3	---
Pancreatitis	2.9	0.680	0.0001	0.04	0.3	10.3	---
Alcohol poisoning	8.6	---	---	---	8.6	100.0	0.0000
Other	311.7	0.634	0.0003	5.18	44.3	14.2	---

Note. ^a by Spearman; ^b for alcohol poisoning after exclusion of a linear trend (all p<0.02); ^c x² for time series after exclusion of a linear trend; ^d cirrhosis of the liver without separation into "alcohol" and "other;" ^e coefficients of regression are insignificant (p>0.05)

Table 3. Overall Alcohol Mortality in Absolute Expression (thousands; average for 1980–2007)

	Thousands			Relationship "Men/Women"
	Men	Women	Total	
Ukraine	105.9	35.0	140.9	3.0
Russia	351.7	135.1	486.8	2.6

It should be noted that the predominance of alcohol mortality in Russia in comparison with Ukraine is expressed differently in different types of mortality (table 1 and 2). The difference is strongly manifested in the relationship of murders of men (the difference of alcohol-related murders in women is insignificant). More than likely, this is an expression of the sharp predominance of murders in Russia (table 1 and 2) and mostly their connection with alcoholism.

And here alcohol-related suicides in men, which reflect the social and psychological pressure in society and predominate in Russia, differ, although significantly, not strongly (27.7 versus 25.8 per 100,000 persons; by 7.4%) in contrast to the overall number of suicides (at 44.8% in Russia). This means that the high level of suicides in Russia is related not only to alcohol, but to a greater degree to non-alcohol factors. The relation of suicides to alcohol in women turned out to be insignificant (table 1 and 2), that confirms the observations made earlier on the weak dependence of suicides of women on alcohol consumption [3, 18].

Mortality with alcohol poisoning significantly differs both in men and especially in women (in Russia by 27.2 and 56.4% more). Based on this, it can be assumed that alcohol consumption by women in Russia is higher than in Ukraine. Similar data on the significant predominance of alcohol poisoning in Russia are presented in [23] without gender differences: 4.1% (1969–1970), 74.6% (1978–1979), 8.8% (1988–1989), and 39.3% (2001–2002).

In the large group of causes of mortality in men, combined under “other,” the differences were minor (predominance of Russia by 17%). This large group of deaths remains to be detailed and those types identified, which mainly determine the differences. The necessity of differentiation relates also to another large group of deaths related to circulatory diseases.

In contrast to all other types of alcohol-related mortality, cirrhosis of the liver is sharply predominant in Ukraine, especially so in men (at 54%). Right now only a guess can be made to explain this phenomenon. This is possibly related to the southern position of Ukraine in relation to Russia: earlier it was shown that alcohol mortality with cirrhosis of the liver in the European part of Russia increases from the north to

the south and the greatest is found in the South Federal District [1]. It remains to be seen how much mortality with cirrhosis in Ukraine fits this tendency, having calculated in advance the gradient of this phenomenon in Russia.

All these particulars cannot hide the main thing: the prevalence of alcohol mortality in Russia that probably indicates the more tense alcohol situation in this country in comparison with Ukraine.

However, it needs to be kept in mind that the difference in alcohol mortality in Russia and Ukraine, comprising 14% in men and 15% in women is relatively minor, if you compare Russian to European countries (fig. 5; composition of own data [15], and also data [11, 21]). Trusting this difference facilitates the comparison of the expected life expectancy in the same countries (fig.5).

Limitation of Results

The basis of the study is the comparison of overall mortality or its separate types with mortality with alcohol poisoning.

Figure 5. Correlation of alcohol mortality in Russia and countries of Western Europe in 1995 for the population 15 years and older: clear squares – official alcohol consumption; black – estimate of actual consumption. Numbers on the graph are the life expectancy of men. Composed on the basis of its own data [15], and also [11] and [21]

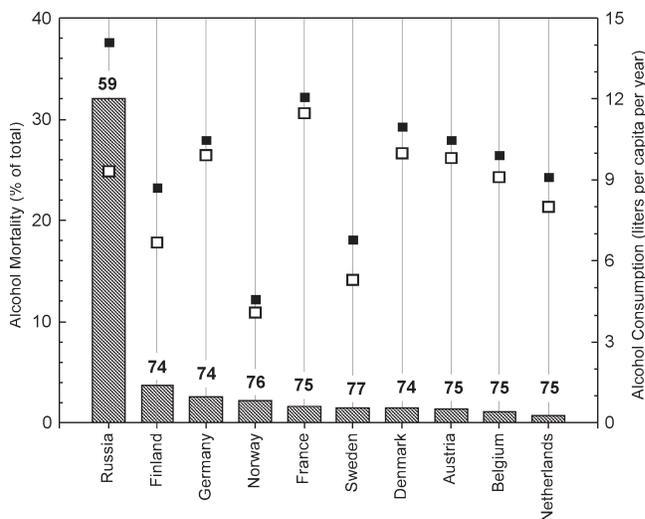


Table 4. Alcohol Component of Mortality in Two Russian Studies

Gender	Types of Mortality	Alcohol-Related Mortality; share, %		
		[3]	This Study	Difference between the 1st and 2nd columns
Men	Total mortality	29.6	23.9	5.7
	Circulatory diseases	25.6	20.6	5.0
	Suicides	55.0	44.5	10.5
	Murders	73.5	73.4	0.1
	Cirrhosis of the liver	51.2	34.1	17.1
	Pancreatitis	56.6	34.1	22.5
	Other	15.8	18.1	-2.3
Women	Total mortality	17.0	15.0	2.0
	Circulatory diseases	15.4	13.6	1.8
	Suicides	26.8	20.3	6.5
	Murders	67.3	62.9	4.4
	Cirrhosis of the liver	47.8	28.3	19.5
	Pancreatitis	20.2	10.3	9.9
	Other	9.6	14.2	-4.6

Table 5. Alcohol Component of Mortality in Ukrainian Studies

Gender	Types of Mortality	Alcohol-Related Mortality; share, %		
		[6]	This Study	Difference between the 1st and 2nd columns
Men	Suicides	59.6	59.2	0.4
	Murders	76.0	97.7	-21.7
	Cirrhosis of the liver	56.4	39.3	17.1
	Pancreatitis	42.8	29.9	12.9
Women	Cirrhosis of the liver	40.0	27.5	12.5
	Pancreatitis	19.0	28.6	-9.6

There is some evidence that in Russia the indicators of death with alcohol poisoning are artificially reduced [5, 26]. There is no data about this phenomenon in Ukraine, but this does not mean that it does not exist. The consequence of underreporting alcohol poisoning may be the fact that at least in this study the estimate of alcohol mortality in Russia is somewhat overstated.

Another limitation is related to the lag effect of alcohol: poisonings with respect to consumption and other types of mortality with respect to poisonings [15]. Without a special study of this problem it is difficult to imagine what in this case the end result will be, but it can be assumed that the lags compensate in the end for the results of underestimating alcohol poisonings.

Conclusions

The study conducted indicates the significant influence of the alcohol factor on the mortality of the population in Ukraine and Russia, in this case the alcohol problems of Russia exceed the Ukrainian ones. Alcohol abuse is the cause of many diseases and carries the threat of a premature and violent death. Therefore, a reduction in alcohol-dependent mortality is a significant source of a reduction in mortality and an increase in expected life expectancy.

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TRANSLATIONS OF ABSTRACTS

Alcohol Policy: Historical Overviews

Poland

Demand reduction in the alcohol policy in Poland from 1982 to 2005

M. Bujalski

Alkoholizm i Narkomania, 2009, 22(4), 339–364. © 2006 Instytut Psychiatrii i Neurologii

ABSTRACT: Introduction: The following analysis of alcohol demand reduction is based on several acts of legislation, including the *Act on Upbringing in Sobriety and Counteracting Alcoholism*, ministerial regulations and *National Programs for Prevention of Alcohol-related Problems*. **Discussion:** Changes that took place in more than twenty years of the Act being in force show a progressive abandonment of alcohol supply issues. Simultaneously, the regulations focused on alcohol demand, and prevention gained importance. Political, social, and economic processes had an impact upon the discourse on alcohol-related issues, which, more specifically, were politicized in the 1980s and focused on market economy in the 1990s. In the 1990s, regulation of alcohol demand became seen as a suitable field for actions by public health institutions, as it did not restrain the market with alcohol supply limitations. The founding of the State Agency for Prevention of Alcohol-related Problems highlighted alcohol prevention questions. In the first years of 2000s, alcohol policy faced further challenges: Regulations on alcohol marketing were cut back, as the alcohol industry demanded more freedom for action from the state. At the same time, alcohol prevention among youth figured high on the agenda, and the moral connotations of drinking persisted.

KEYWORDS: Legislation; Alcohol policy; Alcohol demand reduction; Prevention programs; Public health; Poland.

Zagadnienia ograniczania popytu w polityce wobec alkoholu w Polsce w latach 1982–2005

M. Bujalski

Alkoholizm i Narkomania, 2009, 22(4), 339–364.

STRESZCZENIE: Przedstawiona poniżej analiza zagadnień z zakresu ograniczania popytu na alkohol objęła szereg aktów legislacyjnych z zakresu polityki wobec alkoholu w Polsce: ustawę o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi, rozporządzenia ministerialne oraz narodowe programy profilaktyki i rozwiązywania problemów alkoholowych. **Omowienie:** Zmiany, które miały miejsce w ciągu ponad dwudziestu lat obowiązywania ustawy, wskazują na proces stopniowego odchodzenia od rozwiązań kontroli podaży ku zagadnieniom regulacji popytu na alkohol. Jednocześnie wpływ procesów politycznych, ekonomicznych i społecznych zaznaczał się w upolitycznieniu kwestii alkoholowej w latach osiemdziesiątych, a następnie w jej urynkowaniu w latach dziewięćdziesiątych. W latach dziewięćdziesiątych ograniczanie popytu na alkohol oraz profilaktyka stały się dla instytucji zdrowia publicznego obszarami działania, gdzie nie krępując instytucji rynkowych regulacjami podaży, możliwe było prowadzenie polityki wobec alkoholu. Podkreśleniem wagi tego rozwiązania było powstanie Państwowej Agencji Rozwiązywania Problemów Alkoholowych.

Drinking Patterns in Adult Population

Worldwide

Patterns of alcohol use in selected cultures

P. Holcnerová

Adiktologie, 2010, 10(3), pp. 154–162. © Centrum adiktologie 2010

ABSTRACT: The paper provides an overview of the patterns of alcohol use in the countries of the former Soviet Union, the Muslim countries, the countries of East Asia, Sub-Saharan Africa, Latin America, the USA, and Europe. Room & Mäkelä (2000) divide countries into four basic categories according to patterns of use: (a) abstinent societies; (b) cultures with constrained ritual drinking; (c) cultures where drinking is “banalised,” and (d) cultures featuring the use of excessive amounts of alcohol at the weekends, on holidays, and on special social occasions (“fiesta drunkenness”). The overview indicates that the most alcohol is drunk in Europe, while the Muslim countries report the lowest levels of alcohol consumption. Certain changes can be observed in countries whose cultural traditions were not associated with frequent alcohol use and drinking was generally limited to holidays and other special social occasions. As a result of globalisation and the corresponding increased availability of alcoholic beverages, the consumption of alcohol is growing beyond the control of society and problematic patterns of alcohol use, such as binge drinking, are emerging. Given the relatively recent proliferation of risk patterns of drinking in these countries, the health and social consequences related to this phenomenon have not received adequate attention. It may be argued, however, that it is a transitional phase which some countries have already tried to address by policy interventions.

KEYWORDS: Drinking patterns; Drinking culture; Extreme/“Binge” drinking; Worldwide

Vzorci užívání alkoholu ve vybraných kulturách

P. Holcnerová

Adiktologie, 2010, 10(3), pp. 154–162.

SOUHRN: Text poskytuje přehled vzorců užívání alkoholu v zemích bývalého Sovětského svazu, v muslimských zemích, zemích východní Asie, subsaharské Afriky, Latinské Ameriky, USA a Evropy. Podle vzorců užívání alkoholu rozdělují Room & Mäkelä (2000) země do 4 základních kategorií: (a) abstinující kultury, (b) kultury s ritualizovaným užíváním alkoholu, (c) kultury se všedním užíváním alkoholu a (d) kultury užívající nadměrné dávky alkoholu o víkendech, svátcích a slavnostech. Z přehledu vyplývá, že se nejvíce alkoholu vypije v Evropě a nejméně naopak v muslimských státech. V zemích, kde užívání alkoholu nebylo v kultuře tak časté a byl mu vymezen jasně definovaný prostor především během svátků a jiných významných společenských příležitostí, lze vysledovat skutečnost, že kvůli globalizaci a s ní ruku v ruce jdoucí vyšší dostupnosti alkoholických nápojů přestává být konzumace alkoholu pod kontrolou společnosti a začínají se objevovat problematické vzorce užívání alkoholu v podobě nadměrné konzumace v rámci jedné epizody. Díky poměrně nedávnému rozšíření rizikových vzorců konzumace alkoholu není v těchto zemích věnován dostatek pozornosti zdravotním a sociálním následkům s tímto fenoménem spojeným. Lze však spekulovat o tom, že jde o přechodný stav, který se již snaží některé země řešit politickými opatřeními.

Extreme/"Binge" Drinking

Portugal

Validation of a questionnaire to evaluate alcohol related behaviours in excessive drinkers

J. Breda, M.D. De Almeida

Acta Medica Portuguesa, 2010, 23(6), pp. 955–964. © 2010 CELOM

ABSTRACT: The excessive consumption of alcohol and alcoholic drinks is a habit with high socioeconomic costs and a strong impact on health that requires research aiming at establishing adequate political options concerning trends, observed behaviours and consumption. **Objectives:** To validate an instrument to evaluate the consumption of the different kinds of alcoholic drinks and alcohol-related behaviours; to assess the determinants of alcoholic drinks consumption. **Type of Study:** Validation study of an instrument to assess alcohol-related behaviours. **Place:** Coimbra. **Population:** Excessive alcohol consumers. **Methods:** Cross-sectional study based on a questionnaire and biochemical markers assessment, aiming to validate an instrument to evaluate alcohol consumption and alcohol-related behaviours. **Results:** A correlation between age at first contact with alcohol and the beginning of the regular consumption ($r = 0,72$; $p < 0,001$) was found. Alcohol consumption in the last 12 months correlated with—% CDT ($r = 0,54$; $p < 0,001$) and with gamma-GT ($r = 0,47$; $p < 0,001$). **Conclusions:** The validity of the instrument developed to evaluate alcohol-related behaviours is acceptable and therefore it may be used to establish hierarchy between levels of alcohol consumption defined by categories of ingestion and negative consequences.

KEYWORDS: Extreme/"Binge" drinking; Problem drinking; Screening; Questionnaires; Portugal

Validação de um instrumento de avaliação da ingestão de bebidas alcoólicas e de etanol por consumidores excessivos

J. Breda, M.D. De Almeida

Acta Medica Portuguesa, 2010, 23(6), pp. 955–964.

RESUMO: O consumo excessivo de bebidas alcoólicas e de álcool etílico, hábito com elevados custos socioeconómicos e forte impacto sobre a saúde, carece de estudos que visem contribuir para adequar as opções políticas em função das tendências, consumos e comportamentos observados. **Objectivos:** Validar um instrumento de avaliação da ingestão dos diferentes tipos de bebidas alcoólicas e dos comportamentos associados ao consumo de álcool etílico; avaliar os determinantes do consumo de bebidas alcoólicas. Tipo de estudo: Estudo de validação de instrumento de avaliação de comportamentos ligados ao álcool. Local: Coimbra. População: Consumidores excessivos de álcool. **Métodos:** Trata-se de um estudo transversal com base em inquérito e avaliação de parâmetros bioquímicos, com vista à validação de instrumento de avaliação de consumo e comportamentos ligados ao álcool. **Resultados:** Foi encontrada uma correlação entre a idade do primeiro contacto com as bebidas alcoólicas e o início do consumo regular ($r = 0,72$; $p < 0,001$). O consumo de álcool no último ano, quantificado em gramas, correlacionou-se ainda significativamente com a % CDT ($r = 0,54$; $p < 0,001$) e com a gamma-GT ($r = 0,47$; $p < 0,001$). **Conclusões:** O instrumento de notação desenvolvido para a avaliação dos comportamentos ligados ao álcool apresenta uma validade que se pode considerar aceitável e poderá portanto ser usado para fins de relação entre consequências do consumo de álcool etílico e categorias de consumidores.

Noncommercial Alcohol

Belarus

Consumption of alcohol surrogates by urban population

Y.E. Razvodovsky

Proceedings of the International Conference “Medico-social ecology of personality: Current state of art and perspectives,” Minsk, 1–2 April, 2011.

ABSTRACT: The problem of the consumption of noncommercial alcohol in the Commonwealth of Independent States (CIS) countries has attracted the attention of researchers and specialists in the public health field after the epidemic of poisonings by so-called surrogate alcohols, which swept across Russia and Belarus in 2006. During forensic chemical analysis of material from the corpses of those who died as a result of poisoning by surrogates (or nonbeverage alcohols) in Belarus in 2006, the presence of higher alcohols, their esters, and glycols was discovered, as well as diethyl phthalate and polyhexamethyleneguanidine. Despite the extreme urgency of the problem, our knowledge with respect to the prevalence of the consumption of noncommercial alcohol among general population remains fragmented. A pilot study was conducted in Grodno in 2010 with 187 respondents to explore noncommercial alcohol drinking using semi-structured interviews. The types of surrogates consumed and reasons for their consumption were investigated. Results revealed that 31.2% of men and 13.5% of women regularly consumed moonshine (*samogon*), and 10.7% of men and 1.6% of women periodically consumed surrogates, the most popular among which were medications with a high percentage of ethanol and industrial spirits. The belief that moonshine exceeds state-produced vodka in quality is the main motive for its consumption. In this regard, it is urgent to inform the population about the potential risks to one’s health from consuming moonshine and surrogate alcohols.

KEYWORDS: Noncommercial alcohol; Survey results; Moonshine; Surrogate alcohol; Belarus.

Потребление суррогатов алкоголя городским населением

Ю.Е. Разводовский

Материалы международной конференции «Медико-социальная экология личности: современное состояние и перспективы», Минск, 1–2 апреля, 2011.

КАРОТКИ ЗМЕСТ: Проблема потребления некоммерческого алкоголя в странах СНГ привлекла исследователей и специалистов в области общественного здравоохранения после эпидемии отравления суррогатами алкоголя, которая прокатилась по России и Беларуси в 2006 году. При судебно-химическом анализе материала от трупов лиц, умерших в результате отравления суррогатами в Беларуси в 2006 году обнаруживали наличие высших спиртов, их эфиров и гликолей, а также диэтилфталат и полигексаметиленгуанидин. Несмотря на чрезвычайную актуальность проблемы, наши знания относительно распространенности потребления некоммерческого алкоголя среди населения остаются фрагментарными. В настоящей работе обсуждаются результаты пилотного исследования, проведенного в 2010 году. С помощью полуструктурированного интервью было опрошено 187 городских жителей на предмет распространенности и характера потребления ими некоммерческого алкоголя. Согласно результатам опроса 31,2% мужчин и 13,5% женщин регулярно употребляют самогон, а 10,7% мужчин и 1,6% женщин периодически употребляют суррогаты, наиболее популярными среди которых являются медицинские препараты с высоким содержанием спирта и технический спирт. Убежденность в том, что качество самогона превосходит качество лицензированной водки, является основным мотивом потребления самогона. В этой связи, актуальной задачей является информирование населения относительно потенциальной угрозы здоровью, которую несет потребление некоммерческого алкоголя.

Road Safety

Italy

Road traffic crashes, alcohol, meals, sleep and work hours: a case-crossover study at the Emergency Room of Udine, Italy

S. Di Bartolomeo, F. Valent, R. Marchetti, R. Sbrojavacca, F. Barbone

Annali di Igiene, 2010, 22(5), pp. 401–418. © Seu Roma 2010

ABSTRACT: In case-crossover studies, useful for assessing the effect of acute transient exposures, each case acts as his/her own control, therefore, interpersonal confounding is controlled for by study. We used such design for studying the effect of the acute consumption of alcohol and meals, and of sleep and work hours on the risk of road traffic crashes. Subjects, enrolled at the Emergency Room (ER) of Udine from 12/3/2007 to 11/3/2008, were a sample of the drivers who arrived alive at the ER after a crash. They were interviewed by trained interviewers, who systematically covered predefined shifts, using a semi-structured questionnaire. The questionnaire collected information on the subjects, vehicles, and crashes, and contained an hourly diary of the exposure to driving, sleeping, working in the 48 hours before the crash and to alcohol and meals 24 hours before the crash. The statistical analysis was based on the matched pair interval approach. The exposures in the hours immediately before the crash (case window) were compared with those in previous hours (control window). Different window durations were chosen for different exposures. The relative risk (RR) of having a crash and 95% confidence intervals (95% CI) were estimated with conditional logistic regression, adjusting for potential confounders such as day of the week and time. We observed a statistically significant two-fold increase in the RR for drivers who had consumed alcohol (even small amounts) and a four-fold increase for those who had worked > 12 hours. The RR was increased by 10 times for drivers who had been awake for at least 16 hours. Meals were not associated with the risk of crash; the findings regarding sleep amount were controversial. In conclusion, the study confirms an increased risk of road crashes after consuming alcohol, even for amounts below the legal limit, and suggests that extended work hours and prolonged wakefulness may increase the risk of crashes.

KEYWORDS: Road safety; Accidents; Alcohol-impaired driving; Sleep; Legal driving limit; Italy

Incidenti stradali, alcol, pasti, sonno e ore di lavoro: uno studio di case-crossover presso il Pronto Soccorso di Udine

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Annali di Igiene, 2010, 22(5), pp. 401–418.

RIASSUNTO: Il disegno di studio case-crossover è efficace per indagare l'effetto di esposizioni acute e transitorie evitando il confondimento interpersonale poiché ciascun caso funge da controllo di se stesso. Abbiamo applicato tale metodologia allo studio dell'effetto che consumo acuto di alcol e di pasti, sonno e ore lavorate possono avere sul rischio di incidente stradale. I soggetti, arruolati al Pronto Soccorso (PS) di Udine dal 12/3/2007 al 11/3/2008, erano un campione di conducenti (di auto, motoveicoli, biciclette) che arrivavano vivi al PS dopo un incidente stradale ed erano reclutati da intervistatori addestrati che soggiornavano in PS in turni prestabiliti (a rotazione tutte le fasce orarie e i giorni della settimana erano coperti). L'intervista avveniva seguendo un questionario semi-strutturato che raccoglieva informazioni personali, sul veicolo condotto e sull'incidente, nonché un diario orario delle eventuali esposizioni a guida, sonno, lavoro nelle 48 ore prima dell'incidente e consumo di alcol e pasti nelle 24 ore prima dell'incidente. I dati sono stati analizzati secondo l'approccio degli intervalli appaiati. Le varie esposizioni nelle ore immediatamente precedenti l'incidente (finestre caso) sono state confrontate con quelle in periodi ancora antecedenti (finestre controllo). La durata delle finestre non era uguale per tutte le esposizioni studiate. Rischio relativo (RR) di incidente ed intervalli di confidenza al 95% (IC95%) sono stati stimati con la regressione

logistica condizionata, anche aggiustando per possibili confondenti intrapersonali quali giorno della settimana ed ora del giorno. Lo studio ha evidenziato un significativo raddoppio del RR per conducenti che avevano consumato alcol (anche piccole dosi) ed un RR quadruplicato per conducenti che avevano lavorato >12 ore. Conducenti svegli da almeno 16 ore avevano un rischio di incidente decuplicato. I pasti non sono risultati associati al rischio di incidente; per il sonno i risultati sono stati controversi. In conclusione, lo studio conferma l'aumento di rischio di incidente stradale dopo consumo di alcol in dosi anche così piccole che potrebbero rimanere entro i limiti di legge ed indica che eccesso di lavoro, come pure veglia prolungata, possono rappresentare importanti fattori di rischio.

Road Safety

Portugal

Ethical, technical and legal procedures of the medical doctor's responsibility: in compliance with the road enforcement law on driving under the influence of alcohol and psychotropic substances

R.J. Dinis Oliveira, R. Nunes, F. Carvalho, A. Santos, H. Teixeira, D.N. Vieira, T. Magalhaes

Acta Medica Portuguesa, 2010, 23(6), pp. 1059–1082. © 2010 CELOM

ABSTRACT: The Forensic Toxicology (TF) is a science of analytical basis, aiming to clarify legal issues related to poisoning, whether or not fatal, within the various areas of law (criminal, civil, labor, etc.). The analyses that are more often requested (with a tendency to increase and gaining rising attention) are those concerning the procedures involving supervision of driving under the influence of alcohol and psychotropic substances, in the living individual and in the cadaver. The key players in this process, are: (a) the police agents carrying out the screening and quantification of alcohol on the exhaled breath and the screening of psychotropic and stupeficient substances in saliva; (b) the public health services that perform qualitative analysis of these substances in urine (if the test was not previously performed in saliva); (c) the doctor that collects blood samples from the living, or the dead victim; (d) the forensic toxicologist who conducts toxicological analysis in blood (or, eventually in another biological sample) and (e) the magistrate prosecutors that ultimately will receive the toxicological report to apply the Law. Therefore it is important to understand and be acquainted with the road law enforcement of driving under the influence of alcohol and psychotropic substances, particularly what concerns the role of the medical doctor. Consequently, this paper aimed to review these topics, namely highlighting the necessary information to clarify for the interested parties the technical, ethical and legal procedures to consider.

KEYWORDS: Road safety; Enforcement; Alcohol-impaired driving; Portugal

Procedimentos técnicos, éticos e legais da competência do médico: No cumprimento da Lei da Fiscalização da Condução Rodoviária sob Influência do Álcool e Substâncias Psicotrópicas

R.J. Dinis Oliveira, R. Nunes, F. Carvalho, A. Santos, H. Teixeira, D.N. Vieira, T. Magalhaes

Acta Medica Portuguesa, 2010, 23(6), pp. 1059–1082.

RESUMO: A toxicologia forense é uma ciência de características essencialmente analíticas que tem como objectivo esclarecer sobre questões judiciais e judiciais que possam estar relacionadas com intoxicações e suas potenciais consequências, fatais ou não fatais, no âmbito dos diversos domínios do Direito (Penal, Civil, do Trabalho, ou outros). Entre o tipo de perícias toxicológicas que mais vezes são solicitadas (e que revelam tendência crescente) estão as que dizem respeito aos procedimentos relacionados com a fiscalização da condução rodoviária sob influência do álcool e de substâncias psicotrópicas no vivo e no cadáver. São peças chave em todo este sistema: (a) as entidades fiscalizadoras que procedem ao rastreio e quantificação do álcool no ar expirado e ao rastreio de substâncias psicotrópicas na saliva; (b) os serviços públicos de saúde que procedem ao rastreio de substâncias psicotrópicas na urina (quando não é realizado na saliva); (c) o médico que acolhe as amostras de sangue, no vivo ou no cadáver; (d) o toxicologista forense que realiza a análise toxicológica no sangue (ou, eventualmente, noutra amostra biológica); (e) os magistrados do ministério público que, em última instância, irão receber o relatório toxicológico para fundamentação de uma eventual decisão judicial. Sendo assim é importante conhecer a Lei da Fiscalização Rodoviária sob Influência do Álcool e de Substâncias Psicotrópicas, designadamente no que ao papel do médico diz respeito. Por conseguinte, é objectivo deste trabalho proceder a uma revisão destes tópicos fornecendo os elementos necessários tendo em vista o esclarecimento dos interessados sobre os procedimentos que devem considerar ao nível técnico, ético e legal.

Young People

Germany

Prevention of alcohol abuse

C. von Hagen, A. Buhler, B. Koletzko

Monatsschrift Kinderheilkunde, 2011, 159(2), pp. 133–139. © Springer Verlag 2011

ABSTRACT: The development of alcohol abuse in adolescence is determined by an interaction of adolescents with the various embedding cultures, such as family, peers, school, leisure time, media and society. These multiple influences require a far-reaching dependency prevention program, integrating behavioral as well as environment-oriented measures in their various contexts. This includes responsible societal consumer norms, a higher taxation of alcoholic drinks, specific prohibiting of advertising and adequate legal means of surveillance. In addition national media campaigns should be implemented, complemented by school and community-based prevention programs plus evidence-based education programs. To reduce possible motivational barriers for risk populations systematic low-threshold interventions are necessary.

KEYWORDS: Adolescents; Underage drinking; Prevention; Health education; Taxation; Advertising bans; Germany

Prävention von Alkoholmissbrauch

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Monatsschrift Kinderheilkunde, 2011, 159(2), pp. 133–139.

ZUSAMMENFASSUNG: Die Entwicklung des Alkoholmissbrauchs im Jugendalter wird durch die Interaktion des Jugendlichen mit unterschiedlichen Lebenswelten wie Familie, Peergroup, Schule, Freizeit, Medien und Gesellschaft bestimmt. Die multifaktorielle Determiniertheit erfordert ein systemübergreifendes suchtpreventives Konzept, das sowohl verhaltens- als auch verhältnispräventive Maßnahmen in unterschiedlichen Kontexten integriert. Hierzu zählen neben verantwortungsvollen gesellschaftlichen Konsumnormen eine erhöhte Besteuerung alkoholhaltiger Getränke, spezifische Werbeverbote sowie adäquate gesetzliche Maßnahmen und deren Überwachung. Darüber hinaus sollten nationale Medienkampagnen durchgeführt, gemeinde- und schulbasierte Präventionsansätze implementiert und evidenzbasierte Erziehungsprogramme angeboten werden. Zur Reduktion möglicher Motivationsbarrieren bei Risikopopulationen sind zudem systematische niederschwellige Interventionen erforderlich.

Young People

Hungary

The significance of the relationship between external/internal locus of control and adolescent substance use in behavioral medicine

B. Piko, E. Kovacs, P. Kriston

Orvosi Hetilap, 2011, 152(9), pp. 331–337. © Akadémiai Kiadó Zrt. 2011

ABSTRACT: Prevention and treatment of the addictions are key public health priorities in modern society. In medical practice, in relation to the biochemical processes, mapping the addiction-prone personality traits—like external/internal locus of control—are getting more and more attention. Individuals with high level on internal locus of control, for example, tend to take care of their health behavior; the lack of it, on the other hand, may worsen the effectiveness of stress release which may increase the likelihood of turning to substance use. **Aims:** The main goal of the present study was to investigate the relationship between adolescent substance use (both lifetime prevalence and the actual substance user status) and external/internal locus of control. **Method:** The data collection of the questionnaire survey was done among 656 high school students in Szeged (age range: between 14 and 21 years, mean = 16.5 years, S.D. = 1.5 years of age; 49.1% of the sample was female). Associations between indicators of substance use (as dependent variables) and scale points of external/internal locus of control (as independent variables) were assessed using odds ratios calculated by logistic regression analyses, whereas gender was used as a controlling variable. **Results:** Among boys, scale points of external, among girls, those of internal locus of control showed higher values. External locus of control increased, whereas internal locus of control decreased the risk of substance use. However, the relative role of external/internal locus of control was different according to the type of substance and the prevalence values. For example, in terms of smoking, lifetime prevalence, whereas in terms of marijuana use, the actual user status was influenced. In addition, while the latter one was also affected by gender, it did not play a role at all in the previous one. **Conclusions:** All these findings suggest that behavioral control may play a particularly important role in prevention of adolescent substance use. For developing this, methods of cognitive therapy would be effective to be completed with autogenic relaxation training as well.

KEYWORDS: Adolescents; Underage drinking; Prevalence; Risk taking; Behavior; Gender comparison; Questionnaires; Substance use; Hungary

A belső/külső kontroll és a serdülőkori szerfogyasztás összefüggésének jelentősége a magatartás-orvoslásban

B. Piko, E. Kovacs, & P. Kriston

Orvosi Hetilap, 2011, 152(9), pp. 331–337.

ÖSSZEFOGLALÁS: A káros szenvedélyek kezelése és megelőzése kiemelt népegészségügyi prioritás a modern társadalomban. Az orvosi gyakorlatban a biokémiai folyamatokkal összefüggésben egyre nagyobb szerepet kap az addikcióra hajlamosító személyiségjegyek feltérképezése, mint amilyen a belső/külső kontroll. A belső kontrollal rendelkező egyének például jobban odafigyelnek egészség-magatartásukra; hiánya viszont rontja a stresszoldás hatékonyságát, ami növeli a szerfogyasztáshoz fordulás valószínűségét. **Célkitűzés:** Jelen tanulmányunk célja, hogy megvizsgáljuk a serdülő fiatalok körében a szerfogyasztás (az életprevalencia és az aktuális szerfogyasztási státus) összefüggését a belső/külső kontrollal. **Módszer:** Kérdőíves adatfelvételünk során 656 szegedi középiskolást kérdeztünk meg (életkoruk 14–21 év, átlag: 16,5 év, szórás: 1,5 év, a minta 49,1%-a lány). A függő változóként szereplő szerfogyasztási mutatók és a független változóként alkalmazott belső/külső kontroll skálapontok közötti összefüggéseket a logisztikus regresszió segítségével kiszámolt esélyhányadosok igazolták, míg a nem kontrollváltozóként fordult elő. **Eredmények:** A fiúk körében a belső, a lányok körében pedig inkább a külső kontroll alskálájának a pontszámai voltak nagyobbak. A külső kontroll növelte,

a belső kontroll viszont csökkentette a szerfogyasztás esélyét, azonban a belső/külső kontroll jelentősége az egyes szerfogyasztási típusoknak és a prevalenciaértékeknek megfelelően is eltéréseket mutatott. A dohányzás esetében a kipróbálást, a marihuánafogyasztás esetében viszont az aktuális szerfogyasztást befolyásolta, és amíg előbbinél a nem egyáltalán nem játszott szerepet, addig az utóbbinál meghatározó volt. **Következtetések:** Mindezek azt sugallják, hogy a magatartáskontroll igen fontos szerepet tölthet be a szerfogyasztás serdülőkori megelőzésében. Ennek fejlesztésére kiválóan alkalmasak a kognitív terápiás módszerek, s az ezeket hatékonyan kiegészíthető autogén relaxációs tréningek is.

Young People

Poland

Comorbidity in adolescence: Simultaneous declaration of depressive, eating, obsessive-compulsive symptoms and use of psychoactive substances in the general population of 17-year-old students in a big city

R. Modrzejewska

Psychiatria Polska, 2010, 44(5), pp. 651–663. © Polskiego Towarzystwa Psychiatrycznego

ABSTRACT: Aim: To determine whether depressive symptoms, eating disorder symptoms, and obsessive-compulsive symptoms among adolescents in Kraków (Poland) secondary schools are associated with an increased risk of psychoactive substance use. **Method:** A representative sample of the population of Kraków secondary school students was tested. A two-stage draw method identified a group of 2,034 second-form students (17-year-olds), representing all types of secondary schools: grammar schools, technical schools, and vocational schools. They were tested using the following screening questionnaires: Beck Depression Scale, EAT-26 eating disorders scale, Obsessive-compulsive disorder (Leyton) scale, and the author's questionnaire on drugs. **Results:** The incidence of depressive symptoms among boys and girls is associated with an increased risk of alcohol use (74.8% among depressive boys versus 65.8% in the depressive group of girls), cigarette smoking (42.7% vs. 46.7%), and drug use (29.0% vs. 18.6%). All of the relationships are statistically significant in both sexes: 41.7% depressive boys admit to smoking, while only 32.6% do in the non-depressive group; in the girls' group, these figures were 46.7% vs. 32.1%, respectively. The relationships are statistically significant in both sexes. The incidence of eating disorder symptoms among boys and girls is associated with a higher risk of alcohol use (respectively: 73.5% vs. 61.9%), cigarette smoking (42.1% vs. 46.9%), and drug use (31.6% versus 21.5%). Compared with a group of young people without eating disorder symptoms, the relationships are of statistical significance. **Conclusions:** Comorbidity of the following symptoms was found: depressive symptoms, eating disorder symptoms, obsessive-compulsive symptoms and symptoms of psychoactive substance use. The presence of depressive symptoms increases the risk of the use of psychoactive substances, especially alcohol and tobacco, to a lesser extent—drugs, both in the boys and in the girls. The presence of eating disorder symptoms increases the risk of smoking and drug use among both boys and girls.

KEYWORDS: Young people; Substance use; Alcohol use; Underage drinking; Mental disorders; Comorbidity; Poland.

Współwystępowanie objawów depresyjnych, zaburzeń jedzenia oraz obsesyjno-kompulsyjnych a używanie substancji psychoaktywnych w populacji 17-letniej młodzieży wielkomiejskiej

R. Modrzejewska

Psychiatria Polska, 2010, 44(5), pp. 651–663.

STRESZCZENIE: Cel: Określenie czy występowanie objawów: depresyjnych, zaburzeń jedzenia oraz obsesyjno-kompulsyjnych wśród dorastającej młodzieży krakowskich szkół średnich wiąże się ze zwiększonym ryzykiem używania substancji psychoaktywnych. **Metoda:** Przebadano reprezentatywną próbę populacji uczniów krakowskich szkół średnich. Metodą dwustopniowego losowania wyłoniono grupę 2034 uczniów II klas wszystkich typów szkół średnich: liceów, techników i szkół zawodowych (17-latkowie). Zostali oni przebadani następującymi kwestionariuszami screeningowymi: skalą depresji Becka, skalą zaburzeń jedzenia EAT-26, skalą zaburzeń obsesyjno-kompulsyjnych (Leytona) oraz autorskim kwestionariuszem używek. **Wyniki:** Występowanie objawów depresyjnych wśród chłopców oraz dziewcząt wiąże się ze zwiększonym ryzykiem używania alkoholu (odpowiednio wśród depresyjnych chłopców 74,8% versus 65,8% w grupie depresyjnych dziewcząt), palenia papierosów (42,7% versus 46,7%) oraz używania narkotyków (29,0% versus 18,6%). Wszystkie związki są statystycznie istotne u obu płci. Do palenia papierosów przynajmniej 41,7% depresyjnych chłopców, a w grupie niedepresyjnych tylko 32,6%. W grupie dziewcząt zależności te przedstawiają się następująco: 46,7% versus 32,1%.

Są to związki statystycznie istotne u obu płci. Występowanie objawów zaburzeń jedzenia wśród chłopców i dziewcząt wiąże się z większym ryzykiem używania alkoholu (odpowiednio: 73,5% versus 61,9%), palenia papierosów (42,1% versus 46,9%) oraz brania narkotyków (31,6% versus 21,5%). W porównaniu z grupą młodzieży bez objawów zaburzeń jedzenia są to zależności istotne statystycznie. **Wnioski:** Stwierdzono współwystępowanie objawów: depresyjnych, zaburzeń jedzenia, objawów obsesyjno-kompulsyjnych oraz używania substancji psychoaktywnych. Obecność objawów depresyjnych zwiększa ryzyko używania środków psychoaktywnych zwłaszcza alkoholu oraz tytoniu, w mniejszym stopniu narkotyków, zarówno u chłopców jak i u dziewcząt. Obecność objawów zaburzeń jedzenia zwiększa ryzyko palenia papierosów i przyjmowania narkotyków zarówno w grupie chłopców i dziewcząt.

Young People

Portugal

After the booze comes the hangover: a perspective of alcohol consumption in the young

S. Pombo, D. Sampaio

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ABSTRACT: Until today, little relevance has been given to the main cause of alcohol consumption related morbidity in young people, the so called “next day morning alcohol hangover.” The hangover is defined by the presence of symptoms connected to excessive alcohol consumption and its total metabolism, with severity enough to disturb responsibilities and daily life activities. Numerous observations show us that generally young people often engage in a series of behaviors to cope with the unpleasant effects of a night of immoderate alcohol consumption. Through an empirical evaluation, it will be argued in this study the circumstances implicated in alcohol hangover and what behaviors young people normally tend to use in order to attenuate it. The sample comprised 134 university students (1^o year). It can be concluded that the frequency of the behaviors to cope with alcohol hangover translates the need to remove or alleviate in an accurate and symptomatic way the most reiterated effects of aversive alcohol hangover cluster. This work provides reliable information that could be employed from an educational point of view, while we explore which cognitive, behavior and physiological mechanisms occur during an episode of alcohol hangover. Taking into account that the consumption of alcoholic beverage is a normative behavior in adolescence, we propose a realistic perspective of the phenomenon (more than ideological and utopian), that encompasses the maximum delay of the beginning of alcohol consumption in young, educating them about the potential harm of its consumption, incorporated in a broad perspective of promotion of a healthy life style and of proximity with the adolescent.

KEYWORDS: University students; Drunkenness; Hangovers; Extreme/“Binge” drinking; Portugal

Depois da embriaguez vem a ressaca: uma perspectiva sobre o consumo de álcool nos jovens

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Acta Medica Portuguesa, 2010, 23(6), pp. 973–982.

RESUMO: Até aos dias de hoje, pouca relevância tem sido dada à principal causa de morbidade do consumo de álcool nos jovens, a denominada ressaca do dia seguinte. A ressaca é definida pela presença de sintomas decorrentes do consumo excessivo de álcool e o seu total metabolismo, com gravidade suficiente para perturbar as responsabilidades e atividades de vida diárias. Numerosas observações mostram-nos que geralmente os jovens se envolvem em toda uma série de comportamentos para lidar com os efeitos indesejados de uma noite de consumo imoderado de álcool. Tendo por base uma avaliação empírica, será discutido neste estudo as condicionantes da ressaca de álcool e quais os comportamentos que normalmente os jovens se envolvem para tentar atenuá-la. A amostra foi constituída por 134 estudantes universitários, a frequentar o primeiro ano do ensino superior. Pode-se concluir que a frequência destes comportamentos para lidar com a ressaca traduz a necessidade do jovem tentar anular, ou aligeirar de uma forma precisa e sintomática, os efeitos mais reiterados de um cluster aversivo de ressaca de álcool. Este trabalho proporciona informação que julgamos profícua do ponto de vista pedagógico, ao aprofundar quais os mecanismos cognitivos, comportamentais e fisiológicos que ocorrem durante um episódio de ressaca de álcool. Tendo em conta que o consumo de bebidas alcoólicas é um comportamento frequente e normativo da adolescência, propõe-se a adopção de uma perspectiva realista do fenómeno (mais do que ideológica e utópica), que passa por protelar ao máximo o início do consumo de álcool nos jovens, educando-os acerca dos potenciais malefícios do seu consumo, dentro de uma perspectiva alargada de incentivo a um estilo de vida saudável e de proximidade com o adolescente.

Young People

Serbia

General characteristics of psychoactive substances consumption and abuse among high school population

S. Radovanovic, C. Milic, S. Kocic

Medicinski Pregled, 2010, 63(9–10), pp. 616–619. © Serbian Medical Society, Society of Physicians of Vojvodina, Novi Sad

ABSTRACT: Introduction: Consumption of psychoactive substances among the youth is suggestive of a trend indicating an accelerated and continual growth of the tendency in question. This research was aimed at investigating the frequency of psychoactive substance consumption among high school students on the territory of the town of Kragujevac so that the adequate measures on prevention could be taken. **Material and Methods:** Data from the questionnaire answered by high school student attending the 1st and 4th grade of the medical, technical and economic high schools in Kragujevac were thereby used. The survey included the overall number of 1280 students: there were 793 (62%) male participants and 487 (38%) female. The research was conducted from October 2007 until January 2008. The questionnaire from the project "Health Status, Health Needs and Utilization of Health Care of the Population of Serbia" conducted by the Institute of Public Health of Serbia "Dr Milan Jovanović Batut" in 2000 was used in the survey. **Results and Discussion:** According to the answers, alcohol was used by 45.5%, cigarettes by 20% and drugs by 3.1% of the examined subjects. Following the use of alcohol and cigarettes, the most often used psychoactive substance was cannabis, which was consumed by 7.8% of the examined subjects out of whom 9.8% were boys and 4.8% were girls. Since the risky behaviour seems not to be isolated and individual but rather as a combination of several forms of it, school programmes should treat young people before certain forms of behaviour are established. Family, school, health service and society should work on an organized basis as well as methodically on prevention and on fighting against these inadequate habits.

KEYWORDS: High school students; Adolescents; Substance use; Questionnaires; Serbia

Opšte karakteristike upotrebe i zloupotrebe psihoaktivnih supstancija kod srednjoškolaca

S. Radovanovic, C. Milic, S. Kocic

Medicinski Pregled, 2010, 63(9–10), pp. 616–619.

KRATAK SADRŽAJ: Cilj istraživanja je bio da se sagledaju karakteristike učestalosti upotrebe i zloupotrebe psihoaktivnih supstancija kod srednjoškolaca na teritoriji grada Kragujevca. Istraživanje je sprovedeno u periodu od oktobra 2007. do januara 2008. godine, pomoću primene anketnog upitnika kojim je obuhvaćeno 1280 učenika I i IV razreda medicinske, tehničke i ekonomske škole u Kragujevcu i to 793 dečaka (62%) i 487 devojčica (38%). Korišćen je upitnik iz projekta „Zdravstveno stanje, zdravstvene potrebe i korišćenje zdravstvene zaštite stanovništva Srbije,“ koji je sproveo Institut za javno zdravlje Srbije „Dr Milan Jovanović Batut“ 2000. godine. Baza podataka je kreirana u SPSS statističkom paketu. Alkohol konzumira 45,5%, cigarete 20,6% ispitanika, a drogu 3,1%. Marihuanu je probalo 7,8% ispitanika, i to 9,8% dečaka i 4,8% devojčica. Kako rizično ponašanje ne postoji kao izolovano, pojedinačno, već najčešće postoji povezanost između nekoliko oblika, potrebno je da školski programi obuhvate mlade pre nego što se određeni oblici ponašanja uspostave.

Young People

Slovakia

Young people's attitudes to and experiences with alcohol and tobacco in Slovakia

R. Ochaba

Adiktologie, 2010, 10(1), pp. 26–34. © Centrum adiktologie 2010

ABSTRACT: Background: The control of tobacco and alcohol is one of the most important measures aimed at reducing the negative health, social, psychological, and economic impacts of the use of these substances. The objective of the work is to identify attitudes towards smoking and alcohol on the basis of experience, health awareness, and risk behaviour on the part of parents and peers. In addition, the study seeks to identify the relationship between the risk of tobacco and alcohol consumption. **Sample and Methods:** The study sample comprised respondents in the 15–29 age group from the whole of Slovakia. The research was carried out using the questionnaire method on a sample of 501 respondents who constituted a representative sample in terms of age, gender, and urban and rural areas. **Results:** The most significant conclusions in terms of young people's experiences, attitudes, and health awareness concerning smoking and alcohol consumption are presented. The article shows correlations between alcohol consumption and cigarette smoking among respondents. Attitudes, experiences, and health awareness in relation to smoking are mainly influenced by whether a respondent is a smoker, while attitudes are influenced by the gender. As far as alcohol is concerned, attitudes and health awareness are influenced mainly by the age at which experimentation with alcohol began, as well as by the gender. The results also refer to the relationship between experimentation with tobacco on one hand and alcohol on the other. **Conclusions:** Apparently, the family background and parents' behaviour, imitated by children and young people, are factors which influence people's choice to start smoking and consuming alcohol. The study respondents, too, showed clear correlations between alcohol consumption and cigarette smoking. People who have drunk alcohol at the age of 15 are more likely to have started smoking when they are 15. The respondents whose friends do not smoke are most likely to be non-smokers or ex-smokers.

KEYWORDS: Young people; Adolescents; Alcohol consumption; Family; Peer pressure; Tobacco use; Attitudes; Slovakia

Postoje a skúsenosti mládeže na Slovensku s alkoholom a tabakom

R. Ochaba

Adiktologie, 2010, 10(1), pp. 26–34.

SOUHRN: Východisko: Kontrola tabaku a alkoholu je jedno z najdôležitejších opatrení s cieľom znižovať negatívne zdravotné, sociálne, psychologické a ekonomické dopady. Cieľom práce je identifikovať postoje k fajčeniu a alkoholu na základe skúseností, zdravotného uvedomenia a rizikového správania rodičov a rovesníkov. Cieľom je zároveň stanovenie súvislosti medzi rizikom užívania tabaku a alkoholu. **Súbor a Metódy:** Výskumný súbor tvorili respondenti z celého Slovenska vo vekovej kategórii 15–29 rokov. Výskum sa realizoval dotazníkovou metódou na vzorke 501 respondentov, ktorí tvorili reprezentatívny súbor z hľadiska veku, pohlavia, mesta a vidieka. **Výsledky:** Sú predstavené najvýznamnejšie závery v oblasti skúseností, postojov a zdravotného uvedomenia mládeže vo vzťahu k fajčeniu a užívaniu alkoholu. V článku sú preukázané súvislosti medzi užívaním alkoholu a súčasne užívaním tabaku u respondentov. Postoje, skúsenosti a zdravotné uvedomenie k fajčeniu sú ovplyvnené najmä tým, či je respondent fajčiar, alebo nie a postoje sú ovplyvnené pohlavím. Vo vzťahu k alkoholu sú postoje a zdravotné uvedomenie ovplyvnené najmä vekom, v ktorom dochádza k experimentácii s alkoholom, a pohlavím. Súčasťou výsledkov sú aj vzťahy medzi experimentáciou s tabakom a alkoholom. **Závery:** Zrejším faktorom, ktorý môže ovplyvniť ľudí pri ich volbe vôbec začať fajčiť a užívať alkohol, je správanie rodičov, ktoré je deťmi a mládežou napodobňované. Evidentná súvislosť medzi konzumáciou alkoholu a fajčením cigariet sa prejavila aj priamo u respondentov. Ľudia, ktorí pili alkohol vo svojich 15tich rokoch alebo skôr, majú vyššiu pravdepodobnosť, že začnú vo svojich 15tich rokoch aj fajčiť. Ak respondenti priatelia nefajčia, tak väčšina respondentov sú nefajčiari alebo bývalí fajčiari.

Young People

Spain

Risk and protective factors in adolescents' drug use, and differences by age and sex

S.L. Larrosa, J.L. Palomo

Psicothema, 2010, 22(4), pp. 568–573. © 2010 Colegio Oficial de Psicólogas de Asturias, Universidad de Oviedo

ABSTRACT: Adolescents' drug use has huge social and personal implications, so it is essential to identify risk and protective factors. In this research the CTCYS was used with 2440 adolescents to detect risk and protective factors for drug use in the community, family, school and peers/individual: differences in risk and protective factors by age and sex: and relationships between risk and protective factors and substance use. Protective factors are high. Risk factors are high in the community, the school and the individual. Older adolescents have more risks and less protection than the youngest; and there are sex differences, because males have less protection and more risks. The risk factors more closely related to drug use are availability of drugs in the community, family attitudes favourable to drug use, family history of antisocial behaviour, early start and use of drugs by friends, perceived risk and attitudes favourable to drug use. For protective factors, the role played by social skills for alcohol use is important.

KEYWORDS: Adolescents; Risk factors; Protective factors; Age; Gender; Attitudes; Peer pressure; Spain

Factores de riesgo y de protección en el consumo de drogas en adolescentes y diferencias según edad y sexo

S.L. Larrosa, J.L. Palomo

Psicothema, 2010, 22(4), pp. 568–573.

RESUMEN: El consumo de drogas en adolescentes tiene considerables implicaciones sociales y personales, por lo que es esencial la identificación de factores de riesgo y protección. En esta investigación se aplicó el cuestionario CTCYS a 2.440 adolescentes para detectar los factores protectores y de riesgo en la comunidad, la familia, la escuela y el grupo de iguales/individuo; diferencias en protección y riesgo según edad y sexo, y relación entre dichos factores y consumo. Los factores de protección son elevados. Los factores de riesgo son altos en comunidad, escuela e individuo. Los mayores tienen más riesgos y menos protección que los pequeños; y se dan diferencias según el sexo, contando los chicos con menos protección y más riesgos que las chicas. Los factores de riesgo más relacionados con el consumo de sustancias son la disponibilidad de drogas, las actitudes familiares favorables al consumo, la historia familiar de conducta antisocial, el inicio temprano y el consumo de los amigos, el riesgo percibido con respecto al consumo y las actitudes favorables al consumo. En los factores de protección destaca el papel de las habilidades sociales frente al consumo de alcohol.

Annex 1: Members of the Editorial Group

Simona Anav, Osservatorio Permanente sui Giovani e l'Alcool, Italy

João Breda, Direcção-Geral da Saúde, Ministério da Saúde, Portugal

Marie Choquet, Institut National de la Santé et de la Recherche Médicale (INSERM), France

Philippe de Witte, Université de Louvain, Belgium

Zsuzsanna Elekes, Corvinus University of Budapest, Hungary

Carlos Farate, Instituto Superior Miguel Torga, Coimbra and Instituto de Ciências Biomédicas de Abel Salazar, Porto University (ICBAS-UP), Portugal

Pavel Kubu, Institute of Medical Informatics, Charles University, Czech Republic

Philip Lazarov, Euro Mediterranean Partnership against Substance Abuse (EMPASA), Cyprus

Fiona Measham, Lancaster University, U.K.

Rui Augusto Moreira, Liga Portuguesa de Alcoologia, Portugal

Gonzalo Musitu Ochoa, Universitat de València, Spain

Véronique Nahoum-Grappe, L'École des Hautes Études en Sciences Sociales and Le Centre National de la Recherche Scientifique, France

Dusan Nolimal, Slovenia

Yury Razvodovsky, Grodno State Medical University, Belarus

Enrico Tempesta, Osservatorio Permanente sui Giovani e l'Alcool, Italy

Betsy Thom, Social Policy Research Centre, Middlesex University, U.K.

Annex 2: Guidelines for Editorial Group of *ICAP Periodic Review on Drinking and Culture*

1. Editorial Tasks and Administrative Support

1.1 Editorial Tasks

Identification and selection of key research to be featured in the *Periodic Review* and all editorial decisions will be carried out by the members of the Editorial Group, consisting of experts from diverse geographic, linguistic, and discipline areas.

Individual Editorial Group members will select suitable articles following the criteria outlined below. With the expansion of the *Periodic Review*, an Editor-in-Chief (or Editors-in-Chief, as appropriate) may be appointed.

All communication for this project is to take place electronically; no regular meetings among the Editorial Group members are planned.

1.2 Administrative Support

Logistical and administrative support for the *Periodic Review* is provided by the International Center for Alcohol Policies (ICAP).¹ ICAP has no part in the editorial decisions, but acts as a coordinating center for receiving the nominations, arranging translations, preparing the *Periodic Review* for publication, and maintaining the web page devoted to the publication.

2. Process

What follows is the basic clarification of the *Periodic Review's* scope, criteria for identification and selection of articles, communication procedures, format, and distribution. As the *Periodic Review* establishes itself and expands, it is expected that the sections below will be updated and streamlined.

2.1 Scope

The *Periodic Review* will focus on non-Anglophone European publications. Its scope may be expanded later to cover other geographic regions.

¹ ICAP is a not-for-profit international research organization based in Washington, DC, and funded by major international beverage alcohol companies. ICAP's mission is to promote understanding of the role of alcohol in society, to help reduce the abuse of alcohol worldwide, and to encourage dialogue and pursue partnerships with the public health community, the beverage alcohol industry, and others interested in alcohol policy.

Coverage of the *Periodic Review* is limited to psychosocial and socio-cultural research, to focus on drinking culture, behavior, patterns, and psychosocial outcomes.

The inaugural issue of the *Periodic Review* will cover a retrospective of research (published within the past five years). Going forward, new research will be highlighted.

2.2 Identification and Selection Criteria

Members of the Editorial Group will nominate papers appearing in non-English-language journals they deem interesting and relevant.

Articles considered for the *Periodic Review* must come from academic journals that are peer reviewed, have a known editorial board, and provide clear criteria for authors.

Members of the Editorial Group may also nominate so-called grey literature.² The suitability of such literature for inclusion will be determined by the entire Editorial Group. Items defined as grey literature will be listed separately from the main research summaries.

The *Periodic Review* will not comment on or analyze the selected publications. Reviews and commentaries already published elsewhere, however, may be included, if selected by the Editorial Group.

2.3 Communication Procedures and Format

Individual members of the Editorial Group will send selected material on an *ad hoc* basis to ICAP (Daniya Tamendarova, ICAP Head of Publications).

If the original article or grey literature publication does not have an abstract, a summary (*up to 400 words*) should be provided in the original language by the nominating

² The term *grey literature* is attributed to a wide range of documents, but generally excludes books and journal-based research papers. The following definition is held to here: "That which is produced on all levels of government, academia, business, and industry in print and electronic formats, but which is not controlled by commercial publishers" (Fourth International Conference on Grey Literature, Washington, DC, October 1999). In general, grey literature includes, but is not limited to the following: reports (pre-prints, web publications, technical reports, statistical reports, memoranda, market research reports, etc.); theses; conference proceedings; official documents not published commercially (e.g., including government reports); policy and other documents produced by private organizations.

member of the Editorial Group. Abstracts are required in electronic format for compilation.

Where needed, ICAP will arrange for translations of abstracts into English.

Only abstracts of selected articles will be included in the *Periodic Review*, both in original language and translated into English.

It is projected that each issue of the *Periodic Review* will include a maximum of around 25 abstracts. Abstracts will be arranged by language and topic.

Contact information of corresponding author(s) will be presented with each featured abstract.

2.4 Distribution

All issues of the *Periodic Review* will be distributed electronically by ICAP, starting in October 2008.

They will appear on an area on the ICAP website devoted solely to the project, which will also serve as a public repository of past *Periodic Review* issues and any related materials.

ICAP will send electronic alerts to announce new *Periodic Review* issues or updates to the *Review* site.

3. Updates of Guidelines

Members of the Editorial Group are encouraged to contact ICAP with any suggestions on improving the process above.



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