Alcohol addiction in Belarus.

Harm reduction programme

Psychiatry-Narcology, Minsk Regional Clinical Centre
LIST OF COUNTRIES RATED BY ALCOHOL CONSUMPTION PER CAPITA (litres) 2014

WHO data

Moldova 18,22
Czech Republic 16,45
Hungary 16,3
Russia 16,3
Ukraine 15,8
Estonia 15,6
Andorra 15,6
Romania 15,5
Slovenia 15,3
Belarus 15,2
France 13,7
England 13,4
Poland 13,1
Germany 13,3
USA 12,8
Japan 8,1
Thailand 7,1
Libya 0,1
Afghanistan 0,02

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ALCOHOL CONSUPTION PER CAPITA IN THE REPUBLIC OF BELARUS (litres)

Data of the National Statistical Committee of the Republic of Belarus

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COSTS AND PROFIT FROM ALCOHOL (% of GDP)

- 2,8%
- 5,6%

Excessive drinking expenses cause to the state
Profit from sales of alcohol beverages

MORTALITY STRUCTURE

- 18,5%

PROPORTION OF ALCOHOL ATTRIBUTED MORTALITY

EXCESSIVE ALCOHOL CONSUMPTION IS PREVALENT AMONG
39% MEN
5% WOMEN

Data of the Research Centre of Psychiatric Health

Data of the Substance Dependence Monitoring Centre, Grodno Medical Univ.

Data of the Institute of Sociology, Belarus National Academy of Sciences

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PREVALENCE OF PSYCHIATRIC AND BEHAVIOURAL DISORDERS ATTRIBUTED TO ALCOHOL USE

MEN
20-59 y.o.

RURAL MEN
20-59 y.o.

RURAL MEN
20-39 y.o.

RURAL WOMEN
20-39 y.o.

2014

8,4%

12,4%

14,8%

4,4%

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Alcohol attributed mortality in 2016

Alcoholism
- Brest
- Vitebsk
- Grodno
- Gomel
- Minsk
- Minsk region
- Mogilev

Alcohol abuse
- Brest
- Vitebsk
- Grodno
- Gomel
- Minsk
- Minsk region
- Mogilev

Alcohol dependence – 164246 patients
Alcohol abuse – 88520 patients

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Influence on alcohol consumption at population level

1. Supply reduction:
   - Cutting production (including homebrew), import (including counterfeit products), sale in select stores
   - Limiting access to alcohol-containing products (surrogates, medicinal products)
   - Limiting working hours and points of sale

2. Reducing demand:
   - Economic measures (raising prices)

3. Harm reduction
   - Warning signs, age limit
### PROGRAMME REALISATION RESULTS 2010-2015

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>2010</th>
<th>2015</th>
<th>RESULTS</th>
<th>PROGRAMME</th>
</tr>
</thead>
<tbody>
<tr>
<td>REDUCTION IN NUMBER OF FELONIES AND CRIMES COMMITTED IN INTOXICATED STATE ANNUALLY BY 1-5%</td>
<td>29168</td>
<td>17610</td>
<td>-39,6%</td>
<td>-1-5% (annually)</td>
</tr>
<tr>
<td>REDUCTION IN NUMBER IF TRAFFIC ACCIDENTS COMMITTED IN INTOXICATED STATE ANNUALLY BY 4-5%</td>
<td>1473</td>
<td>466</td>
<td>-68,4%</td>
<td>-4 – 5% (annually)</td>
</tr>
<tr>
<td>REDUCTION IN NUMBER OF OCCUPATIONAL ACCIDENTS (SEVERE OF FATAL) DUE TO ALCOHOL INTOXICATION ANNUALLY BY 5-6%</td>
<td>159</td>
<td>66</td>
<td>-58,5%</td>
<td>-5 – 6% (annually)</td>
</tr>
<tr>
<td>INDICATOR</td>
<td>2010</td>
<td>2015</td>
<td>RESULTS</td>
<td>PROGRAMME</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>REDUCTION OF ALCOHOL CONSUMPTION IN POPULATION (IN LITRES OF PURE ALCOHOL)</td>
<td>13,3</td>
<td>9,05</td>
<td>−31,9%</td>
<td>−</td>
</tr>
<tr>
<td>REDUCTION OF MORBIDITY CAUSED BY CHANCE ALCOHOL POISONING ANNUALLY BY 5–7%,</td>
<td>2475</td>
<td>1489</td>
<td>−39,9%</td>
<td>−5 – 7%</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(annually)</td>
</tr>
<tr>
<td>REDUCTION IN NUMBER OF PERSONS HAVING EXPERIENCED ALCOHOL-INDUCED PSYCHOSIS ANNUALLY BY 7–8% (CASES)</td>
<td>1658</td>
<td>825</td>
<td>−50,2%</td>
<td>−7 – 8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>annually</td>
</tr>
<tr>
<td>REDUCTION IN NUMBER OF CHRONIC ALCOHOLISM CASES ANNUALLY BY 2–3%</td>
<td>2086</td>
<td>193233</td>
<td>−7,4%</td>
<td>−2 – 3%</td>
</tr>
<tr>
<td></td>
<td>98</td>
<td></td>
<td></td>
<td>(annually)</td>
</tr>
<tr>
<td>REDUCTION IN NUMBER OF MINORS USING ALCOHOL WITH HARMFUL CONSEQUENCES ANNUALLY BY 3–5%</td>
<td>1695</td>
<td>14816</td>
<td>−12,6%</td>
<td>−3 – 5%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>(annually)</td>
</tr>
</tbody>
</table>

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Plans for 2016-2020

• Subprogramme for *Prevention and Overcoming of Excessive Drinking and Alcoholism* which is included in the State Programme for *Public Health and Demographic Safety of Belarus* for 2016-2020

• Current State Programme is based on prevention of excessive alcohol use

• 1. Primary prevention (information – booklets, tests, media talks)
SECONDARY PREVENTION

Conducted by primary healthcare through screening and detection of patients abusing alcohol and counselling them with the aim to reduce harm from alcohol consumption

2014: Soligorsk, Belaruskali, 242 staff

-38.2%

2016: Zhodino, BELAZ, 535 staff

-33.4%

AFTER: after 6 months of screening and counselling of alcohol-abusing patients conducted by doctors and nurses in clinics (GGT)

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Influencing alcohol consumption at individual level

3. Treatment of addiction (withdrawal)
   • Psychotherapy and drug therapy
   • Medical rehabilitation for addiction
   • Tertiary prevention:
     alcohol harm reduction – reducing the amount of consumed alcohol, frequency of consumption, less hazardous use
     treatment of somatic alcohol-related sequelae
Psychiatry – Narcology, Minsk Regional Clinical Centre (Minsk, 7 P. Brovki) (www.mokc.by)

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1. Outpatient narcology department,
2. отделение для оказания анонимной наркологической помощи,
3. Department of anonymous narcological support
4. Day-stay narcology hospital
5. реабилитационное стационарное наркологическое отделение «Исток» для наркоманов и алкоголиков,
6. *Istok*, outpatient narcological rehabilitation centre for drug and alcohol users
7. Psychological support department,
8. Replacement therapy centre,
9. Centre for social support of drug users
10. Anonymous counselling for drug users
11. Counselling department (for all citizens)
12. Centre of psychotherapy for border-line states
ISTOK MEDICAL REHABILITATION PROGRAMME

Meeting

Body-oriented psychotherapy

Lecture

Group psychotherapy
Head of Administration of the President of the Republic of Belarus Natalia Kachanovna visiting out Centre
Deputy Prime-Minister of the Republic of Belarus Vasily Zharko visiting our centre