

Guiding questions for the discussion on "Prevention and early intervention for alcohol-related harm"

Which national data on the use of alcohol exist (consumption, costs, health damage)?

In 2014-2015 the Bulgarian National Center for Public Health and Analyses conducted National Research on the Health Risk Factors which also presented data about the use of several types of alcoholic drinks by men, women and children aged 10-19. The data were included in the [Annual Report for the Health State of the Citizens of Republic of Bulgaria and Implementation of the National Health Strategy, 2015](#).

The document reports that there is a significant increase (by 12.1 litres) in the consumption of alcoholic drinks on average per capita for the period 2000-2015 – from 17.1 litres in 2000 to 29.2 litres in 2015. This is mainly due to the increase in the use of beer by about 13 litres.

According to the same Report, 65.7% of the Bulgarians aged 20 and above use alcohol (80.8% of the men and 51.9% of the women). 25.2% of the Bulgarians (40.8% of the men and 10.9% of the women) regularly use alcohol (one or more times a week).

The daily alcohol consumption is measured separately for the different types of alcoholic beverages:

- Daily consumption of spirits – 12.3% of the population (17.6% of the men and 4.9% of the women);
- Daily consumption of wine – 6.3% (6.8% of the men and 5.7% of the women);
- Daily consumption of beer – 8.9% (13.0% of the men and 3.1% of the women).

According to the Report, 2.1% of the Bulgarians binge drank once a week (3.3% of the men and 0.4% of the women), and 0.6% binge drank daily or almost daily (0.9% of the men and 0% of the women).

The data show that over 62% of the Bulgarian students aged 10-19 have tried alcohol. 48% consumed alcohol during the research – 1.4% daily, 46.6% sometimes.

2.6% of the students binge drank more than 10 times in the last year and 5.7% binge drank between 4 and 10 times in the last year.

The last report of [European School Survey Project on Alcohol and Other Drugs 2015](#) (ESPAD) provides data about the alcohol use by students aged 15-16.

The data in ESPAD 2015 show that 86% of the Bulgarian students have drunk alcohol at least once during their lifetime, 59% had consumed alcohol during the 30 days prior to the survey, and 17% of the students reported having been intoxicated during the last 30 days.

According to „[Health at a Glance: Europe 2014](#)“ Report, the alcohol consumption in Bulgaria is slightly higher than the average for the EU – 10.2 litres of pure alcohol per adult and 10.1 litres, respectively.

There is no national statistics for the number of people suffering from alcohol addiction or statistics for other health harms or mortality caused by alcohol use.

Are there scientific studies, for instance, on the success of preventive measures concerning alcohol consumption as well as the abuse of alcohol?

There are none.

Which legal provisions and initiatives to avoid the abuse of alcohol do exist in your country?

The [Health law](#) states:

Article 53. (1) the Minister of Health and other competent state entities along with non-governmental organizations have to create conditions for limiting smoking, alcohol abuse and preventing the use of narcotic substances, such as:

1. carry out promotional and prophylactic activities;
2. provide access to medical care and social protection of the affected persons.

(2) The activities under paragraph 1 are implemented through national programs for smoking cessation, alcohol abuse, and drug abuse prevention.

(3) One per cent of the funds, received in the state budget from the excise duties on the tobacco products and alcoholic beverages are used to fund national programs to curb smoking, alcohol abuse, and prevent the use of narcotic drugs.

(4) The municipalities shall adopt and implement regional programs for restriction of smoking, alcohol abuse and non-use of narcotic substances.

Article 54. It is prohibited to sell alcoholic beverages to:

1. persons under 18 years of age;
2. persons in a drunk state;
3. the territory of the kindergartens, the schools, the hostels for students, the medical institutions;
4. sporting events;
5. public events organized for children and students.

Article 55. (1) Direct advertising of alcoholic beverages shall be prohibited.

(2) The indirect advertising of spirits and the advertising of wine and beer cannot:

1. be directed at persons under the age of 18, as well as be broadcast in programs or be published in printed publications intended for them;
2. use persons under the age of 18 as participants;
3. link the use of alcoholic beverages to sports and physical achievements or to driving a vehicle;
4. contain untrue claims about health, social or sexual well-being, or present abstinence or moderation in a negative light.

(3) The indirect advertising of spirits cannot be broadcasted in radio and television programs before 22.00 hrs.

Unfortunately, many of these provisions exist only on paper, including the prevention activities, the care and protection of the affected people, the funding of the different programs, the participation of the municipalities, the sale to minors, the advertising restrictions.

A [National Program for Prevention of the Chronic Noncommunicable Diseases \(2014-2020\)](#) which implements the corresponding politics of the [National Health Strategy 2020](#) exists. Some of the objectives of the Program include reduction of the risk factors for some diseases, such as smoking, alcohol use and lack of physical activity.

Are there special protective regulations for children and youths?

In the [Health Law](#), article 54 prohibits the sale of alcoholic beverages to persons under 18; on the territory of kindergartens, schools, hostels for school students; during public events organized for children and school students. Article 122 requires the schools to provide students with education on health risks associated with smoking, alcohol use and narcotic drugs.

The [Child Protection Law](#) protects the children aged 0-18 from dangers to their physical, psychological and moral development in very broad terms. Many of these dangers, including alcohol use, are not specifically defined.

How is the care of alcoholics organised, what do you see as positive and what is problematic?

In Bulgaria, the treatment of the alcohol addiction is problematic in many aspects. The National Program for Prevention of the Chronic Noncommunicable Diseases (2014-2020) does not provide state funding for such an activity or for creation of new addiction services. It aims alcohol use prevention and its limitation but not by treating alcohol addiction.

The majority of the alcohol addicts who have decided to get treatment only receive hospital detoxification. Very few of them receive psychological counseling or therapy, or go into psychosocial rehabilitation programs. One of the main reasons for this is that these services are paid and expensive.

The state finances directly several state psychiatric hospitals in Bulgaria, where treatment is free, and most of them receive patients for detoxification. One of these hospitals offers an in-patient psychosocial rehabilitation program, and another offers an outpatient daily program for psychosocial rehabilitation, these services being free of charge.

Unfortunately, over the past 30 years, the psychiatric care has been severely neglected by the state and highly under-funded. Therefore, in the most state psychiatric hospitals the living conditions are very poor and there is a great shortage of medical staff. Another problem is that the alcohol addicted patients are treated along with other patients with mental disorders.

In most of the big municipalities in the country there are mental health centers funded by the municipalities themselves. They also offer hospital detoxification, which is free for the residents of the respective municipality. To four of these centers there are daily programs for psychosocial rehabilitation, which are also free of charge. Once again, there is the problem of the poor living conditions, the shortages of staff and the mixing of mentally ill and addicted patients.

Several of the General hospitals have wards in which they admit alcohol addicted people for detoxification. The treatment is almost free only for the people who have health insurance. The problem is that not all hospitals want to treat such patients and often deny them admission.

The municipalities fund Preventive and Information Centers for addictions, but their activities are mainly aimed at drug use prevention for minors. Only in some of them work psychologists who consult drug users and drug addicted people free of charge, and only in a few of them the psychologists consult people with alcohol addiction.

Only one center in Bulgaria offers free psychological counseling, group work, health and social services specially for alcohol addicted people. Its activity will be funded by the municipality for three more years.

The alcohol addicted people can also receive psychological counseling / psychotherapy in private practices and centers of psychologists in the country. The main problems in this case are two: these services are expensive for the most of the Bulgarians; the psychologists who are specialized in dealing with addictions are few and are concentrated primarily in 5-6 large cities.

There is only one non-residential program for psychosocial rehabilitation in Bulgaria, functioning as a daily therapeutic community, and five residential therapeutic communities, one of which admits only men. Five of these programs are located in the capital of Sofia and only one is in another city. None of them is free of charge, which makes them accessible only to a minority of addicted people. These programs are created by non-governmental organizations and periodically receive some minor funding under the National Anti-Drug Strategy, but this funding is intended for drug addicted people only.

There are two private rehabilitation centers in the country that provide services for addicted people against extremely high payment. This makes them the most inaccessible treatment options.

The alcoholics who cannot afford paid psychological counseling and psychosocial rehabilitation in a program can seek support in the Alcoholics Anonymous groups. Such groups exist in some of the bigger cities in the country.

The most impoverished and marginalized alcohol addicted people can enter one of the three religious communities in Bulgaria, which are branches of Spanish organizations. There are no specialists working there, but the stay is free of charge and work is practiced as a treatment method.

In Bulgaria exists a National Alcohol, Drugs and Gambling Helpline that provides free and anonymously information, consultation and referral to places across the country where the addicted people and their relatives can seek help. The Helpline helps the addicted people and their families to make the first step toward treatment.

In the capital of Sofia is located the only low-threshold center offering free social services to people who are addicted to alcohol and drugs and are not in treatment. At this center, they can get hot drinks, clothes and hygienic materials; to wash their clothes; to consult a lawyer, a psychiatrist or a psychologist; to be accompanied to a hospital or state institution.

Of which significance are psychotherapeutic interventions within the framework of prevention and early intervention and which role do psychotherapists have in the treatment of alcoholics, both as inpatients and outpatients?

With regard to the prevention of alcohol use by teenagers and young people, we can argue that for their parents the alcohol is among the risk behaviors for the children, but still the excessive use is seen as a “normal” stage which the young people pass through. The use of alcohol alone is hardly considered harmful, the harm is due to the things that could happen after alcohol abuse. Parents find it hard to talk to their children about the risks and effects of alcohol. On the one hand, the group pressure as a reason for alcohol use, the influence of society and the media as a cause of excessive alcohol consumption are highlighted, on the other hand the impact of the family environment on the prevention of risk factors is difficult to recognize. We have similar experience from projects that we have implemented in Bulgaria. The concept of these projects was to provide the services of the National Alcohol, Drugs and Gambling Helpline with the aim to specifically provide counseling and information to parents of children experimenting with alcohol; parents of teenagers who regularly drink alcohol; parents who want to protect their children from drinking alcohol.

Concerning the brief interventions we use in assessing cases of people who have been consulted in our rehabilitation program, we rely on the transtheoretic model. According to it, the individuals do not change just like that, suddenly. We all go through different stages of readiness for change. The movement through these steps can be forward, backward or cyclical. Regarding the circle of change, we mainly work through Motivational Interviewing (eg, the technique of motivational interviewing with TEAR abbreviation – teach, express empathy, advise action, and agree).

When using alcohol, tolerance and dependence most often develop gradually over time. For this reason, problematic use is not easy to recognize. But there are markers on which we can focus our attention. Generally speaking, when a person begins to lose control over alcohol use, when he or she has a strong desire to drink in difficult moments or cannot carry out their daily activities and commitments without being “supported” by alcohol, then it is important to seek treatment. The question here is no longer of will, or of choice but of motivation for treatment. Unfortunately, the people turn to treatment when their own life situation is either out of control, or they evaluate it as hopeless, or their relatives have put an ultimatum on them. The treatment of alcohol addiction generally aims to understand what has made the person “hooked” to alcohol, what difficulty or difficulties they thought they were overcoming with the help of alcohol, and how to learn new skills for dealing with such situations.

What would in your opinion be a good environment for a moderate consumption of alcohol?

In the terms of Bulgarian culture, the question „Should I drink?“ is not so live. The people rather ask themselves „How much should I drink to stay sober?“ as in our country the sobriety is often associated with complete abstinence or with the lack of problems with the alcohol use. We can often hear statements such as “I am sober, of course, do not think I have any problem with alcohol”. If we look up in the Bulgarian dictionary, we will find a similar definition: “Sober is someone who is not drunk. A person who drinks (alcohol) but stays sober.” If we look at the two parts of this definition, we will see that the sobriety is not directly linked to the abstinence but yet, there is a reference to the abstinence and this is linked to the characteristics of the specific Bulgarian “abstinence culture”.

The last uplift of the Bulgarian temperance movement was in the period 1920-1934 when the call was: “Fight for sobriety”. Interestingly, the temperance movement itself fell into the journalistic field of

view mostly with its oddity from a contemporary point of view that provoked an ironic attitude at least or lack of critical distance to that matter.

The above mentioned could partially depict the Bulgarian cultural attitude towards alcohol. We can add to this the fact that a significant portion of the present-day Bulgarians still lack information and understanding about the risks of the alcohol use and the level of consumption which could be defined as moderate. Our professional experience suggests that the level of consumption considered by the majority of the people as “normal” actually fits the definitions of risky or even harmful drinking.

Besides the cultural attitude and the low level of awareness, there are quite a few other factors that should be taken into account if we need to establish a good environment for a moderate consumption of alcohol. Social insecurity, poverty, poor education, lack of state policies for prevention and addiction treatment, and lack of commitment on the part of the state institutions when it comes to all issues related to alcohol use are factors that place major obstacles to our desire to reduce the level of alcohol consumption.

Tackling with these problems would need huge efforts, resources and time but we could start with the simpler task to inform and educate the people about the risks of the alcohol use. For example, the constant information campaigns about the harms of smoking have been proven effective over time – the smoking rates have been falling in the Western countries, especially among the young people. Adding stricter regulations for the alcohol (and they should not only exist but they have to be also enforced) would provide us with even better results – we can use the tobacco regulations as an example.

How should existing services for the treatment of alcoholics be developed further?

First of all, we need a National program one of which objectives should be the treatment of alcoholics. Such program could gather all the existing services in order to start establishing a national network. Another necessary step should be the provision of funding for a range of different services so that they could be free of charge: centers for information, counselling and referral; different types of treatment programs (residential and non-residential); low-threshold centers for the marginalized alcoholics who are difficult to be reached. This should be followed by expansion of such services in the cities and bigger towns where they do not exist at the present time. Another step should be targeted at the hospitals and the medical care in general. There should be tolerable hospital conditions for the medical part of the treatment.

What needs to change in your country in order to warrant this development?

Quite a lot. The problem is that the health care in general is in a very poor state and it has not been exactly a priority for the Bulgarian governments during the past 30 years. The results of this neglect are apparent at the present moment and the first groups of people who suffer from that are the most vulnerable ones, and the alcoholics are among them. In other words, a major systematic change is (desperately) needed and it should start from the highest place – our politicians.

Svetlana Velkova – clinical psychologist in [“Solidarnost” Rehabilitation program for addicted people](#)
Svetlana Nikolova – consultant on the [National Drugs, Alcohol and Gambling Helpline](#)
Both are services of [“Fracarita Bulgaria” Association](#)