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INTERNATIONAL YEAR OF THE FAMILY

Letter dated 18 September 1990 from the Permanent Mission of Norway
to the United Nations addressed to the Secretary-General

The Permanent Mission of Norway to the United Nations presents its compliments to the Secretary-General of the United Nations and has the honour to refer to Economic and Social Council resolution 1989/49 of 24 May 1989 in which the Council inter alia took note with appreciation of the Norwegian Government's offer to act as host to an expert meeting on the negative social consequences of alcohol use that would be convened in 1990 under United Nations auspices.

The Permanent Mission of Norway is pleased to inform the Secretary-General that the Expert Meeting on the Negative Social Consequences of Alcohol Use was held in Oslo, Norway, from 27 to 31 August 1990. The report of the Meeting is annexed hereto.

The Secretary-General of the United Nations is kindly requested to have the report circulated as a document of the forty-fifth session of the General Assembly.

Annex

REPORT OF THE EXPERT MEETING ON THE NEGATIVE SOCIAL CONSEQUENCES
OF ALCOHOL USE

Oslo, 27-31 August 1990

Organized by the
MINISTRY OF HEALTH AND SOCIAL AFFAIRS
GOVERNMENT OF NORWAY

In collaboration with the
UNITED NATIONS OFFICE AT VIENNA
CENTRE FOR SOCIAL DEVELOPMENT AND HUMANITARIAN AFFAIRS

INTRODUCTION

1. The Expert Meeting on the Negative Social Consequences of Alcohol Use was held in Oslo, Norway, from 27 to 31 August 1990. The meeting was convened by the Norwegian Ministry of Health and Social Affairs with substantive support by the United Nations Centre for Social Development and Humanitarian Affairs at Vienna.

2. The Expert Meeting brought together highly qualified experts in research and policy-making in the matter of alcohol use and in related social services. It served as a forum for an exchange of knowledge and experience. Themes discussed during the meeting included: global trends in alcohol consumption; economic and social costs of alcohol use; socio-cultural aspects concerning alcohol-related behaviour; and methods for the prevention and treatment of alcohol-related damages. It sought to identify those social measures that may appropriately be taken in different national circumstances, as well as the international level, to meet the challenges posed by the negative social consequences of alcohol use. Specific attention was given to broader societal and environmental factors contributing to alcohol-related damage, as well as to policies and programmes designed to prevent hazardous or harmful drinking, to help individuals with alcohol problems and to support their families and communities.

I. BACKGROUND

3. In its resolution 1989/49 of 24 May 1989, the United Nations Economic and Social Council accepted the recommendation of the Commission for Social Development and requested the Secretary-General to consider ways of following up the recommendations of the Interregional Consultation on Developmental Social Welfare Policies and Programmes by, inter alia, carrying out a study on the negative social consequences of alcohol use, based on the report of an expert meeting to be convened. In the same resolution, the Council took note with appreciation of the offer by the Government of Norway to host an expert meeting on the negative social consequences of alcohol use in 1990. The report of the Expert Meeting would provide a basis for the future activities of the United Nations in this area.

II. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

4. The Meeting noted that alcohol and alcohol-related problems have never been on the agenda of the United Nations. Certain aspects have, however, been addressed by the specialized agencies. Based on its deliberations, the Meeting arrived at the conclusions set out below.

1. Trends in alcohol consumption and the economic importance of production and trade in alcohol

5. The Meeting reviewed available statistics on consumption, production of and trade in alcoholic beverages. During the 1950s and 1960s per capita alcohol consumption increased markedly in most countries. More recently, consumption has levelled off - and even decreased in some industrialized countries. However, towards the end of the 1980s consumption started to increase again in some countries. While data are less available in developing countries, it is likely that in many, consumption continues to increase.

6. The Meeting was of the opinion that available statistics were adequate for monitoring trends in per capita consumption, although more systematic investigation should be undertaken in order to secure standard methods of estimation for illicit production and consumption so as to secure comparable data at the international level. Statistics show wide variations in per capita consumption, which a priori cannot be ascribed to differences in income levels or prices, but rather may reflect socio-cultural factors.

7. As far as assessing the importance of the alcohol industry in the total economy in various countries is concerned, the Meeting found this impossible to measure with any accuracy. It was recognized that similar difficulties would arise in connection with such assessments for all smaller sectors of the economy.

2. Economic and social costs of alcohol

8. The Meeting reviewed various assessments and methods concerning social and economic costs of drinking, in particular with regard to productivity since the decline in productivity was regarded as the major component in the social cost of drinking. In addition, the social problems associated with alcohol affect family relationships, the situation of women and the welfare of children and youth. Resources directed into alcohol use are having a negative effect on economic development and the quality of life.

9. It became clear that variations in the framework behind studies will lead to different estimates of both the size of these costs and their composition. Although attempts to estimate such costs have been criticized for their lack of policy relevance, the Meeting agreed that there is a wide range of alternative policies which may reduce alcohol-related problems, and consequently it is necessary to consider what the costs and benefits may be of these alternatives. Further work which will improve and facilitate cost estimates concerning preventive strategies should therefore be encouraged.

3. Socio-cultural differences in alcohol-related behaviour

10. The Meeting recognized that there is a wide variety of cultural traditions and religious differences which tend to influence the pattern of alcohol use. In the wake of modern industrialization and promotion, the production and consumption of alcoholic beverages have increased in a number of developing countries.

11. The Meeting felt that the attention of the international community should be drawn to the need to discuss possibilities for developing policies to control alcohol consumption. Such policies should of course be adapted to the diverse social and cultural needs and take into account already existing conditions and the level of economic development. In this connection mention was made of the work being done in the United Nations and specialized agencies on drugs and tobacco.

4. Prevention and limitation of alcohol-related damage

12. The Meeting recognized that a systematic prevention of drinking problems had to be directed towards the whole population and not only towards people already classified as alcohol abusers. However, attention by primary care workers in individual cases in order to identify potent problems and alleviate symptoms was most helpful.

13. The Meeting discussed in detail the various treatments available to individuals and concluded that no single approach could be applied across the board. Some costly treatments showed limited effect, while some self-help programmes were relatively effective. Emphasis was placed on the need for early identification and simple intervention and it was felt that this might most appropriately be done through primary care and the strengthening of local social networks.

14. The Meeting also reviewed general policy measures available to limit alcohol use and its harmful consequences. The Meeting found that alcohol price levels and the extent of availability do have an independent effect on the level of alcohol use. Experience in many countries has shown that price policy and a strictly controlled distribution system are the most effective control measures. Stimulation of alternatives to alcoholic beverages and control on advertising and promotion may also prove to be effective strategies and deserve further study. An effective response to alcohol-related problems requires the collaboration of many sectors of government and is not solely the concern of health and welfare ministries.

B. Recommendations

1. International level

15. The Secretary-General of the United Nations is requested:

(a) To assign high priority to questions concerning the negative social consequences of alcohol use in the work programmes related to social development, advancement of women, crime prevention, youth, children and human settlements;

(b) To include the topic of negative social consequences of alcohol use in the follow-up of the Guiding Principles for Developmental Social Welfare Policies and Programmes in the Near Future; a/

(c) To initiate studies, and organize technical meetings, aimed at developing improved indicators of social problems related to alcohol use and at increasing understanding of the prevalence and causes of such problems in order to facilitate prevention;

(d) To incorporate alcohol-use related themes in the preparatory work for the International Year of the Family in 1994;

(e) To initiate preparations to convene a global conference on the social, economic and environmental impact of alcohol production and consumption on development, preferably by 1994;

(f) To undertake studies, provide technical advisory services and organize technical and policy-oriented meetings targeted particularly towards developing countries' needs in the field of alcohol control;

(g) To seek the assistance of donor countries and international funding agencies to provide the additional resources needed to undertake the above activities;

(h) To bring this report to the attention of the member States of the Commission for Social Development, the Commission on the Status of Women, the Commission on Human Settlements, the Committee on Crime Prevention and Control, and the Committee on Narcotic Drug Control;

(i) To bring the conclusions and recommendations of this Meeting to the attention of the relevant specialized agencies, particularly the International Labour Organisation and the World Health Organization, for their consideration and appropriate follow-up action.

2. Regional level

16. The Executive Secretaries of the United Nations regional commissions and the Secretaries-General of the regional intergovernmental bodies are requested:

(a) To initiate regional-level deliberations to examine the negative social consequences of alcohol use with a view to formulating appropriate policies, strategies and programmes, ameliorate the trend in industrialized countries and reverse the current trend towards deterioration in developing countries;

(b) To incorporate alcohol-related questions in their work programmes;

(c) To seek the assistance of donor countries and funding agencies to provide the needed resources.

III. ORGANIZATIONAL AND RELATED MATTERS

A. Opening of the Meeting

17. Ms. Wenche Frogm Sellaeg, Minister of Health and Social Affairs, Norway, opened the meeting.

18. In her statement, Ms. Wenche Frogm Sellaeg emphasized the concern of Norway and other Nordic States with questions pertaining to alcohol-related problems with a view to putting the matter on the agenda of the United Nations in a comprehensive way. She suggested that this Meeting should focus on the social and environmental consequences of alcohol use, rather than on the identification, treatment or rehabilitation of individuals with alcohol-related problems, because of the relatively inadequate attention given to those questions.

19. The Minister underlined that in framing social policies one should address the root causes of the problems in such a way that measures taken respond to the causes and not merely the alleviation of symptoms. In order to do so, one had to study possible relationships between undesirable social symptoms and their causes. She felt that the deliberations of this Meeting would illustrate such an approach and expressed the hope that this Expert Meeting would succeed in arriving at a report that would include findings that might lead to strengthened United Nations involvement in this field and more effective national programmes.

B. Participants

20. Invitations were extended by the Norwegian Government to all the States members of the United Nations Commission for Social Development and also to those Governments which expressed interest in participating in this Meeting. In addition, several resource persons were invited to prepare technical papers which served as a basis for the deliberations. Several experts were also invited to serve as discussants. Representatives from the International Labour Organisation and the World Health Organization were also invited and informed the Meeting about

activities being undertaken by their respective organizations concerning various aspects of alcohol-related problems. Three non-governmental organizations also participated. A list of participants as well as a list of technical papers, discussant papers and national reports is annexed.

C. Chairperson of the Meeting and preparation of the report

21. Mr. Jon O. Norbom, Permanent Secretary, Norwegian Ministry of Health and Social Affairs, served as chairperson of the Meeting. The representatives of the United Nations Centre for Social Development and Humanitarian Affairs assisted in preparing the draft report.

IV. MAJOR THEMES AND ISSUES DISCUSSED

A. Trends in alcohol consumption and the economic importance of production and trade in alcohol

22. Production and consumption of alcohol are among the oldest activities of mankind, and among the most widely spread. While much consumption takes place without leading to problems, some of it is definitely associated with serious social, economic and psychological problems. It is for this reason that accurate information is needed to assess the significance of current patterns and trends. Based on information available, from 1961 to 1988 production, trade and consumption were expanding in absolute terms. In many industrialized countries, per capita consumption peaked some time in the 1970s and had either levelled off or declined subsequently. However, in developing and some industrialized countries, the per capita consumption continues to rise.

23. From strictly economic angles, production and trade in alcohol in terms of employment and gross domestic product are not of major importance in most countries which were large producers and exporters of alcoholic beverages.

24. However, the question of the economic importance of the alcohol industry is open to debate. In some countries, it is very influential since the receipts for alcohol taxation constitute a significant proportion of total revenues. Further, in many countries alcoholic beverages form an important part of consumer expenditures, and changes in alcohol prices have an impact on the rate of inflation. Thus, the intrinsically small economic importance of the alcohol industry needs to be viewed in the broader context of its far greater social and political significance when compared to industries of the same size.

B. Economic and social costs of alcohol

25. Alcohol use has both economic and social aspects. Alcohol plays a diverse and complex role in shaping everything from personal health-related habits and occupational choice to family and social intercourse. Problems associated with alcohol vary considerably from country to country, depending on patterns of

consumption and cultures. The social problems associated with alcohol affect family relationships, the situation of women and the welfare of children and youth. Resources directed into alcohol use are having a negative effect on economic development and the quality of life.

26. The areas of economic concern in this field, i.e. alcohol market research, expenditures on alcohol, price and income elasticity of alcohol demand, are being complemented with attempts to assess losses resulting from alcohol use and abuse. Absence of appropriate empirical data in many countries and methodological problems limit possibilities of a full economic calculation. Cost estimates of alcohol use in different countries are usually compared with the national income from alcohol production and distribution. However, alcohol-related losses tend to be underestimated because many elements of such costs escape quantification, while others are very difficult or impossible to assess. Some effects have only qualitative aspects, but these social costs are of considerable importance.

27. Analysis of alcohol-related problems and determination of the causal role of alcohol are essential for the appraisal of their impact on productivity. Some of the alcohol-related production problems are: lower productivity; absenteeism; accidents at work; and frequent turnover in personnel.

28. In connection with the workplace, wide-ranging initiatives, including control measures and programmes of prevention and assistance, were being undertaken to reduce alcohol-related problems.

29. There are a number of complicated issues involved in measuring the social costs of drinking. Available studies differ in theoretical approach, the aspects of alcohol use considered and how available results are linked to policy decision. Variations in the frameworks can lead to different estimates of both the size of these costs and their composition. There is, therefore, a clear need to discuss further the advantages and disadvantages of possible frameworks for measuring social costs. The most frequently used accounting methodologies to estimate the cost of alcohol-related problems are public health and the economic framework. While the first denominates the magnitude of the problem in terms of life years lost and the second in terms of the value of economic resources lost, they have a similar perspective on the relationship between society and the individuals who make up that society: both accept the full range of negative consequences stemming from alcohol-related problems as being of public concern.

30. In the public health framework, the primary concern is with the extent to which alcohol causes increased rates of mortality and morbidity. Most alcohol-related deaths before the age of 40 or so are the result of intoxication.

31. Lost productivity dominates estimates within the economic framework. However, estimates include morbidity and mortality and non-health costs; for example, social welfare programmes and the criminal justice system.

32. Drinking has been implicated as an important cause of serious traffic accidents and most other accidents, including drowning, fatal fires and workplace accidents. There is also a high rate of alcohol involvement in suicide, homicide

and other forms of violence, including domestic violence. In addition to traumatic injury and death, the economic framework includes the consequences of accidents and criminal violence. Accidents result in property damage and the legal and administrative costs of arranging insurance payments and litigation. Those are property losses and criminal justice system costs stemming from alcohol-related crime.

33. Variations in the framework behind studies will lead to different estimates of both the size of these social and economic costs and their composition. Although attempts to estimate such costs have been criticized for their lack of policy relevance, the meeting agreed that there is a wide range of alternative policies which may reduce alcohol-related problems, and consequently it is necessary to consider what the costs and benefits may be of these alternatives. Further work which will improve and facilitate cost estimates concerning preventive strategies should therefore be encouraged.

C. Socio-cultural differences in alcohol-related behaviour

34. Alcohol use is closely related to traditions, customs, rituals and religious tenets in particular societies. Alcohol consumption patterns correspond to the social frameworks setting ideal attitudes towards the consumption of, or abstention from, alcoholic beverages. These attitudes range from total abstinence to over-permissiveness. Alcohol use is further governed by social and cultural norms concerning the contexts of use, kinds and amounts of alcohol consumed and the type of behaviour that is tolerated in a drinking situation. Thus, societies where Hinduism, Buddhism and Islam are predominant exhibit distinct attitudes and behaviours regarding alcohol use. This is also true with respect to cultures in Africa and the indigenous peoples of Latin America, the Pacific region and North America. Without idealizing the situation, it is reasonable to state that traditional alcohol use in these cultural contexts was well regulated and controlled without major negative disruptions.

35. The contemporary situation, however, is very different. Outside political, economic and cultural incursions, rapid urbanization, increasing global communications, and the loosening of traditional social controls result in severe damage to individual, family and community stability as well as to the overall process of development. Recent data emphasized also the homogenization of alcohol-consumption patterns among adolescents, often associated with inebriation and violent behaviour. Aggressive commercial promotion of alcoholic beverages contributes significantly to the above-mentioned negative consequences. All this results in alcohol consumption in many parts of the world assuming problematic dimensions.

36. In spite of these factors, a large segment of the population in many parts of the world are either abstinent or well disciplined with respect to alcohol. Careful policy and programme initiatives, undertaken with due regard to local socio-cultural contexts, can go a long way in reversing the current deterioration.

D. Prevention and limitation of alcohol-related damage

37. Alcohol-related damage extends from the individual to his family, immediate community, workplace, other fellow citizens and the broader society as a whole. The impact of this damage on economic productivity, social stability, family well-being, the welfare of children and youth, the situation of women and criminality is extremely significant and calls for a systematic review of existing measures for prevention, treatment and rehabilitation, as well as for innovative and effective approaches.
38. Preventive measures must include those aimed at the population in general, as well as special target groups. A preventive programme aimed exclusively at special risk groups would be incomplete, and would run the risk of having its efficiency severely circumscribed. The general preventive measures which need to be considered should take into consideration the general level of consumption in society, drinking patterns, including frequency of intoxication, the social contests for drinking and the cultural rules governing comportment when intoxicated.
39. Preventive measures also need to encompass environmental factors contributing to alcohol-related problems. These include pricing of alcoholic beverages and the extent of legal and physical availability of alcohol. Available research evidence demonstrates that changes in physical, legal and economic availability of alcohol often will have an impact on consumption levels and rates of alcohol-related problems. In some countries, illicit production and distribution contribute to negative social consequences of alcohol use. This should be taken into account when designing preventive strategies, in order to ensure the appropriate balance of control on price and availability and enforcement against illicit production and distribution.
40. The range of treatment services is vast, ranging from brief advice to intensive professional involvement. The question of effectiveness of particular treatment methods is not easily answered, but there is concern that some expensive treatment methods may not be cost efficient. There is a need for intervention, by treatment professionals, to recognize the many causal factors and broad effects of alcohol-related problems, and to include families into treatment. Self-help groups (and a combination of self-help with professional help) play an important role in recovery in many countries of the world.
41. Education to increase awareness of the hazards of alcohol use will contribute to overall attitudes to alcohol control and consumption and the values attached to alcohol use in the media.
42. An effective response to alcohol-related problems requires the collaboration of many sectors of government and is not solely the concern of health and welfare ministries. Non-governmental organisations, both national and international, which also play an important role in relation to both prevention and recovery in many parts of the world should be supported.

Notes

a/ See E/CONF.80/10, chap. III.

Appendix I

LIST OF PARTICIPANTS

(a) Appointed by Governments members of the Commission for Social Development and other Governments which have requested to participate

FINLAND Jukka Mäki
Senior Inspector
Ministry of Social Affairs and Health
P.O. Box 267
00171 HELSINKI

GERMAN DEMOCRATIC REPUBLIC Annegret Kriegel
Head, Section for Prevention of Alcohol and Drug
Dependence
Department of Research
Ministerium für Gesundheitswesen
Rathausstrasse 3
BERLIN 1020

GERMANY, FEDERAL REPUBLIC OF Michaela Schreiber
Regierungsdirektorin
Bundesministerium für Jugend, Familie, Frauen und
Gesundheit
Kennedyallee 105-107
5300 BONN 1

LIBYAN ARAB JAMAHIRIYA Mahmoud Ali Taieb
Expert
Providence Social Fund
TRIPOLI

Mehemmed M. Khasheba
Head of Pharmacy and Narcotics Division
Pharmacy and Medical Department
Ministry of Health
TRIPOLI

NORWAY Jon O. Norbom
Permanent Secretary
Ministry of Health and Social Affairs
P.O. Box 8011 Dep
0030 OSLO 1

Olaf Aasland
Special Adviser
Ministry of Health and Social Affairs
P.O. Box 8011 Dep
0030 OSLO 1

POLAND
Wiktor Osiatynski
Executive Director
Commission of Education on Alcohol and Drug
Addiction of the Stefan Batory Foundation
Flory 9
00-586 WARSAW

PORTUGAL
José de Carvalho Barrias
Director, Oporto Regional Alcoholology Center
Magalhães Lemos
4100 PORTO

SWEDEN
Carl-Anders Ifvarsson
Deputy Director General
National Board of Health and Welfare
106 30 STOCKHOLM

**UNION OF SOVIET SOCIALIST
REPUBLICS**
Revaz Uturgaury
Foreign Ministry
Department for International Humanitarian
Co-operation and Human Rights
Ministry of Foreign Affairs
Smolenskaja-Sennaja 32-34
MOSCOW

Aleksandr Glazov
Chief Specialist on Alcohol and Drug Dependence
Ministry of Health
Department for Narcology and Psychiatry
Rakhmanovskij Per. D. 3
MOSCOW ,

UNITED STATES OF AMERICA
Loran Archer
Deputy Director
National Institute on Alcohol Abuse and
Alcoholism
Room 16-105
Parklawn Building
5600 Fisher's Lane
ROCKVILLE, MD 20857

(b) United Nations and specialized agencies

United Nations Centre for
Social Development and
Humanitarian Affairs
Mukunda Rao
P.O. Box 500
A-1400 Vienna
AUSTRIA

Dusan Tomko
P.O. Box 500
A-1400 Vienna
AUSTRIA

International Labour
Organisation

B. Shahandeh
Inter-Regional Drug and Alcohol Adviser
International Labour Office
4, route des Morillons
1211 Geneva 22
SWITZERLAND

World Health Organization

Mario Argandona
World Health Organization
1211 Geneva 27
SWITZERLAND

(c) Non-governmental organizations

International Council on
Alcohol and Addiction

Stein Berg
Rusmiddeldirektoratet
Postboks 8152 Dep
0030 OSLO 1

International Organization
of Good Templars

Derek Rutherford
UKTA
Alliance House
12, Caxton Street
London SW1H 0QS
ENGLAND

International Union of
Local Authorities

Jan Borgen
Kommunenes Sentralforbund
P.O. Box 1378
0114 OSLO 1

(d) Speakers and discussants

Sally Casswell
Alcohol Research Unit
Department of Community Health
School of Medicine
University of Auckland
Private Bag
Auckland
NEW ZEALAND

Marie Choquet
Institut Nationale de la Santé et de
la Recherche Medicale
U. 169: Recherches en Epidemiologie
16 Avenue Paul-Vaillant-Couturier
94807 Villejuif Cedex
FRANCE

Philip J. Cook
Fuqua School of Business
Duke University
Durham, NC 27700
UNITED STATES OF AMERICA

Christine Godfrey
University of York
Centre for Health Economics
York YO1 5DD
ENGLAND

Davinder Mohan
Department of Psychiatry
A.I.I.M.S.
New Delhi 110 029
INDIA

Louis Molamu
University of Botswana
Department of Sociology
Private Bag 0022
Gaborone
BOTSWANA

J. Morawski
Psychoneurological Institute
Sobieskiego 1/9
02-957 Warsaw
POLAND

Esa Osterberg
Social Research Institute of Alcohol Studies
Kalevankatu 12
00100 Helsinki
FINLAND

T. Petrakova
All-Union Research Centre for Medico-Biological
Problems of Narcology
Maly Mogiltsevsky per. 3
121921 Moscow
USSR

Bruce Ritson
Department of Psychiatry
Edinburgh University
Royal Edinburgh Hospital
Morningside Park
Edinburgh EH10 5HF
UNITED KINGDOM

Ole-Jørgen Skog
Statens Institutt for alkohol - og
narkotikaforskning
Dannevigsvn. 10
0463 Oslo
NORWAY

Nicholas Vanston
8, Allée Pierre Curie
78170 La Celle St Cloud
FRANCE

I. Wald
Psychoneurological Institute
Sobieskiego 1/9
02-957 Warsaw
POLAND

(e) Supporting staff

Marie de Mora
On loan from:
International Trade Centre UNCTAD/GATT
Palais des Nations
1211 Geneva 10
SWITZERLAND

Øystein Opdahl
Ministry of Health and Social Affairs
P.O. Box 8011 Dep
0030 OSLO 1

Knut Toraasen
Ministry of Foreign Affairs
P.O. Box 8114 Dep
0032 OSLO 1

Liv Lyng Hauge
Ministry of Health and Social Affairs
P.O. Box 8011 Dep
0030 OSLO 1

Marianne Jaeger
Ministry of Health and Social Affairs
P.O. Box 8011 Dep
0030 OSLO 1

Hilde Langørgen Lien
Ministry of Health and Social Affairs
P.O. Box 8011 Dep
0030 OSLO 1

Marit Stadheim
Ministry of Health and Social Affairs
P.O. Box 8011 Dep
0030 OSLO 1

Press Officer:

Solveig Solbakken
Ministry of Health and Social Affairs
P.O. Box 8011 Dep
0030 OSLO 1

Appendix II

LIST OF DOCUMENTS

Technical papers and discussion papers

- T/1 Patterns and Trends in Alcohol Consumption: A statistical survey, Mr. Nicholas Vanston
- T/2 The Social Cost of Drinking, Prof. Philip J. Cook
- T/2/Add.1 Discussion Paper, Dr. Christine Godfrey
- T/3 Alcohol Behaviour in a Socio-Cultural Perspective, Prof. Davinder Mohan
- T/3/Add.1 Discussion Paper, Dr. Louis Molamu
- T/3/Add.2 Discussion Paper, Dr. Mario Argandona
- T/4 Economic Costs of Alcohol Abuse, with special emphasis on productivity, Dr. J. Morawski, Dr. J. Moskalewicz, Prof. I. Wald
- T/4/Add.1 Discussion Paper, Dr. Marie Choquet
- T/5 The Prevention of Alcoholism and Drinking Problems - Who are the Target Groups? Dr. Ole-Jørgen Skog
- T/5/Add.1 Discussion Paper, Dr. Mario Argandona
- T/6 Services Available to Deal with Problems Faced and Created by Alcohol Abusers, Bruce Ritson M.D.
- T/6/Add.1 Discussion Paper, Dr. Sally Casswell
- T/7 Current Approaches to Limit Alcohol Abuse and the Negative Consequences of Use: A Comparative Overview of Available Options and an Assessment of Proven Effectiveness, Dr. Esa Osterberg
- T/7/Add.1 Discussion Paper, Dr. T. Petrakova

Other documents distributed

The following national reports were submitted:

Finland

India

Libyan Arab Jamahiriya

Norway

Poland

Portugal

Sweden

Union of Soviet Socialist Republics

The International Labour Organisation, the World Health Organization and the International Organization of Good Templars also submitted reports.
