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Population density of the area covered by the Health Center (CS) Eiras has increased somewhat from year to year and there is a population growth more pronounced at the parish of S. Paulo de Frades e **Eiras** (table 1).

Freguesias	População residente			Variação 1991-2001	
	1981	1991	2001	Total	%
Souselas	3058	3159	3146	-13	0.4
Torres de Vilela	906	1085	1146	61	5.6
Eiras	8384	9655	12052	2397	24.8
Botão	1721	1625	1683	58	3.6
Brasfemes	1758	1695	1847	152	9.0
S.Paulo Frades	3913	4732	5912	1180	24.9

Table 1. Population living in parishes which includes CS Eiras in 1981, 1991 and 2001 (Source: National Statistics Institute, 2001)

CS Eiras covers a younger population than all of Coimbra (table 2). This difference is even more pronounced in the county of Eiras, a difference of 3.5% of residents under 15 years to the county and 32 % of population under 25 years.

Grupo etário	Nº habitantes Concelho	%	Nº habitantes Área CSE	%	Nº habitantes Eiras	%
0-14	20521	13,8	4146	16,0	2086	17,3
15 – 24	21727	14,6	3766	14,6	1777	14,7
25-64	81656	55,0	14673	56,9	6911	57,3
≥ 65	24539	16,5	3202	12,4	1279	10,6

Table 2. Age structure of population in the municipality of Coimbra in the area covered by the CSEiras and at Eiras county (source: INE census 2001).

As for the distribution of population in the area covered by CS Eiras, by gender, it appears that, overall, there are more elements of the female residents in all age groups, with one major difference in the older age groups (table 3).

Freg.	Residentes			0 – 14 anos			15 – 24 anos			25 – 64 anos			≥65 anos		
	HM	H	M	HM	H	M	HM	H	M	HM	H	M	HM	H	M
B	1683	795	888	226	100	126	258	133	125	924	454	470	275	108	167
Br	1847	900	947	246	124	122	280	146	134	1053	520	533	268	110	158
E	12053	5579	6474	2086	1031	1055	1777	840	937	6911	3210	3701	1279	498	781
SPF	5912	2807	3105	942	462	480	886	436	450	3336	1595	1741	748	314	434
S	3146	1564	1582	464	262	202	421	201	220	1784	884	900	477	217	260
TV	1146	555	591	182	84	98	144	75	69	665	328	337	155	68	87
T	25787	12200	13587	4146	2063	2083	3766	1831	1935	14673	6991	7682	3202	1315	1887

Table 3. Resident population by sex, age groups and parishes.(Source: INE)

Legend: Freg. – Counties; B – Botão; Br – Brasfemes; E – Eiras; SPF – S. Paulo de Frades; S – Souselas; TV – Torre de Vilela; H – males; M – females; T – total.

However the process of aging that the country has known is also reflected in the age pyramid of CS Eiras, that is visible both in the narrowing of the base of the pyramid which reflects the downsizing young population because of the low birth rates (low fecundity), either by extending the top that matches the actual population increase of the elderly, due to increased life expectancy (longevity). The age pyramid triangular ceased to be watching is the phenomenon of "inversion", acquiring the barrel-shaped, tending to a stationary population (Fig 2).

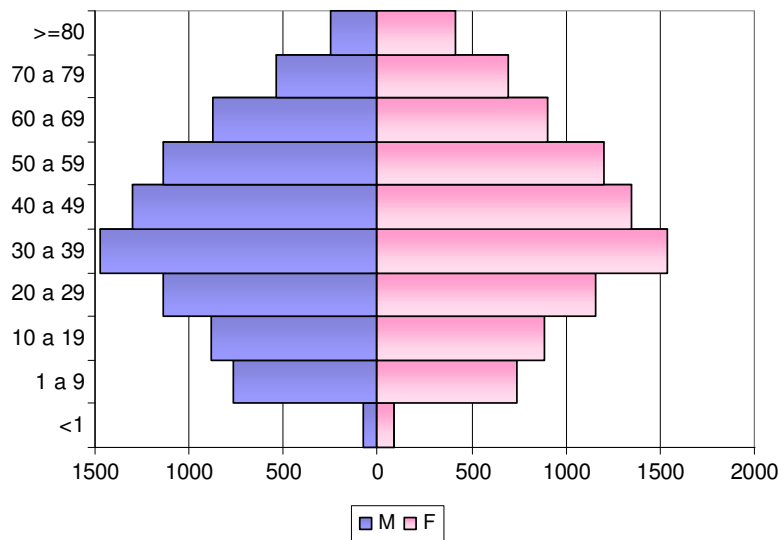


Figura 2. Pyramid CS Eiras in early 2008

Eiras was essentially an agricultural village, taking advantage to both the fertile banks of the Ribeira de Eiras for growing vegetables, which were traded in the market of Coimbra, fairs and markets of neighboring regions. It is a major area of expansion of the city of Coimbra in the north, having suffered major urban growth in recent years. We highlight the existence of seven major neighborhoods, with several large social.

During the last school year, were enrolled in schools and kindergartens in the city of Coimbra 19458 students and 3386 children. Of the total students enrolled, 71% attended the public schools and 29% private schools (whose presence is mainly significant at the 2nd and 3rd cycles of basic education). Regarding pre-school education, he spent almost the opposite, 76% of children attending private sector establishments and 24% of public education. As in recent years the city has been losing young people, and consequently, the total number of youth enrolled in educational settings.

The educational offer in the city of Coimbra is ensured by a network of 110 schools and 82 kindergartens (JI), a significant part of which runs along the elementary schools. The network of public schools is comprised of 78 schools like EB1, EB2,3-type 9 schools and 7 schools in the ES-type (two of which offer the 3rd cycle of basic education). The network of private schools is composed of 16 primary schools and/or high school vocational schools and 3. The basic public schools are organized into nine groups. Private schools account for 30% of the capacity of primary and 16% of the capacity of high school education.

In Eiras there are two basic schools, and one high school. It is expected that by 2015, Eiras residing in the county of about 16440 people, with 2916 (17.7%) aged between 3 and 17 years and 1166 (7.1%) between 12 and 17 years (young people attending 3rd cycle and secondary education). The education institutions are:

- Creche e Jardim de Infância de S. Miguel
- Escola Secundária de D. Dinis
- Escola EB1 de Eiras
- Escola Sec. Rainha Santa Isabel
- Escola EB1 do Ingote
- Escola EB1 do Loreto
- Jardim de Infância do Ingote
- Jardim de Infância de Eiras

There are many associations, institutions, groups which, with its dynamism contribute to the education, sports, culture, traditions and quality of life of populations:

- Comunidade Juvenil S. Francisco de Assis
- Associação de Solidariedade Social Sol Eiras
- União Clube Eirense
- Grupo Folclórico e Etnográfico do Bairro do Brinca
- Roda Pedaleira
- Grupo San'Tiago-"Sons da Alma"
- Centro Cultural infantil "O Paraíso da Criança"
- Grupo de Cantares da Sol Eiras
- Cooperativa Semearelvinhas
- Associação de Moradores do Bairro do Ingote-AMBI
- Associação de Moradores do Bairro do Loreto-AMBL
- Associação de Moradores do Bairro António Sérgio
- Grupo de Jovens Take-Off
- Grupo de Jovens de Eiras
- Associação de Moradores do Bairro da Rosa
- Associação Cigana de Coimbra
- Associação da Igreja de Nossa Senhora do Monte Formoso

In these area there are also 3 nightclubs and several bars (more than 30), some of them nearby school area.

1.2. Relevant differences in alcohol consumption

First we check existing information already done and publish but found documents almost concerned with National level. About local level we found mainly grey literature at Eiras's Health Care Centre related with health and social status of gipsy's group, an ethnic group living in Eiras's neighborhood. We interviewed the Chairman of the County Board (Local administration) and the director of the Health Care Centre to get information about addiction health care institutions, healthy schools, organizations representing the interests of the target group, political decision makers, prevention experts, participants of specific projects and local specialists in the field of protection of minors.

From literature review we found that Eurobarómetro (2027) estimated 750000 (9,4%) portuguese persons over 15 years old abuse of alcoholic beverages, about 580000 (7%) are alcohol addict and 15% refer binge drinking (11% drink 3-4 UBP in one occasion and 4% drink 5 and more UBP in one occasion).

Most people change their drinking patterns during the course of their lives and young people are a particular target group for many harm reduction efforts because their drinking patterns are more likely to involve risk-taking and excess; The context and culture within alcohol is consumed are equally important to consider when assessing the role of drinking within a society. Simpura (2001) divided drinking cultures into 3 categories: wine culture (Mediterranean countries), beer cultures (Europe, Africa and Latin America), and spirits cultures (eastern European, Scandinavian and Asian countries). However there has been considerable overlap across categories in recent years, spurred by globalization. Portugal is in the same changing pattern. The importance of context for drinking behavior has been highlighted by recent research into the practice of “predrinking” also referred to as “pregaming” and “preloading”, planned, often heavy drinking prior to going out to a public drinking venue, reported to be increasingly common among young people.

Matos & col (2006) study the prevalence of alcoholic beverages consuming in life and during last month among scholar youth. They present that 59% at grade 9 and 88% at grade 12 have consume alcoholic beverages during theirs live and 13% at grade 9 and 34% at grade 12 get drunken during the last month. About type of alcoholic beverages 26% preferred beer and 19% prefer distilled at grade 9; but 43% preferred beer and 42% prefer distilled at grade 12.

In Portugal, clearly, some price and price-related promotions of alcohol are irresponsible and lead to harmful drinking. The most common are discount bar offers to increase consumption, such as happy-hours, two-for-one offers, or standard entrance charges for “as much as you can drink”. As the retail sector is dominated by a small number of powerful supermarkets and wine shop chains; these chains wield enormous influence over the price they pay to producers, mainly in recreational youth context. A fair amount of recent evidence points to the price sensitivity among young drinkers being addressed not by reduced consumption but by substitute behavior, such as binge drinking at home before going out and at street.

1.3. Regulations on the protection of minors and youth and welfare policies

To ensure rapid impact of the Plan, the WHO’s Regional Office for Europe proposes the development of health policies that consider or reconsider the legal aspects of alcohol policy, community intervention and development of initiatives ongoing projects (healthy cities, health promoting schools ...) and the strengthening of activity in health systems and social assistance, especially in primary health care. Furthermore, in relation to international politics Portugal work actively in the Working Group on Alcohol and Youth of the European Commission finally adopted the Council Recommendation on the drinking of alcohol by young people, particularly children and adolescents. The main progress made in those policies of control are referred to the prevention of traffic accidents related to alcohol consumption, control of advertising, educational and preventive activities and legal age limits for the sale of alcohol (not yet in Portugal).

Concerning Portuguese legislation, the following subgroups of legislation were analyzed according local application:

A. Control of production and sales. State monopolies and licensing system for the production and sale but retail employees don't know the penalties imposed for violations of the law. . In Eiras many families produce their own wine and brandy for daily consumption.

B. Control of distribution. In reference to limitations on the availability (days, hours of sale) and compliance with current legislation offer and sale to minors, retail employees don't know the penalties imposed for violations of the law. It appears that in Eiras cafes, bars and clubs comply with the law concerning opening hours and selling liquor, but young people can obtain alcoholic drinks in supermarkets and drink at home or on the street.

C. Personal control mainly refers to the legal age limit for sale of alcoholic beverages. Ministry of Health is working on a draft law on prohibition of sale of alcoholic beverages to persons under 18 years throughout the country because still is 16 years old. Tradução de Português para Inglês

In Eiras it appears that alcohol consumption begins at 13-14 years (including episodes of intoxication) and become usual starting age of 16. There is a reference that has equality of this pattern of consumption behaviours between gender.

D. Control of advertising. In Eiras there aren't alternative recreational establishments where alcoholic beverages are not consumed. Also doesn't exist control of advertising of alcoholic beverages mainly aimed at young people. Although the law is clear regarding the advertising is common to observe disclosure of parties at night clubs in the area (including distribution of leaflets at the school gate) and promotion of alcoholic beverages or in bars / clubs (ex: Halloween, ladies night) as in supermarkets and bus stops.

E. Social and Environmental Control. Particularly referring to maximum blood alcohol levels to drive and limitations on the availability of alcoholic beverages around schools and health services. At Eiras there are policing both in schools and on the road. Schools are monitored daily by police (Safe School Programme) especially in the major periods of entry and exit of students. At night, especially on weekends, and with the three clubs in the area, are often carried out control operations where is the evaluation of BAC. We try to reference the existence of agencies and/or prevention and educational programs but we found many community programs related with gipsy, delivered by Health Care Centre and Social Security.

About youth public policy, there aren't mass transit lines in places where youth gather, especially during weekends and nights. Also there aren't warnings about health risks especially if underage, pregnant, driving, operating machinery, etc.

1.4. Already existing offers

Based on interdisciplinary work between health professionals, social workers, educators, there are programs to ensure access to treatment and rehabilitation services for addicts and their families: detection in systematic way in primary care (Health Care Centre), the excessive consumption of alcohol and registration anamnesis consumption pattern; clinic intervention in heavy drinkers or recent problems of alcohol, such as brief interventions in assessment and provision of consumer information and advice (specially community nurse care); coordination between different levels of care in the treatment of these cases.

Health education about alcohol is rarely done but mainly episodically at school context.

2. KEY QUESTIONS

2.1. Alcohol consumption (max. 1,5 pages)

2.1.1. Have you observed inappropriate drinking of young people (12 to 21 years old) in your local area? If yes, where?

Everyone reported that inappropriate drinking of young people is mainly related with parties. Almost all of the inquired people report that they observed inappropriate drinking of young people at club and disco after 11pm. But some students reported drinking of alcoholic beverages into the school (furtively behind the gym) although such behavior is prohibited. Some key person says that is frequent in the streets with bottles bought in supermarket by young people.

2.1.2. Are there particular groups of young people who attract negative attention due to drinking? If yes, which groups?

Almost all respondents said there aren't specific groups where consumption is abusive than usual but the majority of young people attending parties or bars/clubs drink a lot during all night along. Key person reported that those young people who drink are admired by colleagues and higher education students commit excesses especially in academic parties. Young respondents refer about the consumption of alcohol pattern that at 14-15 years old people drink till get drunk but at 17 years old already control themselves.

2.1.3. Are there any particular times when you notice inappropriate drinking? If yes, when?

The majority of respondents cite always later in the evening, Summer and festive occasions like Christmas and New Year, Festivals, Academic parties and End of classes. It is accepted that the hot days and nights and parties are inducers of drug abuse.

2.1.4. Who do you think has the biggest influence on young people's drinking?

All of the respondents said that the biggest influence on young people's drinking is friends and advertising. Some of them refer that adults who buy drinks for minors and family had also influence.

2.2. Prevention (max. 3 pages)

2.2.1. How can we reach young people to prevent inappropriate drinking?

There is consensus that to reach young people to prevent inappropriate drinking should be activities that young people like at times when they eat/drink and the places they attend the schools and the disciplines of civics, establishing dialogue and support the most severe cases.

Public debates with young people, parents, teachers and vendors and testimonies of recovering alcoholic were referred as pedagogic strategy. Some of key persons pointed information campaigns carried out by the police (no punitive actions), radical activities and outreach/street intervention nearby the nightlife establishments.

Awareness-raising, lectures with real facts, talking about everything without prejudice but with fun and give something in return (or replace the classes) are pointed as types of information strategies able to reach young people.

2.2.1.1. What should we avoid?

There is a consensus that should not speak only of preventing or making a speech that alcohol is bad, especially if they are 1h to say that. Suggest that one should not cheat, but it would be useful to provide compensatory items.

Both the young, as parents and key informants say that they should monitor and supervise the sale of alcohol to young people as well as advertising for alcoholic beverages. They point out that direct confrontation is not useful nor the distribution of flyers because are going to waste. Young respondents cite to avoid saying it's bad because no one believes, everybody drinks.

2.2.1.2. What do you think young people should know / learn to prevent inappropriate drinking?

All respondents think that young people should know/learn to prevent inappropriate drinking about: Consequence of excessive consumption; Dangers of alcohol; Values of self respect for the others; Effects of alcohol on health and the psychological level in the framework of interpersonal relations; What schools and parents can teach about consumption, alternative activities, The consequences in the lives of each one, Effects of alcohol on health and the psychological level in the framework of interpersonal relations; The evils that consumption brings and the consequences in the lives of each;

Emphasize that not have to drink to have fun and be better than others; Side effects and harmful to health; raising awareness of road accidents and other consequences of excessive consumption (intoxication, violence).

2.2.2. How can we reach parents to prevent inappropriate drinking?

All respondents (including young people) stated that parent' meetings in small groups (although technically difficult) and through the Scouts, committees of parents, catechesis or the school would be more feasible. These actions would be appropriate to show them to be the example for their children and to warn about the harmful effects of their children attends night events. Some suggest that information on the headquarters council, postal dissemination, short meetings and pass information between parents would be a good strategy.

Create videos / pictures / shock advertising, training more than inform, raise awareness of the facts and follow up of children with frank, transparent, honest and non-punitive are some strategies reported by young respondents. The key persons pointed consultations and counseling of parents and those parents should accompany their children to go to the local nightspots and think about the future of their children.

Key person suggest that we should teach parents and help them to be understanding when they discover that their children drink.

2.2.2.1. What should we avoid?

There was consensus at the time because all state that you should not spend too much time (to be only 15-20 min), have plenty of pictures and that kind of presentation should have credibility. Some parents report that extensive text, action too theoretical, or sites to see, notes and letters and not the result are not useful because they refuse to use / read.

The key person referred to cite examples of family and talk about their children ahead of them risks alienating the parents of such actions.

Young people say that they should avoid apportioning blame

2.2.2.2. What do parents need (information, skills) to support their children to drink responsibly?

Parents need information and training skills to support their children to drink responsibly and to apply Measures to prevent the children to make mistakes. Information should be about: that alcohol is not innocent; Harmful to health and interpersonal relationships; Epidemiology of alcohol and its consequences, expectations regarding alcohol, how to act when the kids get drunk; Consequences expectations towards alcohol.

Parents need to watch over their children's lives without being too protective but promote responsibility. Should be alerted to the fact that the freedom we give can be harmful because it allows them to do things that they do not know

It should also be taught that they should talk openly with their children, stress that they are the example and to avoid a bad reference. Training and workshops should be simple and practical, simulating situations with real problems.

It is also important to providing easy, accessible and free information on various public places, especially in health institutions

2.2.3. What could motivate key persons (teachers, trainers, street workers, etc) to participate in a programme to prevent inappropriate drinking?

Most respondents referred to raising awareness and debate over surveillance. They also suggest freeing teachers from the burden of activities for young people to do more monitoring.

Participation in a program allowed retaining more information about the harm that alcohol does, on the other side will gain more skills to know how to deal with young alcoholics. However membership of teachers depends on the benefits obtained.

Conditions should be facilitated to carry out awareness raising activities in the classroom and the workplace, without being extracurricular

The majority considers that they should take courses.

2.2.3.1. What should we avoid?

Most kids and parents do not respond. Of the respondents, there is consensus that one should avoid being prescriptive and inflexible on the part of professionals who can help in the subject (be tolerant of everyone's schedules). They also report being to avoid burdening the teachers with more activities besides work that they have and pointed that they give bad examples to children and potential consumers.

2.2.3.2. What can key persons do to support the prevention of inappropriate drinking?

All respondents say that they should seize all opportunities for contact with young people to education and especially monitoring and reporting on the harm to health from alcohol misuse. They must also show their audience, through videos and interviews that abusive alcohol consumption may make damage in both the physical and psychological level.

They should also create points of collaboration and assistance with youth, being a reference for those in need of help, to promote dialogue and education within the family and know how to tell the effects and act upon improper consumption and how to deal with students who drink

2.2.4. What can retail employees do to reduce inappropriate drinking of young people?

Almost respondents said that retail employees do to reduce inappropriate drinking of young people should: Comply with the law because many sell alcoholic beverages to minors seeking only profit and because there is no supervision (as do with tobacco); reduce the hours of opening; Ban on liquor promotions, Sell alcoholic beverages only from the late afternoon, Empowering employees in case of pressure (Rules of coffee) and punish if they have sold alcoholic beverages to minors or to people when they are already drunk and disturb. But retail employees will only join the cause if they already accept something in return

A range of programs should be creating to train staff in retail establishments in the responsible service of alcohol. Many programs aim to educate and train sellers and staff of alcohol serving establishments about standard drink sizes, proper identification checking, recognition of inebriation, not overserving, and dealing with individuals who have consumed too much alcohol; that are felt indirectly they are also responsible for the damages and alcohol-related problems. In addition to sellers and servers, security personnel are often trained to recognize potential conflicts before they occur and to

deal with problems constructively rather than aggressively. The main emphasis of these efforts is to avoid serving alcohol to minors and intoxicated patrons, thereby reducing the incidence of alcohol-related problems, specifically violence, antisocial behavior, and alcohol-impaired driving.

Making food and snacks available can help consumers avoid rapid intoxication, as can the availability of non-alcohol beverages at reasonable cost.

At night clubs music and entertainment and seating arrangements can help reduce the likelihood of congestion and violent incidents, as well as noise level and lighting.

2.2.4.1. What should we avoid in order not to lose their support?

Awareness raising actions and courses you can not spend much time and should be avoided is that during the weekend. In the awareness sessions can not be too hard but it should be apparent that, indirectly, they are also responsible for the problems

2.2.4.2. How can we reach retail employees in order for them to participate in a programme to prevent inappropriate drinking?

About half of respondents said they would be very difficult to suggest involvement of the remaining interviews (door to door) and campaigns clash with images of how institutions can be after consuming excessive impact on the life course of young people, laws and penalties that may apply.

2.3. Half-open/semi-structured interviews (max. 1 pages)

The choice of interviewees was suggested by the Health Center's Director since this healthcare organization has a very direct link with the community and develops several projects either in schools or in community context. Representatives of the target group (young people, parents, key persons, retail employees) were chosen by indications of two people: the priest and teacher (snowball sample's technique). These key persons have indicated other key persons, young people and families. The retail employers have been contacted by us, after more indication of the places frequented by young people.

2.4. Summary of results of the key questions of the semi-structured interviews

The ability to reach at-risk individuals relies on approaches that are targeted, appropriate, and realistic employing messaging tailored to resonate with a given audience.

1. Information and health education to report on the extent and consequences of alcohol consumption on health, family and society, and on effective measures for preventing or minimizing the damage. Promote activities of health education through the media, as influencing the perception of the problem by the people, facilitating support and acceptance of control measures. Increasing the marketing surveillance of alcohol products and new beverages (alcopops and designer drinks).

Young people, parents, key persons, retail employees must know that physiological changes during early adolescence make young people particularly susceptible to the effects of alcohol, and their inexperience with drinking means that they are likely not to know with precision or to ignore their own limits. Overall, youth is a period of experimentation, of pushing limits, not a common sense and moderation.

Shops and serving establishments are also convenient venues for educating the general public about the legally mandated drinking age and penalties for breaking the law. Parents and peers also play a significant, if not the most important, role in shaping youthful drinking.

Preventing harmful drinking among young people should be a considerable concern. Modifications that enhance the safety of the physical drinking environment are a significant component of responsible hospitality. Thus, space management and seating arrangements can help reduce the likelihood of congestion and violent incidents; music and entertainment, as well as noise level and lighting, have an impact on how quickly and how much patrons are likely to drink. Making food and snacks available can help consumers avoid rapid intoxication, as can the availability of non-alcohol beverages at reasonable cost.

2. Reducing the availability and accessibility. to require compliance with current legislation offer and sale to minors; increase the number of penalties imposed for violations of the law; control of advertising, expanding the limitations of direct and indirect advertising of alcoholic beverages mainly aimed at young people; limiting the number of outlets and hours of opening and closing; promote awareness of the ethical and legal responsibilities of those involved in marketing and service; promote alternative establishments where alcoholic beverages are not consumed.

Encourage the establishment of mass transit lines in places where youth gather, especially during weekends and to facilitate training of retailers to deepen the understanding of the nature of the drinking habits and the determinants of drunkenness.

Involvement from all sectors in the overall policy of intervention and encourages volunteer programs and self-help groups.

Overall, involvement by owners and managers of serving establishments is crucial to creating sober drinking environments and in ensuring appropriate training and attitudes among staff. This also includes avoiding those promotions that encourage heavy drinking practices, such as two-for-one promotions, comparably expensive non-alcohol beverages or salty snacks.

3. Preliminary conclusions regarding the key questions up to this stage (max. 1)

3.1. Which are important for implementing the project and open questions and differences,

3.2. Which need to be discussed with the focus group

It was not necessary to conduct focus group because there was consensus on the answers of all respondents: young people, parents, key persons, retail employees

4. Final conclusions (max. 3 pages)

4.1. Important points which must be considered for the implementation of the project

Retails employees. Because of the economic and cultural significance of traditional drinks in many instances, we should not rely only on police enforcement but also explore policies that give retailers employee's incentives to join the legal measures or ensure safety of their recreational places. Producers and others can support such initiatives by raising public awareness of these measures and providing consumer education and information about alcohol, potential risks, and drinking patterns.

Reasonable regulation provides the context for good alcohol policy but excessive regulation often leads to unanticipated negative consequences

Leading producers and retailers employees have a proud record of making positive contributions to implementing effective alcohol policies and improve opportunities to do much more.

Marketing beverage alcohol. Adolescents create drinker prototypes and these are images they hold in memory of what a peer drinker looks like. That drinker prototype is formed at an early age by reference to the behaviors, attitudes, and norms of parents and peers. Even the majority of adolescents who disapprove of underage drinking believed that those who drink do so because they think it is an acceptable peer behavior. Exposure to negative peer pressure may result in children having their first taste of alcohol as early as 13 years of age and younger.

Movies and television are important influences, but young people are increasingly exposed to pressures from newer forms of image projection, such as marketing, street publicity, cell phones, and video-sharing websites, as well as events and promotional activities and drinking venues. There is shared recognition between the health profession and the beverage alcohol industry that young people may be at risk as they learn to drink alcohol, especially if their drinking occasions are unsupervised. This understanding must extend to the commitment on the part of the industry not to target its marketing activities at those under the legal drinking age (example: morangos com açúcar).

The industry's marketing activities contribute to the problem and whether severe controls on marketing would achieve the objective of reducing harm. To minimize this exposure, all codes governing beverage alcohol marketing, including individual corporate codes and industry wide codes, should place strict prohibitions on message content and media coverage of youth under the legal drinking age. Some approaches should use advertising to communicate positive images of responsible behavior and help create negative and "uncool" drinker prototypes, which at the very least would help delay the onset of alcohol experimentation and avoid contributing to attitudes and drinking patterns that may encourage underage drinking and may result in harm. Marketers employ message arguments to convince consumers in the product category to buy their brands in favor to the alternative choices but this situation should be reversed by encouraging more non-alcoholic beverage advertising (example: non-alcoholic beverage competition and promotion). We should to strengthen existing awareness campaigns about the influence of parents and peers in preventing underage drinking; the dangers of extreme or "binge" drinking and alcohol-impaired driving.

Pricing beverage alcohol. Although the cost structure of the product will obviously vary by the beverage type, a producer's regular management accounts will look much

like those of any other business, starting with income from sales minus direct and indirect costs. Retailers may want to maintain a high price to achieve the intended image and market niche; however, if externalities threaten the establish niche, they may chose to reduce their profit margin to maintain the price and market position.

Selling and serving beverage alcohol. It is important to understand the role of alcohol in Portuguese society. That cannot be understood without understanding the environment that surrounds drinkers. The relationship between the drinkers and the physical and social environment that surround them shapes the patterns of drinking and their potential outcomes. Strategies to change prevailing alcohol sale and service patterns can have both intended and unintended consequences. Evaluations of strategies that focus solely on the intended consequences may miss important aspects of their impact on the community. Clearly, selling and serving alcohol do not occurs in isolation, and the success or failure of interventions often relies on cooperation and support from other sectors, such as government, law enforcement, and the broader community. There is other influences that may have an impact on the way consumers drink, always the result of a complex interaction between individual and environmental factors: In addition to the physiological differences between men and women in alcohol metabolism and effects, and most societies have marked cultural proscriptions on male and female drinking, nowadays women are encouraged to drink the same amount as men; Like any social and cultural practice, alcohol consumption accompanies a range of other behaviors and activities and one of the most important associations is between drinking and leisure, and between drinking and celebrations.

Mainly with youth, drinking may be associated with risk-taking behaviors, such as unsafe sex, driving, and fighting. Understanding the complex pattern of risk-taking that may surround alcohol consumption is important when attempting to reduce the overall problems. Point of sale can serve as useful channel for delivering health promotion messages, particularly for at-risk individuals. Requiring retailers to display point-of-sale messages about alcohol metabolism and effects could helped raise awareness of this condition among youth, although this may not necessarily translate into a reduction in alcohol consumption.

Retail employees in serving establishments need to be trained to identify minors and effectively enforce minimum age limits. Simply controlling access to beverage alcohol, however, is not sufficient for prevention. A number of interventions have been carried out by law enforcement, retailers and producers of beverage alcohol, educators, and local community actors to target the social influences on young people's drinking beyond the immediate retail environment, including parents and peers, and employ a range of new channels to disseminate messages.

Making responsible choices. It is important create an informed consumer. It is argued here that reducing harmful drinking can be achieved most usefully by addressing three areas: providing the skills that can help consumers make responsible choices, encouraging positive behaviors and discouraging risky and potentially harmful practices, and making drinking environments safer. Most basic education about alcohol consists of providing the facts about beverages, their alcohol content particular ingredients or provenance. Making consumers aware of the ingredients in beverages is another important tool for facilitating safer choices, particularly when ingredients may be harmful to some drinkers. For instance, informing individuals with allergies that a

product may contain sulfites, gluten, barley, albumin from eggs, casein from milk, or artificial sweeteners like aspartame and acesulfame potassium allows them to avoid potential health problems and adverse reactions. For many consumers, nutritional information about caloric content or the presence of carbohydrates, minerals, salts, sugars, or fiber can also play a role in making a choice about which beverages to drink or even whether to do so at all.

Given the differences between men and women in their ability to metabolize alcohol, drinking guidelines, where they exist, provide gender-specific risk information.

Producers of beverage alcohol, as well as those who own and operate retail establishments, have played a part in helping to reduce alcohol-related road traffic crashes and other incidents. Initiatives against alcohol-impaired driving range from mass media campaigns and responsibility messages to offers of safe transportation, dial-a-cab programs, and confiscating car keys from intoxicated patrons. Such measures have contributed to raising awareness and changing culture and attitudes about drinking and driving.

Other interventions at the retail level include, for example, offering free food or non-alcohol beverages to patrons willing to serve as designated drivers and making breathalyzers available in bars or pubs as a means of encouraging customers to monitor their BAC levels while drinking. Driving simulators, presented as entertainment and video games in bars, pubs, and other premises, could be used to help raise awareness among patrons about the degree to which their ability to drive after drinking is impaired.

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