MedCrave
Step into the World of Research

Journal of Neurology & Stroke

Short Communication

Open Access

CrossMark

# Theoretical models for the prevention of alcoholism: a starting point for mental health experts

## Abstract

Currently, there are few bibliographic references regarding theoretical models for alcoholism prevention. It is observed that mental health professionals have a professional performance in favor of preventing this drug, but without an epistemological foundation. This manuscript mentions the most widely used theoretical models for alcoholism prevention to date. Little epistemological systematicity is confirmed in the models, which may influence malpractice among mental health professionals. In the current investigation, several theoretical models for alcoholism prevention were identified, which emphasize health, politics, legality, religion, and psychosocial aspects.

**Keywords:** alcoholism, addictions, prevention, theoretical models, chronic non-communicable diseases

Volume 15 Issue 4 - 2025

Yordanis Arias Barthelemy,[1] Marcos Enrique Zaldivar Hernández,[2] Carmen Juana Burgal Cintra,[2] Justo Reinaldo Fabelo Roche[3]

[1]Universidad de Ciencias Médicas en Santiago de Cuba. Santiago de Cuba City, Cuba
[2]Universidad de Oriente. Santiago de Cuba City, Cuba
[3]Universidad de Ciencias Médicas de la Habana. Avenue 27, beach municipality, Cuba

**Correspondence:** Yordanis Arias Barthelemy, Universidad de Ciencias Médicas en Santiago de Cuba. Santiago de Cuba City, Cub

**Received:** August 06, 2025 | **Published:** September 05, 2025

## Introduction

Since time immemorial, humans have consumed alcoholic beverages made from fermented fruit in their ceremonial rites, to offer tributes to the gods for a good harvest or to celebrate after a great military victory. In Ancient Greece, the philosopher Plato advised that adolescents should not consume alcoholic beverages because of the harmful effects on their bodies. The discovery of alcohol (spirit or subtle) is attributed to the Arab chemist Ramses; in the 14th century, the alchemist and physician Arnau de Villanova patented this beverage in scientific guilds. Since those ancient times, the holy scriptures (Holy Quran and Holy Bible) illustrated in their scrolls the harmful effects of this substance on the human body; but it was Magnus Hus in the 19th century who described the psychopathology derived from the harmful consumption of alcohol and detailed the effects on individuals and society.[1–4]

To prevent alcohol abuse, it is necessary to intervene psychologically, targeting those variables that contribute to triggering the sociocultural phenomenon that is intended to be reduced. This entails delving into the various layers of influence (microsystem, mesosystem, exosystem, and macrosystem) that impact the individual and the society in which they live.[5–9] The objective of this study is to describe the theoretical models used in the prevention of alcoholism; to achieve this integration, the following methods were necessary: historical-logical and constructive-interpretative, verticalized by the paradigm of hermeneutics.[10]

### The historical evolution of alcoholism prevention

Initially, alcoholism prevention was based on professional expertise but lacked any epistemological foundation. According to records from the diary of the Roman Emperor Gaius Julius Caesar Augustus, disciplinary methods were practiced on his soldiers under the influence of wine. They were tied to a stake for several days in the sun and clear air, where they received only a few meals and water was thrown on them. They were kept in this position until the wine wore off and they reflected on their behavior. It was made clear to them that if they engaged in such acts again, they would be judged more severely. The first theoretical model for preventing alcoholism was implemented in the United States after the Opium Wars (1839-1842 and 1856-1860); it was legal in nature and consisted of limiting the supply of alcoholic beverages through repressive laws. At that time, psychotherapeutic interventions for alcoholics were a spiritual retreat seeking rehabilitation and, therefore, social reintegration. In the 1960s, tourism and mass media waged war on smokers in closed spaces and alcohol drinkers in open spaces, indicating the types of people who could smoke, drink alcoholic beverages and the places where they could be consumed.[1]

Researchers Kramer and Cameron[11] wrote a Manual on drug dependence for the World Health Organization, describing a concept that still persists: "*drugs are any substance that, when introduced into the living organism, can modify one or more of its functions*". Later, a new document emerged modifying the terminology of alcoholism to alcohol dependence syndrome: *"It is a state of change in the behavior of an individual, and is manifested by the continuous consumption of this substance in a manner not approved in his or her sociocultural environment, despite the direct painful consequences that may be suffered, such as physical illness, rejection by his or her family, economic damages and criminal sanctions"*.

From this, an academic movement emerged to educate the general population about the scourge of alcoholism, believing that if people knew about this addiction and its consequences for the body, they could avoid it. A large body of scientific work was published describing and/or influencing the consequences of this addiction for the individual, society, and the family. It must be acknowledged that this model took into account the dynamic interrelationships between the affective, volitional, and cognitive processes that constitute the structure of personality.

In the 1980s, the Spanish monarchy created the Secretariat of Drug Dependence; its goals were prevention, care, social reintegration, and supply control. Treatment for alcoholics was merely viewed through rehabilitation, with mental health professionals solely responsible for caring for these patients. These professionals used many experimental methods, focusing on detoxification without considering the sociocultural factors that influenced harmful alcohol consumption. Currently, prevention objectives have been renewed: the primary



©2025 Barthelemy et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Copyright: ©2025 Barthelemy et al.


focus is on implementing actions to reduce this sociocultural scourge at early ages, such as adolescence, and by integrating educational institutions with families.

### Some current strategies are mentione

i. Promote social awareness focused on the harmful effects of alcohol consumption on individuals and their families.

ii. Enhance social skills to improve resistance to alcohol consumption.

iii. Delay the age of initiation of alcohol consumption as much as possible.

iv. Integrate all sectors of society into the prevention process.

v. Promote cultural values.

vi. Integrate the family into the prevention process.

vii. Implement psychosocial interventions in schools and communities.

The qualitative leap in this prevention lay in psychosocial interventions, which take into account not only the hedonic effect (a theory that underpins pleasure as a fundamental element of life and attributed to Aristippus of Cyrene, 435-350 BC) of addictive substances and the repercussions on the organism of the victims, but also integrate the "sociocultural context" category, forming a core. Motivational psychotherapies, Alcoholics Anonymous groups, and group psychotherapies are projected from this model, integrating the patient's closest family members into psychotherapy.

Alcoholism prevention has three levels of implementation: primary, secondary, and tertiary. The primary level includes a set of actions directed at the population and consists of avoiding, reducing, or delaying the onset of behaviors conducive to alcohol consumption. The second level is aimed at eliminating potential consequences in individuals who have already initiated alcohol consumption; and the tertiary level consists of eliminating the physical, psychological, and social consequences caused by abusive consumption behavior. Its goals are social reintegration, rehabilitation, job training, and relapse prevention. Prevention has also been designed from a universal (targeted population-wide), selective (at-risk group), and indicated (targeted individuals showing the first symptoms) approach.[12]

The United Nations has proposed a set of measures to eradicate and/or reduce the scourge of alcoholism in the world from a public health perspective, among which are psychosocial interventions at early ages, care and rehabilitation based on the human rights of the victims. All of the above under the bases of non-stigmatization and non-discrimination.[13] The Ministry of Health and Social Protection of Colombia published Resolution 089 in 2019, which proposes the comprehensive health care model, whose strategy is to guide and strengthen protective factors, prevent the use of psychoactive substances, carry out comprehensive treatment and rehabilitation, developing territorial plans to reduce consumption.[14]

### The theoretical models for the prevention of alcoholism are mentioned[15–18]

i. Intervention through the dialectical proposal of Paulo Freire's popular education, whose main goal is the liberation of people through transformative educational processes, which includes four phases: Starting from reality, reflecting, deepening and returning to reality.

ii. Model based on the strengthening of protective factors.

iii. Developing capacities in adolescents, families and communities.

iv. Prevention from intersectoral coordination.

v. Legal approach (prohibition by mass media of alcohol advertising and sales hours).

vi. Procede-Procede Model (Based on the following diagnoses: Social, epidemiological, behavioral, educational, organizational and administrative).

vii. David Leyva's Model (its sequence is: approach to the problem, real situation, ideal situation, look for discrepancies and alternative solutions).

viii. Model based on religiosity with the objective of strengthening the moral community.

ix. Psychosocial intervention model to prevent addictions.

## Conclusion

When implementing all actions to prevent the scourge of alcoholism, mental health professionals must be guided by a theoretical model that justifies their practical work with the firm purpose of promoting human development. In the current study, a lack of consistency was observed in the theoretical models used in clinical practice; therefore, courses or workshops for mental health professionals are urgently needed to enhance their clinical practice. In general, several theoretical models for the prevention of alcoholism were identified, which are deployed in the health, political, legal, religious, and psychosocial spheres.

## Acknowledgements

None.

## Conflicts of interest

The authors declare that they have no conflicts of interest.

## Funding

The authors received no funding for this work.

## References

1. Gabantxo K. Antecedentes históricos, situación actual y tendencias de consumo. Euskomedia. [Internet]. 2001.
2. CedroTaller de percepción de Riesgo. BOLETÍN TRASTORNOS ADICTIVOS [Internet]. 2016;1(2).
3. Sournia JC. History of alcoholism. Oxford, Basil Blackwell. 1990
4. Stacey A. El alcohol en el Islam. Revista The religion of ISLAM. 2015.
5. Institute for Educational research and pedagogical development. alcohol, tobacco, and psychoactive substance prevention policy. 2nd edition. Bogotá. 2019. pp. 2–13.
6. Macías FK, Vinces UM, Mendoza CI, et al. Educational intervention for the prevention of alcoholism in adolescents in Ecuador schools. *Rev Ciencias Médicas*. 2020;24(1):1–10.
7. Hernández VE, Hernández VH, Águila GY, et al. Alcoholism prevention in educative institutions. *Rev Méd Electrón*. 2019;41(2):454–466.
8. Centro de Investigación Juvenil. Prevención del consumo de drogas en CIJ. [Internet]. 2015.

Copyright: ©2025 Barthelemy et al.


9. González-Rey F, Mitjáns A, Bezerra M. Psychology in education: implications ofsubjectivity in a historical –cultural perspective. *Revista Puertorriqueña de Psicología*. 2016;27(2):260–274.

10. Gadamer Hans-Georg. Verdad y método.[Internet]. Salamanca: Ediciones Sígueme. SA; 1993.

11. Kramer JF, Cameron D. A Manual on drug dependence: compiled on the basis of reports of WHO expert groups and other WHO publications / edited by J. F. Kramer and D. C. Cameron. WHO. 1975. p.107.

12. Pons DJ, Berjano PE. El consumo abusivo de alcohol en adolescentes: Un modelo explicativo desde la psicología social. 1999.

13. Naciones Unidas. La Agenda 2030 y los Objetivos de Desarrollo Sostenible: una oportunidad para América Latina y el Caribe. 2018.

14. Ministerio de Salud y Protección Social de Colombia. Modelo integral de atención en salud. Resolución número 089. [Internet].2019. [citado el 7 de abril del 2025]. Available in: https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/DIJ/resolucion-089-de-2019.pdf

15. Fundación Secretariado Gitano. Manual para trabajar la prevención con adolescentes y familia. [Internet]. Madrid. 2015.

16. Biolatto L. Estrategies with adolescents to prevent problematic alcohol consumption: modalities and areas of application. *Hacia Promoc Salud.* [Internet].2018;23(2):48–66.

17. Fabelo RJ, Hernández DH, Iglesias MS, et al. Formation of negative attitudes to alcohol in pre-university teens. 2016;13(S1):23.

18. Jiménez M, Posada CA. Religiosidad como factor protector en la dependencia al alcohol y cigarrillo en estudiantes universitarios. 2018;151–177.

**Citation:** Barthelemy YA, Hernández MEZ, Cintra CJB, et al. Theoretical models for the prevention of alcoholism: a starting point for mental health experts. *J Neurol Stroke.* 2025;15(4):94–96. DOI: 10.15406/jnsk.2025.15.00629