

WHO Global strategy and European action plan to reduce the harmful use of alcohol

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Global strategy to reduce the harmful use of alcohol (WHO, 2010)

- Developed through a long and intense collaboration between the WHO Secretariat and Member States.
- Represents a unique consensus among WHO 194 Member States on ways to tackle harmful use of alcohol at all levels.



What is the "harmful use of alcohol"?

- In the context of the WHO global strategy to reduce the harmful use of alcohol:
 - Drinking that causes detrimental health and social consequences for
 - the drinker
 - people around the drinker and
 - society at large.
 - Patterns of drinking that are associated with increased risk of adverse health outcomes ("hazardous use").

What does it mean "to reduce the harmful use of alcohol" ?

Global, regional and national actions on:

- levels of alcohol consumption
- patterns of alcohol consumption
- contexts of alcohol consumption
- wider social determinants of health
- *other factors influencing alcohol-related harm (road safety, tobacco and drug use, healthy lifestyles...)*
- *health services responding to the needs of people with alcohol use disorders and their families*

➤ Special attention needs to be given to reducing harm to people other than the drinker and to populations that are at particular risk from harmful use of alcohol.

Recommended ten target areas for policy measures and interventions

1. Leadership, awareness and commitment
2. Health services' response
3. Community action
4. Drink-driving policies and countermeasures
5. Availability of alcohol
6. Marketing of alcoholic beverages
7. Pricing policies
8. Reducing the negative consequences of drinking and alcohol intoxication
9. Reducing the public health impact of illicit alcohol and informally produced alcohol
10. Monitoring and surveillance



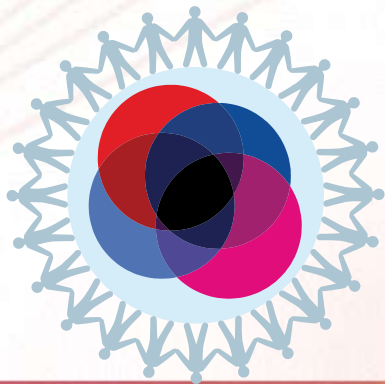
"Best buys" for tackling alcohol use as a risk factor for NCDs (WHO, 2011)

Risk factor (DALYs, in millions; % global burden) ^a	Interventions / actions (* core set of 'best buys', others are 'good buys')	Avoidable burden (DALYs averted, millions)	Cost-effectiveness ^b (US\$ per DALY prevented) [Very = < GDP per person; Quite = < 3* GDP per person Less = >3* GDP per person]	Implementation cost (US\$ per capita) [Very low = < US\$0.50; Quite low = < US\$ 1 Higher = > US\$ 1]	Feasibility (health system constraints)
Alcohol use (> 50m DALYs; 4.5% global burden)	Restrict access to retailed alcohol *	Combined effect: 5-10 m DALYs averted	Very cost-effective	Very low cost	Highly feasible
	Enforce bans on alcohol advertising *				
	Raise taxes on alcohol *	(10-20% alcohol burden)	Quite cost-effective	Quite low cost	Intersectoral action
	Enforce drink driving laws (breath-testing)				Feasible in primary care
Offer counselling to drinkers					

The UN Political Declaration on NCDs (2011)

Global strategy to reduce the harmful use of alcohol

	Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Cardiovascular diseases	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Chronic lung disease	✓			



Political Declaration on NCDs: assignments given to WHO

- To **intensify efforts to assist Member States** in implementing, Global Strategy on NCDs and its Action Plan, WHO Framework Convention on Tobacco Control, Global Strategy on Diet, Physical Activity and Health, **Global Strategy to Reduce the Harmful Use of Alcohol**, and Set of recommendations on marketing (§43)
- To develop a comprehensive global monitoring framework for the prevention and control of NCDs, including a set of indicators (§61)
- To prepare recommendations for a set of **voluntary global targets** for the prevention and control of NCDs (§62)

Priority areas for global action

- Public health advocacy and partnership
- Technical support and capacity building
- Production and dissemination of knowledge
 - Monitoring and research
- Resource mobilization

Advocacy, partnerships and resource mobilization

- Support for the Global network of WHO national counterparts and collaborative implementation (WHO Secretariat- MS) mechanisms (task forces and the working groups)
 - Meetings of the Coordinating Council (2012, 2013)
- Co-hosting Global Alcohol Policy Conference (Thailand, 13-15 February 2012)
- Implementation/action plan elaborated in collaboration with MS, published and disseminated
- Interagency UN task force on implementation of the global strategy (2012)
- *Meeting of interested parties (2012)*
- Report to WHA66 on progress made in implementation of the global strategy.

Global Status Report on Alcohol and Health (WHO, 2011)

- Another milestone in WHO global activity on monitoring alcohol consumption, alcohol-related harm and policy responses
- Continues series of the global status reports on alcohol from WHO
- Based on the data from the Global Information System on Alcohol and Health (GISAH)
- Contains country profiles for WHO Member States
- Launched in Geneva on 11 February at the Global meeting of the WHO national counterparts to reduce the harmful use of alcohol (with representation of 128 Member States of WHO)



Global status report
on alcohol and health



WHO Global Research Initiative on Alcohol, Health and Development

- Harm to others from drinking ("collateral damage")
 - In collaboration with and support of the Thai Health Foundation – Planning meeting 16-17 February 2012
- Prevalence study on Fetal Alcohol Spectrum Disorders (FASD)
 - In collaboration with an support of NIAAA: implementation in selected countries of Central/Eastern Europe and Africa
- Alcohol and Infectious Diseases (TB and HIV)
 - Identifying the partners for the project implementation
- Implementation of effective alcohol policies in the context of development

Regional initiatives following the global strategy

- **Regional office for Africa**
 - *Reduction of the harmful use of alcohol:
A strategy for the WHO African Region*
- **Regional office for the Americas/PAHO**
 - *Plan of Action to Reduce the Harmful Use of Alcohol*
- **Regional office for Europe**
 - *European action plan to reduce
the harmful use of alcohol 2012–2020*

Regional Committee for Europe
Sixty-first session

EUR/RC61/13
+ EUR/RC61/Conf.Doc./6

Baku, Azerbaijan, 12–15 September 2011

15 June 2011

Provisional agenda item 6(d)

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ORIGINAL: ENGLISH

European action plan to reduce the harmful use of alcohol 2012–2020

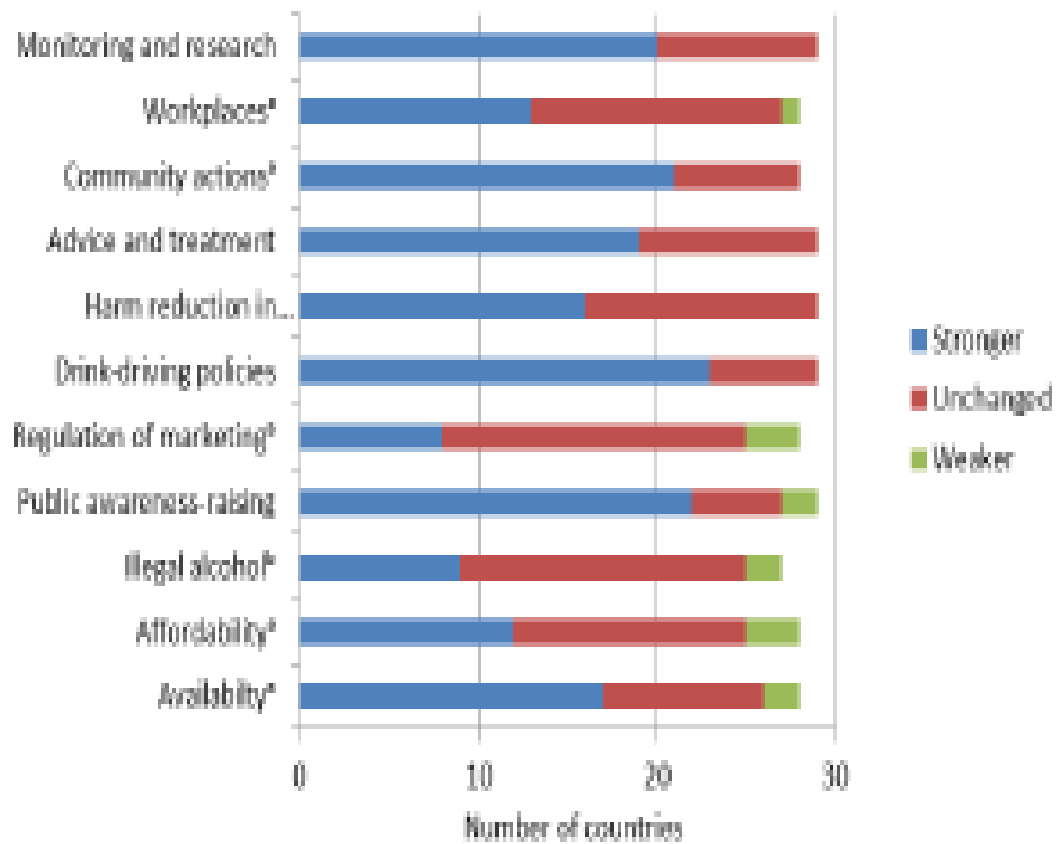
This document contains the action plan for implementation of the European and global alcohol strategies. It has been developed through a consultative process with a core editorial board and a larger editorial group; a first consultation with Member States took place in Geneva, Switzerland on 9–10 February 2010 and a second consultation took place during a meeting with Member States in Zurich, Switzerland on 4–5 May 2011.

The action plan is submitted to the Regional Committee for discussion and potential endorsement. To that end, a draft resolution is attached for the Committee's consideration.

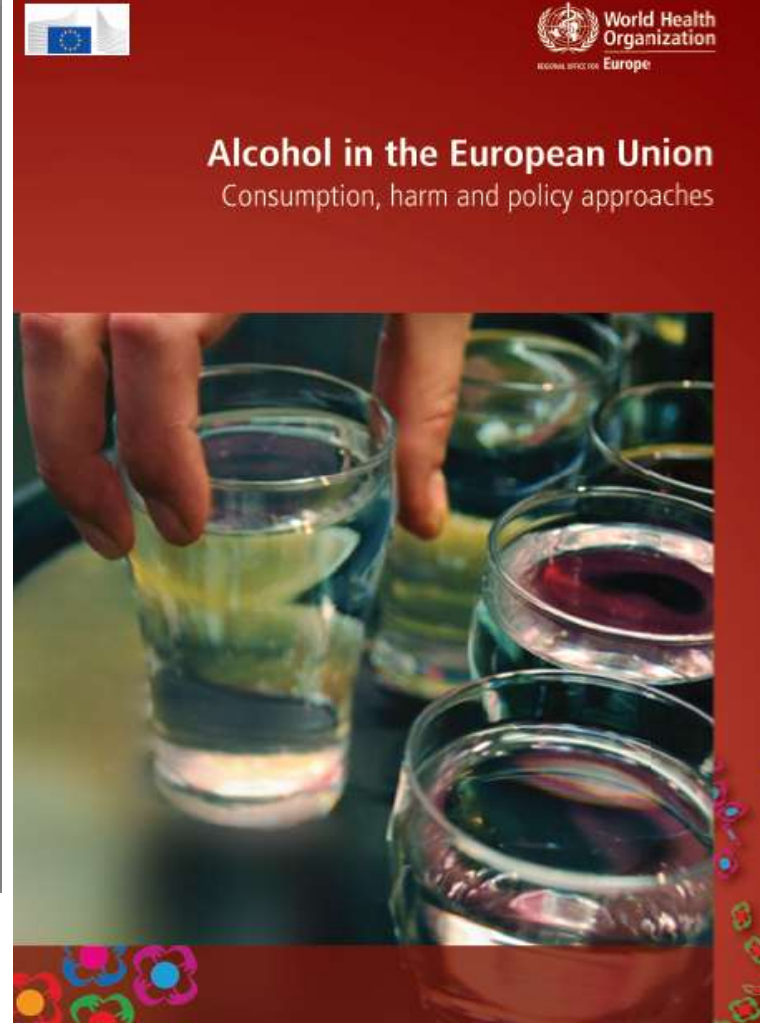
European action plan to reduce the harmful use of alcohol (EAAP) 2012–2020: next steps

- Action Plan as publication with two additional annex:
 - Checklist for policy response
 - List of indicators
- In 2012 a new data collection as part of a Global survey with EURO questions, and in 2013 a new European Status Report on Alcohol and Health
- Regularly update of the European Information System on Alcohol and Health
- In 2012 – 2013 focus on implementation in MS.

Changes in alcohol policy areas since 2006 in EU countries (N=29)



^a Data missing from one country.
^b Data missing from two countries.



Alcohol in the European Union
 Consumption, harm and policy approaches

Thank you for your attention

Further information at

http://www.who.int/substance_abuse/

<http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/alcohol-use>