Alcohol consumption, harm and policy responses in Europe

> Dr Lars Møller Programme Manager World Health Organization Regional Office for Europe







of disease: 2004 update. global burden Source: WHO (2009) The

Problem	Ranking among WHO Regions
Deaths from NCDs and injuries	Highest
Overall smoking rate	Highest
Consumption of alcohol	Highest
Fat in diet	Highest
Raised cholesterol	Highest
Overweight and obesity	Second highest



Recorded alcohol consumption in the EU including Croatia, Norway and Switzerland, 1990 – 2010 (in litres pure alcohol per capita 15+).





Recorded alcohol consumption in the Central West and Western Europe, 1990 – 2010 (in litres pure alcohol per capita 15+).





Recorded alcohol consumption in the Central East and Eastern Europe, 1990 – 2010 (in litres pure alcohol per capita 15+).





Recorded alcohol consumption in the Nordic countries, 1990 – 2010 (in litres pure alcohol per capita 15+).





Recorded alcohol consumption in Southern Europe, 1990 – 2010 (in litres pure alcohol per capita 15+).





Recorded adult (15+ years) per capita consumption (in litres of pure alcohol)





Alcohol use during the past 30 days, boys (2011)





Alcohol use during the past 30 days, girls (2011)





Being drunk during the past 30 days, boys (2011)





Being drunk during the past 30 days, girls (2011)





Alcohol attributable SDR per 100.000 (cancer, liver cirrhosis and injury deaths) (EU including Croatia, Norway and Switzerland) (2010)



The Pareto principle

1/5 of consumers consume 4/5 of any product

In the EU among the 20% highest consumers we estimate that 75.000 men and 17.000 women deaths are attributable to alcohol.

We estimate that 5.4% of men and 1.5 % of all women are alcohol dependent



Τł

Global risk factors ranked by attributable burden of disease 2010 (GBD, Lancet, 2012)

1	High blood pressure
2	Tobacco smoking
3	Alcohol use
4	Household air pollution
5	Diet low in fruits
6	High body-mass index
7	High fasting plasma glucose
8	Childhood underweight
9	Ambient particulate matter pollution
10	Physical inactivity and low physical activity

Western Europe risk factors ranked by attributable burden of disease 2010 (GBD, Lancet, 2012)

1	Tobacco smoking
2	High blood pressure
3	High body-mass index
4	Alcohol use
5	Physical inactivity and low physical activity
6	High fasting plasma glucose
7	Diet low in fruits
8	High total cholesterol
9	Diet low in nuts and seeds
10	Diet high in sodium

Central Europe risk factors ranked by attributable burden of disease 2010 (GBD, Lancet, 2012)

 Alcohol use Tobacco smoking High body-mass index Diet low in fruits Physical inactivity and low physical activity High fasting plasma glucose Diet low in nuts and seeds Diet high in codium 	1	High blood pressure
 4 High body-mass index 5 Diet low in fruits 6 Physical inactivity and low physical activity 7 High fasting plasma glucose 8 Diet low in nuts and seeds 	2	Alcohol use
 5 Diet low in fruits 6 Physical inactivity and low physical activity 7 High fasting plasma glucose 8 Diet low in nuts and seeds 	3	Tobacco smoking
 6 Physical inactivity and low physical activity 7 High fasting plasma glucose 8 Diet low in nuts and seeds 	4	High body-mass index
 7 High fasting plasma glucose 8 Diet low in nuts and seeds 	5	Diet low in fruits
8 Diet low in nuts and seeds	6	Physical inactivity and low physical activity
	7	High fasting plasma glucose
0 Diet high in sodium	8	Diet low in nuts and seeds
9 Diet nigh in soulum	9	Diet high in sodium
10 High total cholesterol	10	High total cholesterol

Eastern Europe risk factors ranked by attributable burden of disease 2010 (GBD, Lancet, 2012)

1	Alcohol use
2	High blood pressure
3	Tobacco smoking
4	High body-mass index
5	Diet low in fruits
6	High total cholesterol
7	Physical inactivity and low physical activity
8	Diet low in nuts and seeds
9	Diet high in sodium
10	High fasting plasma glucose

Social costs of alcohol – 1.3% of GDP (EU) EUR 155.8 billion in 2010 (EUR 22 billion in Italy)



- Crime-police
- Crime-defensive
- Crime-damage
- Traffic accidentsdamage
 Health
- Treatment/prevention
- Mortality
- Absenteeism
- Unimployment



Policy development at national level

Changes in alcohol policy areas over the six years since 2006 (N=30)



Number of countries



Number of countries carrying out national awarenessraising activities during 2009-2011





Minimum age limits for on-premise sale of beer, wine and spirits, by number of countries (n=30)





Minimum age limits for off-premise sale of beer, wine and spirits, by number of countries (n=30)





Maximum legal BAC level for category of driver, by number of countries (n=30)





European Alcohol Action Plan









European Alcohol Action Plan 2000–2005

















Alcohol in the European Union

Consumption, harm and policy approaches





63rd World Health Assembly (17-21 May, 2010)

Endorsed the Global strategy to reduce the harmful use of alcohol in the WHA resolution 63.13







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



European action plan to reduce the harmful use of alcohol (EAAP) 2012–2020 – 10 action areas

- Leadership, awareness and commitment, as sustainable intersectoral action requires strong leadership and a solid base of awareness and political will
- Health services' response, as these services are central to tackling health conditions in individuals caused by harmful alcohol use
- **Community action**, as governments and other stakeholders can support and empower communities in adopting effective approaches to prevent and reduce harmful alcohol use
- **Policies and countermeasures on drink–driving**, as it is extremely dangerous to drivers, passengers and other people using the roads
- Availability of alcohol, as public health policies to regulate commercial or public availability have proved to be very effective in reducing the general level of harmful use and drinking among minors



EAAP 2012–2020 – 10 action areas

- Marketing of alcoholic beverages, as systems are needed to protect people, particularly children and young people, from advanced advertising and promotion techniques
- **Pricing policies**, as most consumers, particularly heavy drinkers and young people, are sensitive to changes in the prices of alcohol products
- Reducing the negative consequences of drinking and alcohol intoxication, in order to minimize violence, intoxication and harm to intoxicated people
- Reducing the public health impact of illicit and informally produced alcohol, as its consumption could have additional negative health consequences due to its higher ethanol content and potential contamination with toxic substances
- **Monitoring and surveillance**, as relevant data create the basis for the appropriate delivery and success of responses



Best buys package population-based approaches

- Smoke-free environments
- Warning about the dangers of tobacco use
- Bans on tobacco advertising
- Raising taxes on tobacco
 - Raising taxes on alcohol
- Restricting access to retail alcohol
- Bans on alcohol advertising
- Reducing salt intake and salt content of food
- Replacing trans-fat in food with polyunsaturated fat
- Promoting public awareness about diet and physical activity





European status report on alcohol and health 2010



European Status Report on Alcohol and Health 2010







Thank you!

Contact details: <u>LMO@euro.who.int</u>

Website: http://www.euro.who.int/alcohol

European information system on alcohol and health: http://who.int/gho/eisah



