

What alcohol can do to European societies... An update 2014

J. Rehm

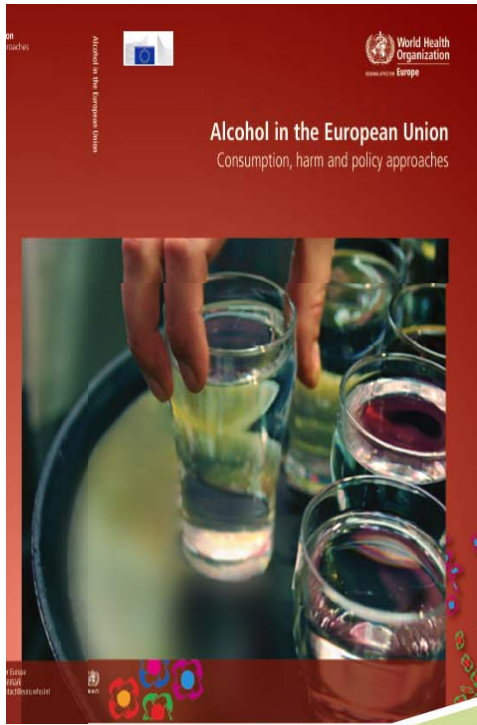
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Basis



Many peer-reviewed publications on details in the last three years





Alcohol Policy in Europe: Evidence from AMPHORA

Edited by Peter Anderson, Fleur Braddick, Jillian Reynolds and Antoni Gual



E-book

Second edition available
on
www.amphoraproject.net/

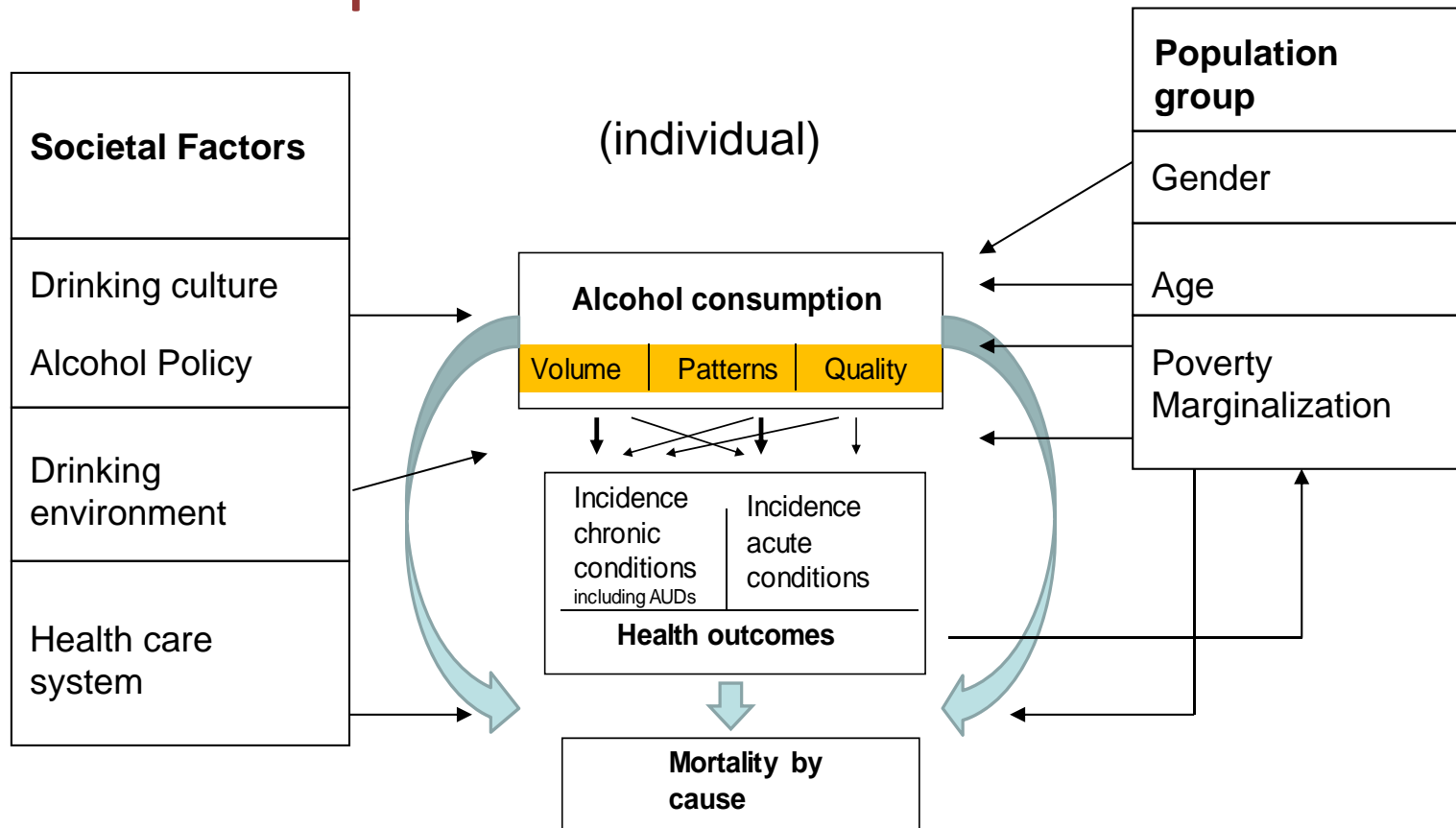


CHAPTER 2: WHAT ALCOHOL CAN DO TO EUROPEAN SOCIETIES

Jürgen Rehm, Gerrit Gmel, Maximilien X. Rehm, Emanuele Scafato, Kevin D. Shield

- We have estimated alcohol-attributable mortality and burden of disease
- Using the methodology of the Comparative Risk Assessment for alcohol within the Global Burden of Disease and Injury 2005/2010 Study (GBD).
- In addition, we have tried to develop guidelines for monitoring and surveillance based on efforts of the EU, the World Health Organization and the GBD study.

Currently used model for alcohol comparative risk assessment



Trends in recorded consumption in the EU

- Overall trends for EU or EU plus Croatia, Norway and Switzerland are down for the past 20 years.
- Actually, the EU would fulfill the NCD criteria of – 10% for NCDs.
- However, this is not true for all countries, nor for all regions

Regional categorisation

Countries within each European region

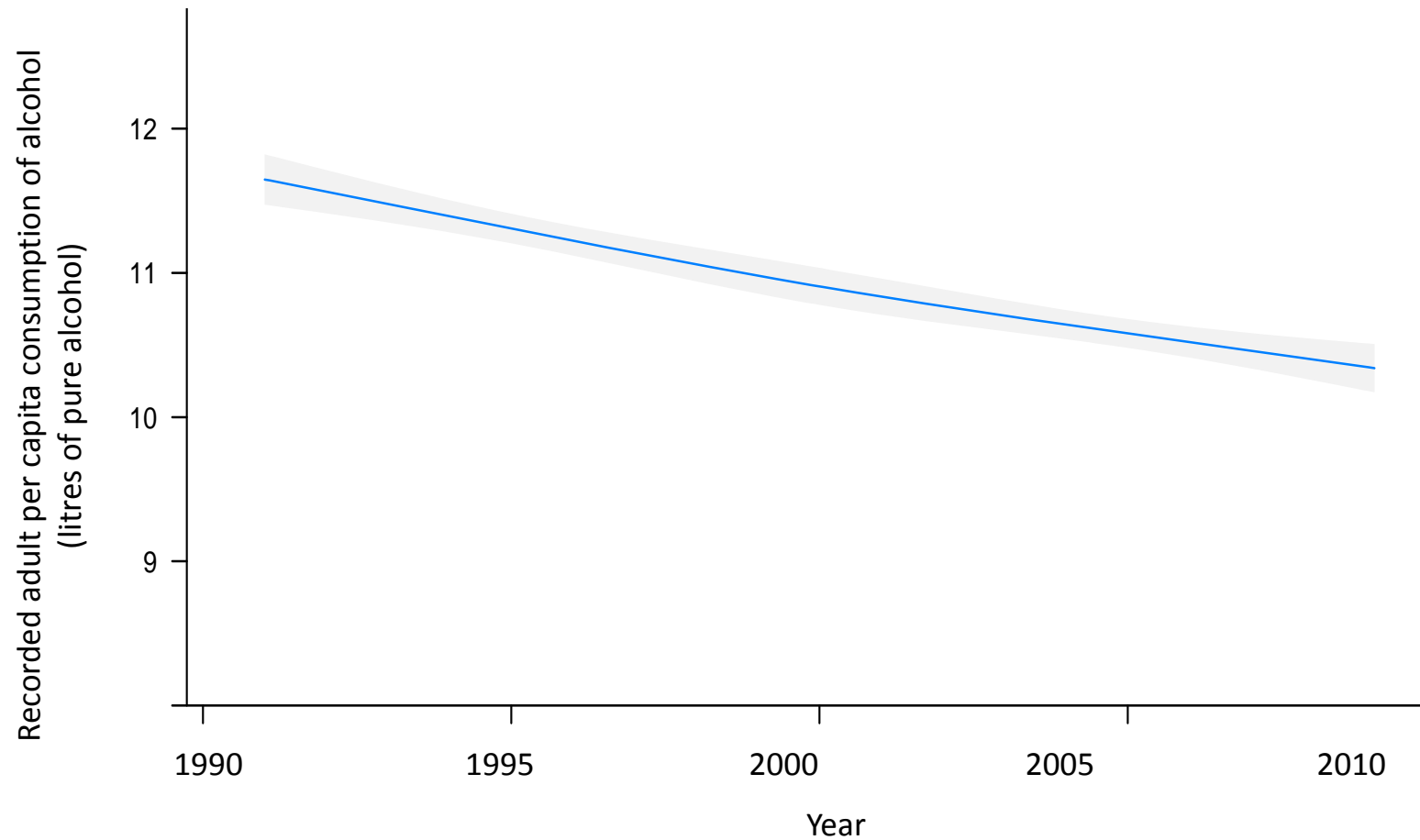
Central West and Western Europe: Austria, Belgium, France, Germany, Ireland, Luxembourg, Netherlands, Switzerland and the United Kingdom

Central-East and Eastern Europe: Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia






Nordic countries: Denmark, Finland, Norway and Sweden

Southern Europe: Cyprus, Greece, Italy, Malta, Portugal and Spain

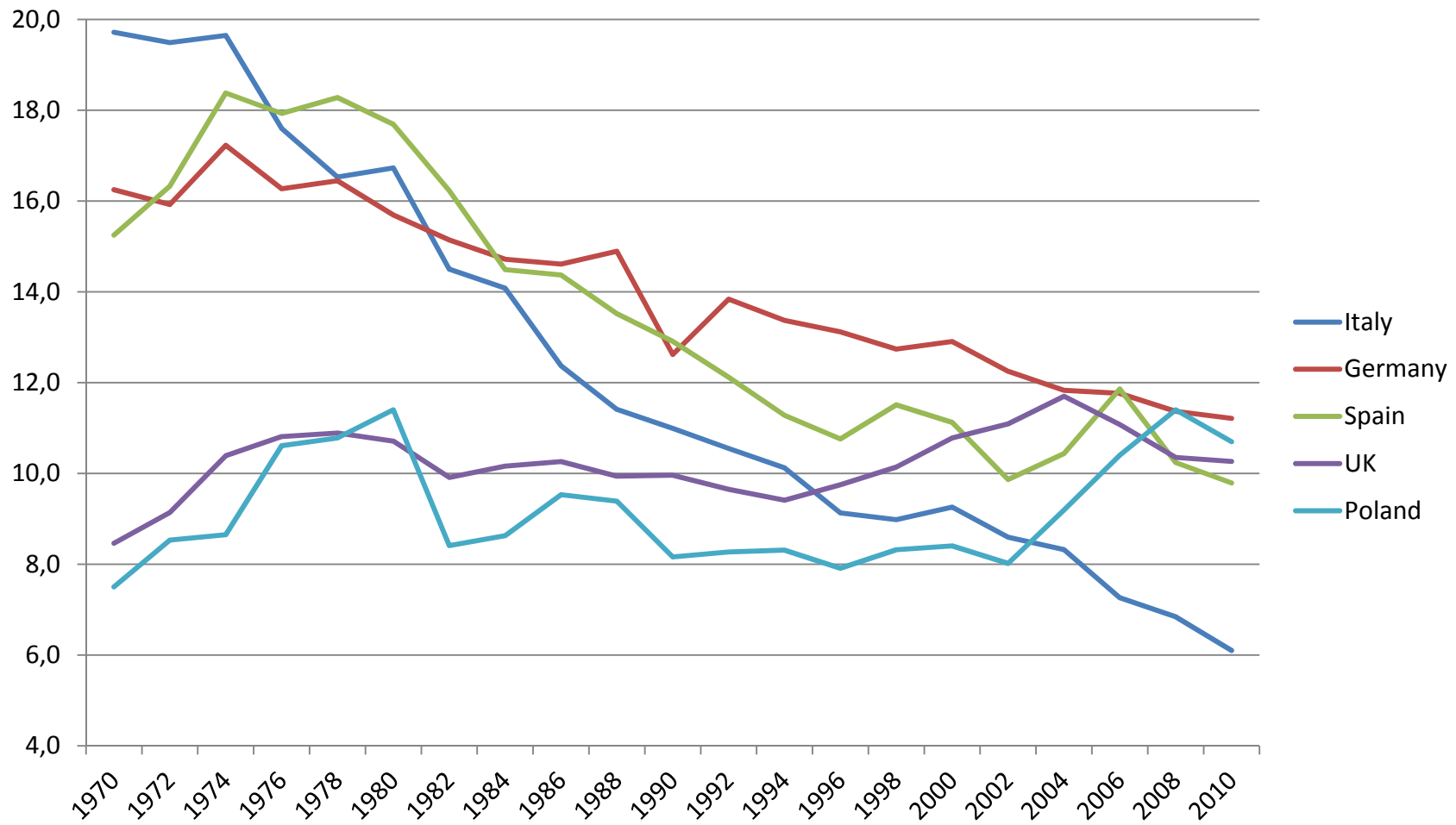
European Union & Switzerland, Norway and Croatia



But differences in regions with respect to levels and trends

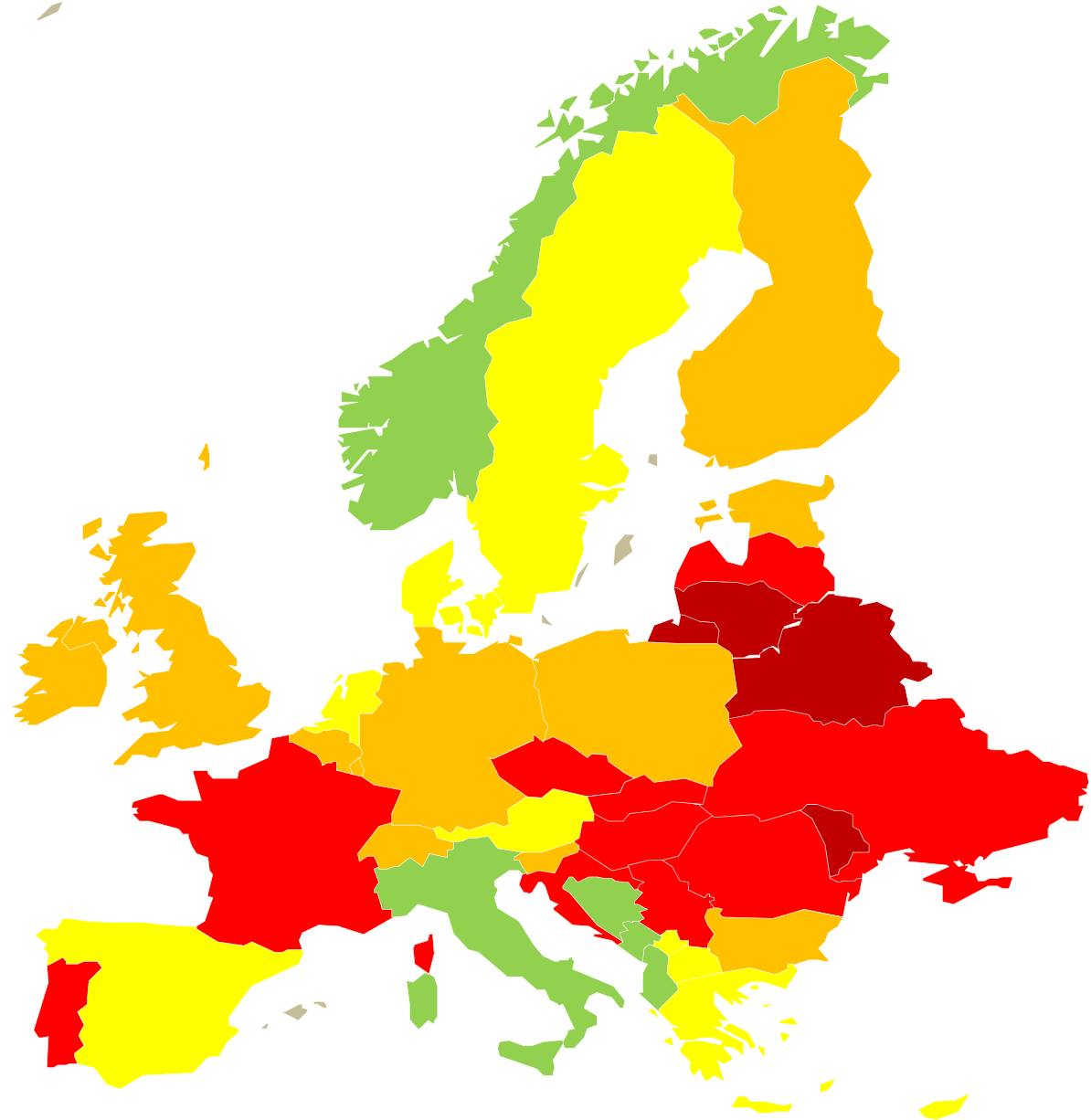
	Level	Trend	Unrecorded In I pure pc	Patterns Score lower =better
West- Central West	Very high		1.0	1.5
East- Central East	Very high		2.5	2.9
Nordic countries	Lowest within EU		1.9	2.8
South	high		2.0	1.1
EU plus N, Croatia, CH	high		1.6	1.9

And some country differences (recorded only)



Alcohol consumption in Europe 2012

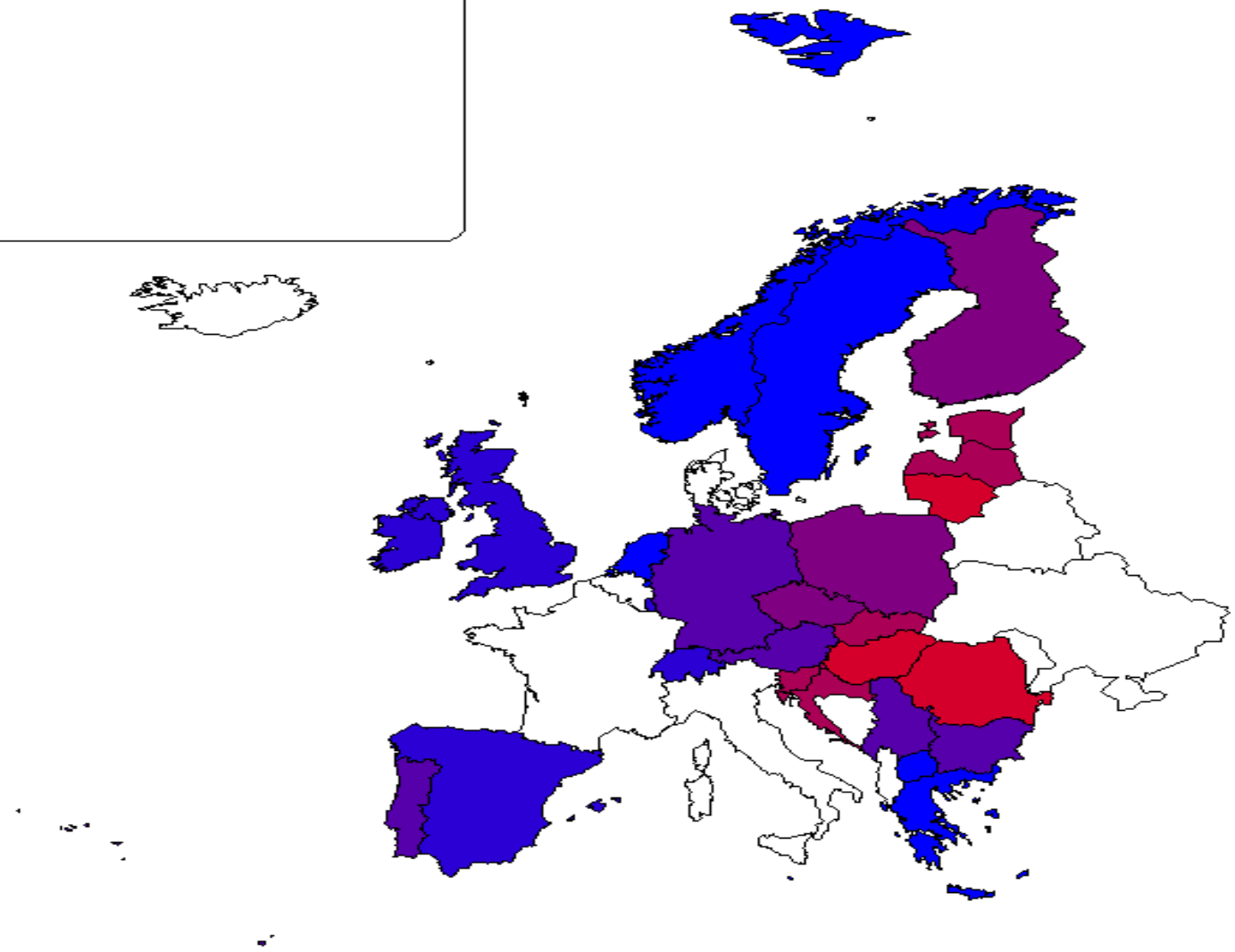
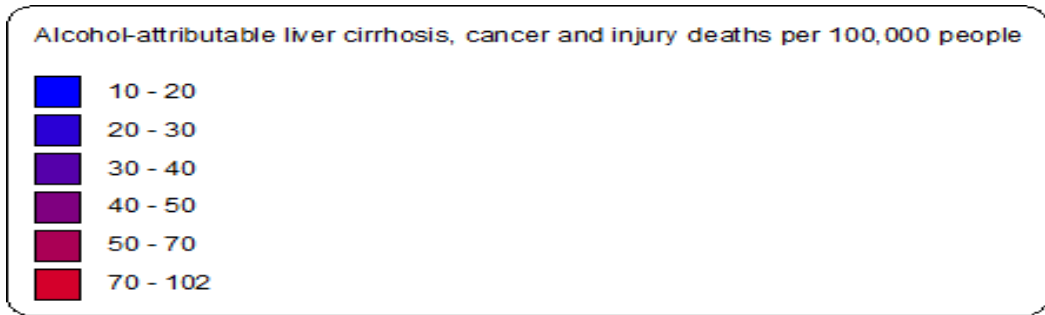
Adult per capita
consumption
(ethanol):
Green: 5 - < 8 litres
Yellow: 8 - < 10 l
Orange: 10 - < 12 l
Red: 12- < 15 l
Dark red: 15+ l



Cancer, liver cirrhosis and injury cover 90% of all net alcohol-attributable deaths; 2012 harm is still high in Europe

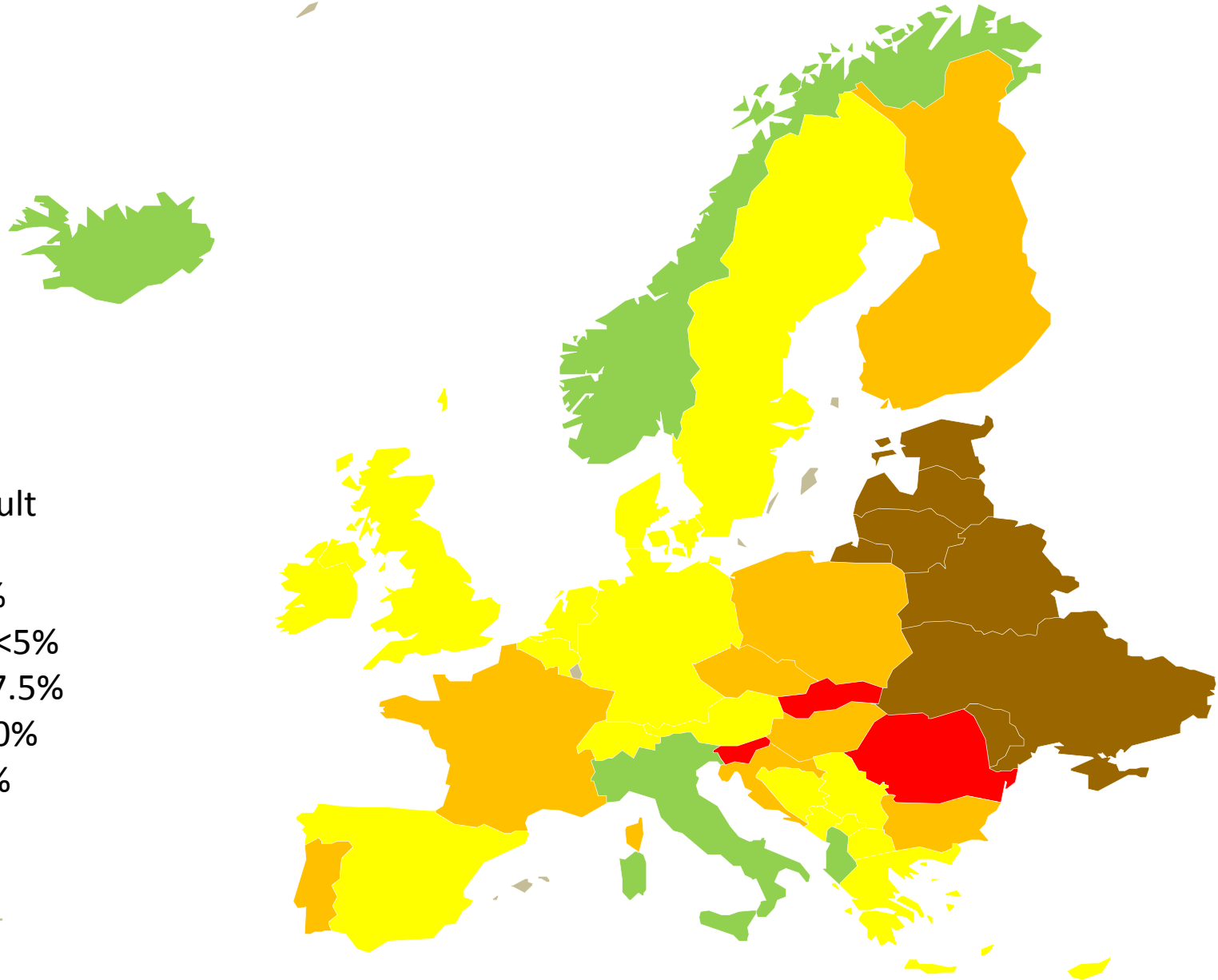
ALCOHOL-ATTRIBUTABLE HEALTH HARM

Alcohol-attributable liver cirrhosis, cancer and injury deaths 2010



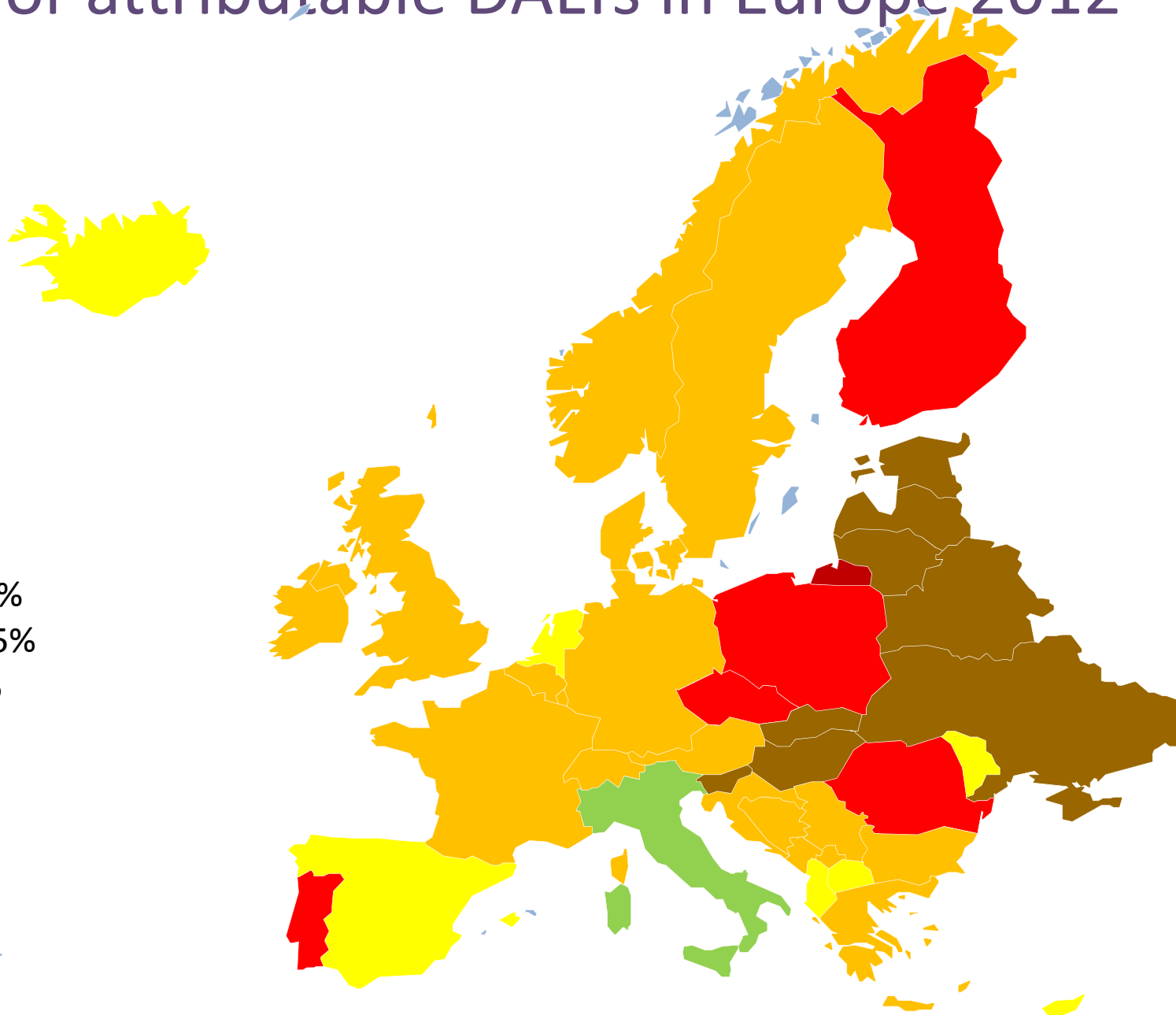
Alcohol-attributable deaths in Europe 2012

In % of all adult
deaths:
Green: <2.5%
Yellow: 2.5 - <5%
Orange: 5 - <7.5%
Red: 7.5 - <10%
Brown: 10+ %



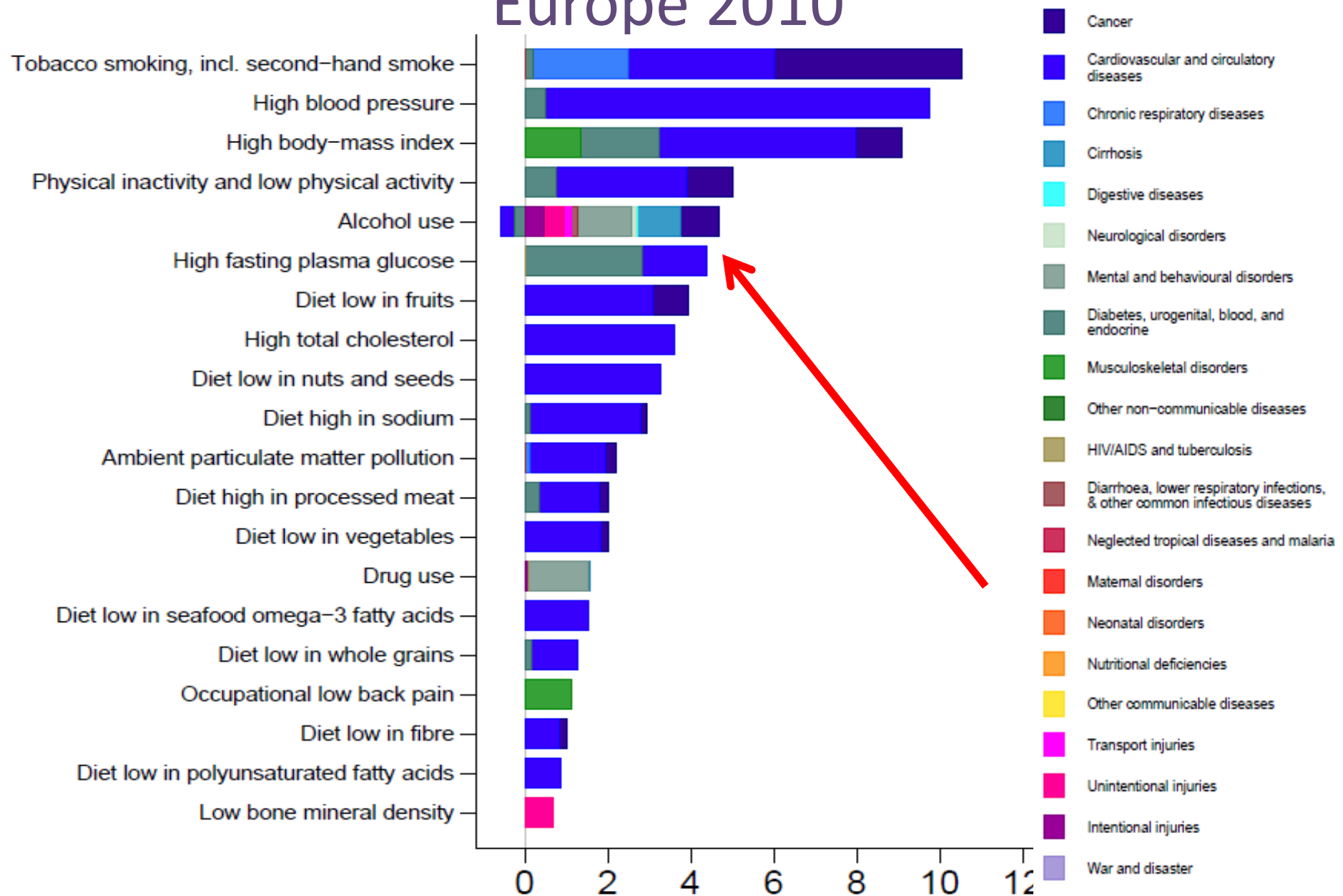
Alcohol-attributable DALYs in Europe 2012

In % of all adult
DALYs:
Green: < 2.5%
Yellow: 2.5 - <5%
Orange: 5 - <7.5%
Red: 7.5 - <10%
Brown: 10+ %

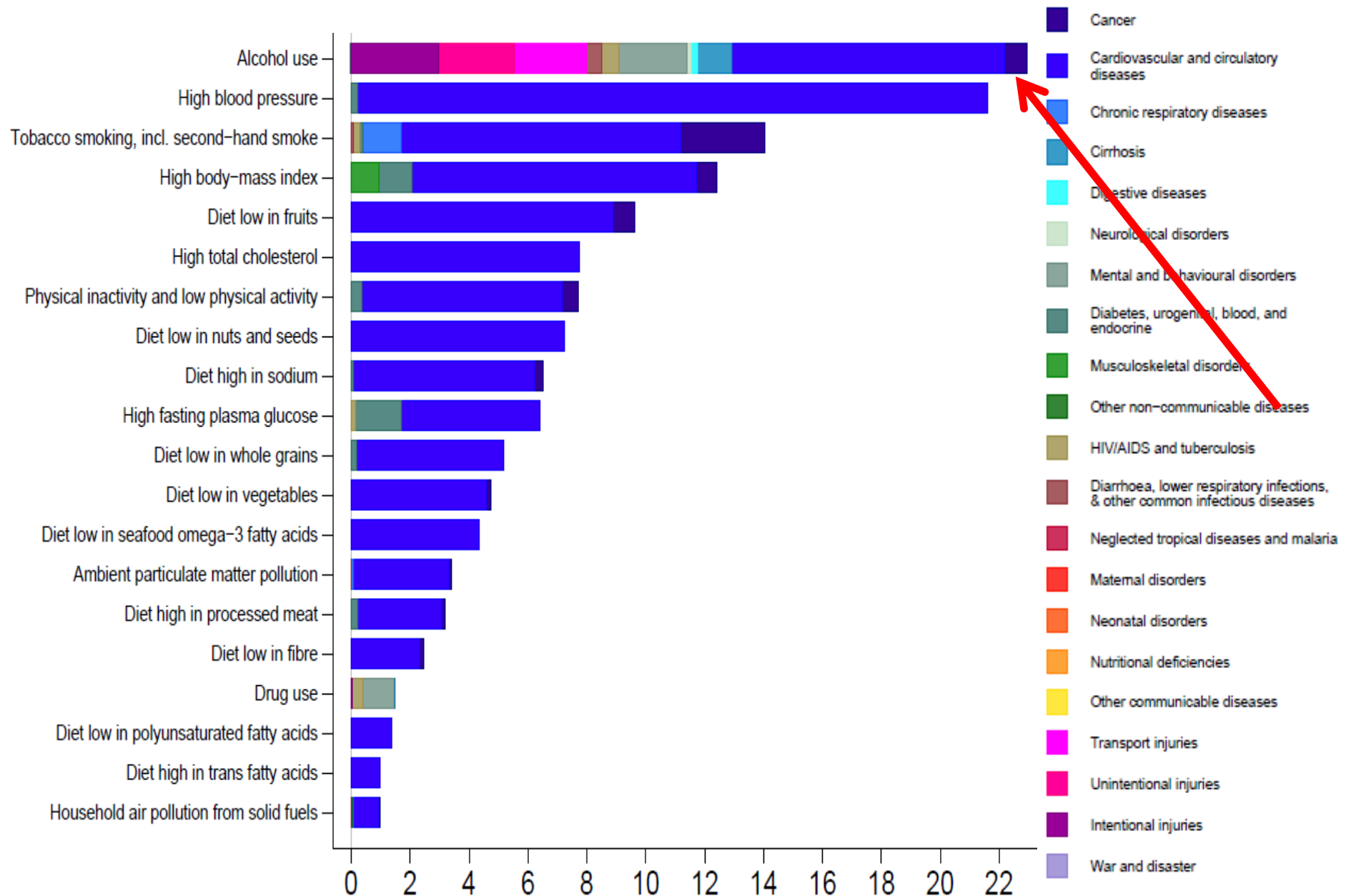


Comparison to other risk factors Western

Europe 2010



More burden in Eastern Europe 2010



And it is not only health burden

	Individual	Family	Work	Society
Health burden	Morbidity from diseases caused or worsened by AD and associated premature mortality	Injury; stress-related problems for other family members; FASD; interpersonal violence	Injury	Acute care hospitalisations for health problems caused by alcohol; injuries; infectious diseases; FASD
Social burden	Decreases in functionality associated with AD (blackouts, hours of drunkenness); decrease in social role; loss of friendships; stigma	Problems with parental roles, partnership roles, and roles as caregiver in general (e.g., to parents)	Team problems; others having to compensate for lack of productivity	Social costs of alcohol; vandalism
Economic burden	Dependent on society and on SES of person with AD; often cost of alcohol plus cost of possible job loss or absenteeism; possible social drift downwards	Financial problems resulting from health and social consequences of alcohol impacting on family budget and household expenses	Absenteeism and other productivity costs (mainly suboptimal performance when working and disability, short- and long-term); replacement costs in case of premature mortality or long-term disability	Productivity losses; health care costs; costs in the legal sector (police, court, prisons)

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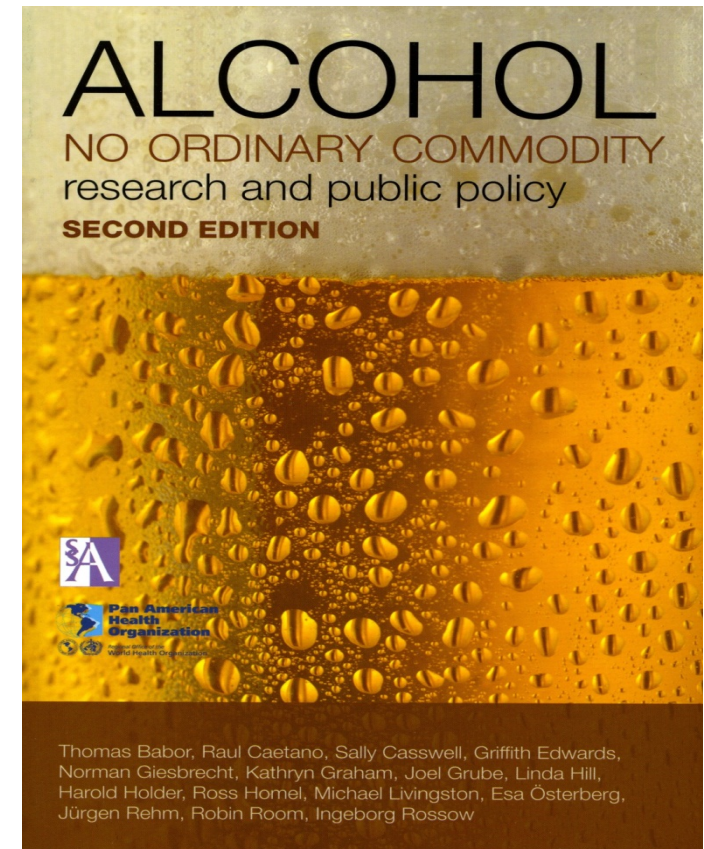
jenny; 17/02/2012

Conclusions

- Divergent trends in alcohol consumption in Europe: some good signs, and some bad signs
- Overall Europe is still the region with the highest alcohol consumption in the world (Eastern Europe higher than EU).
- So overall, harm is still high **(more than every 10th death before age 65 in EU is due to alcohol!)** and can and should be reduced.
- Harm is not restricted to health or to the drinker

Need for interventions

- Prevention is important (and Italy knows best)
- WHO “best buys” for cost-effective prevention ->
 - Taxation
 - Reduction of availability
 - Marketing ban
- Let us not forget interventions for heavy drinking including treatment

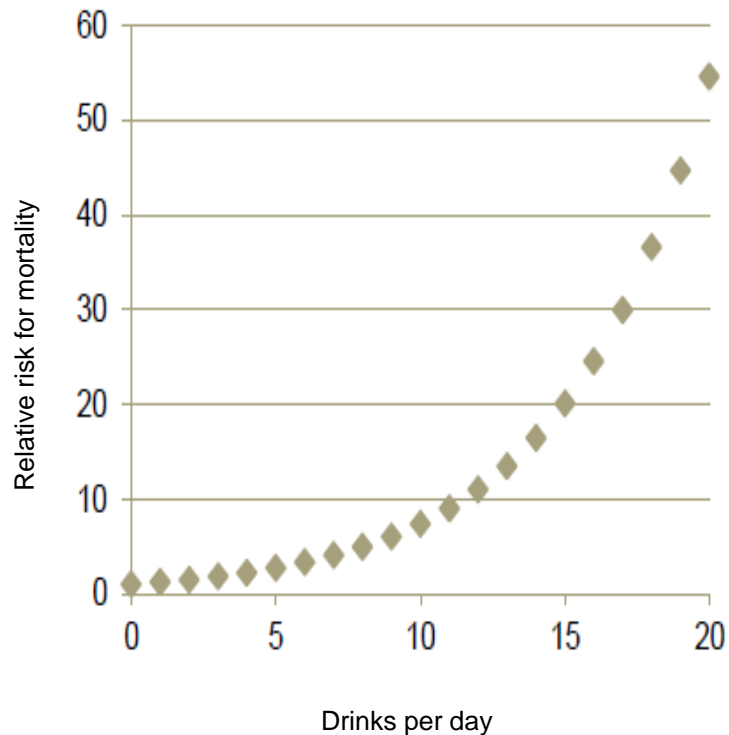


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What should interventions take into account?

- It is important to reduce the highest levels of drinking in order to prevent harm

Typical risk curve for alcohol (e.g., liver cirrhosis mortality)



Relative gain in risk for mortality of reducing by three drinks/day for different levels of drinking

