

ALCOHOL PREVENTION DAY - XIII EDIZIONE
9 April 2014 Centro Congressi "Roma Eventi - Fontana di Trevi"



WHO Global Strategy to reduce the harmful use of alcohol – a European perspective

Mr Dag Rekve

Department of Mental Health and Substance Abuse, WHO Headquarters

Harmful use of alcohol

Harmful use of alcohol is broad and encompasses the drinking that causes detrimental health and social consequences for:

- the drinker;
- the people around the drinker and
- society at large,

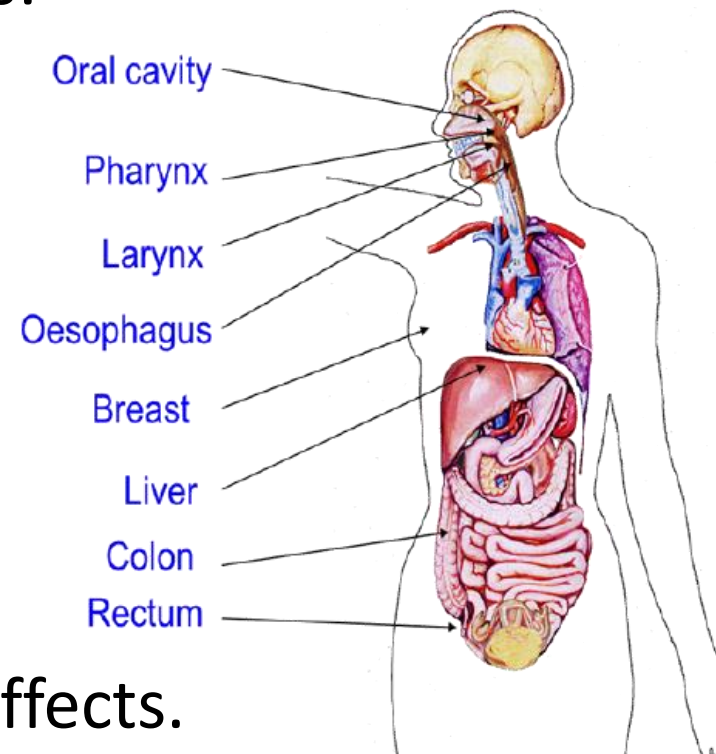
as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.

Impact on the drinker

Alcohol can harm the drinker by its:

- ✓ Intoxicating effects
- ✓ Immunosuppressant effects
- ✓ Carcinogenic effects
- ✓ Neurotoxic effects
- ✓ Dependence producing properties

It seems to have some beneficial effects.



Impact on people other than the drinker

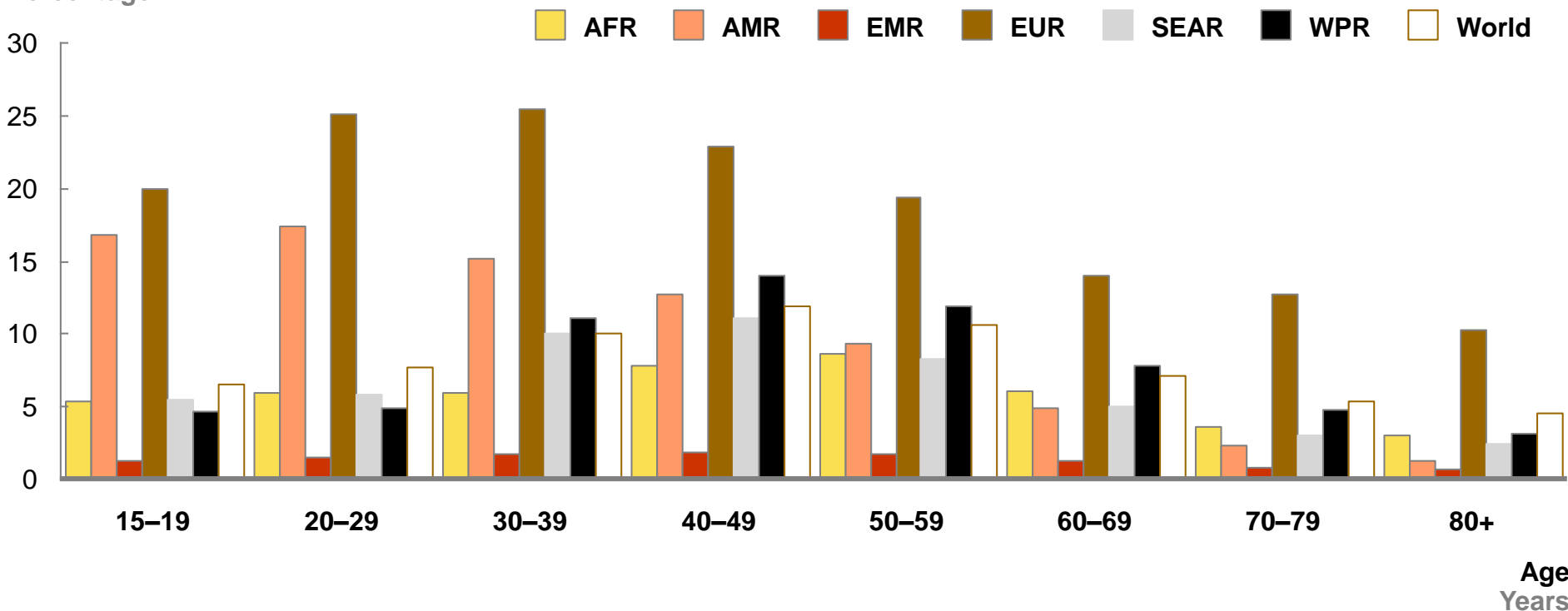
Alcohol can harm other than the drinker by:

- ✓ Its teratogenic effects
- ✓ Physical injuries, violence and crime
- ✓ Psychological violence
- ✓ Using up a relative or colleagues' time and resources
- ✓ Using up taxes, private wealth and other resources in society

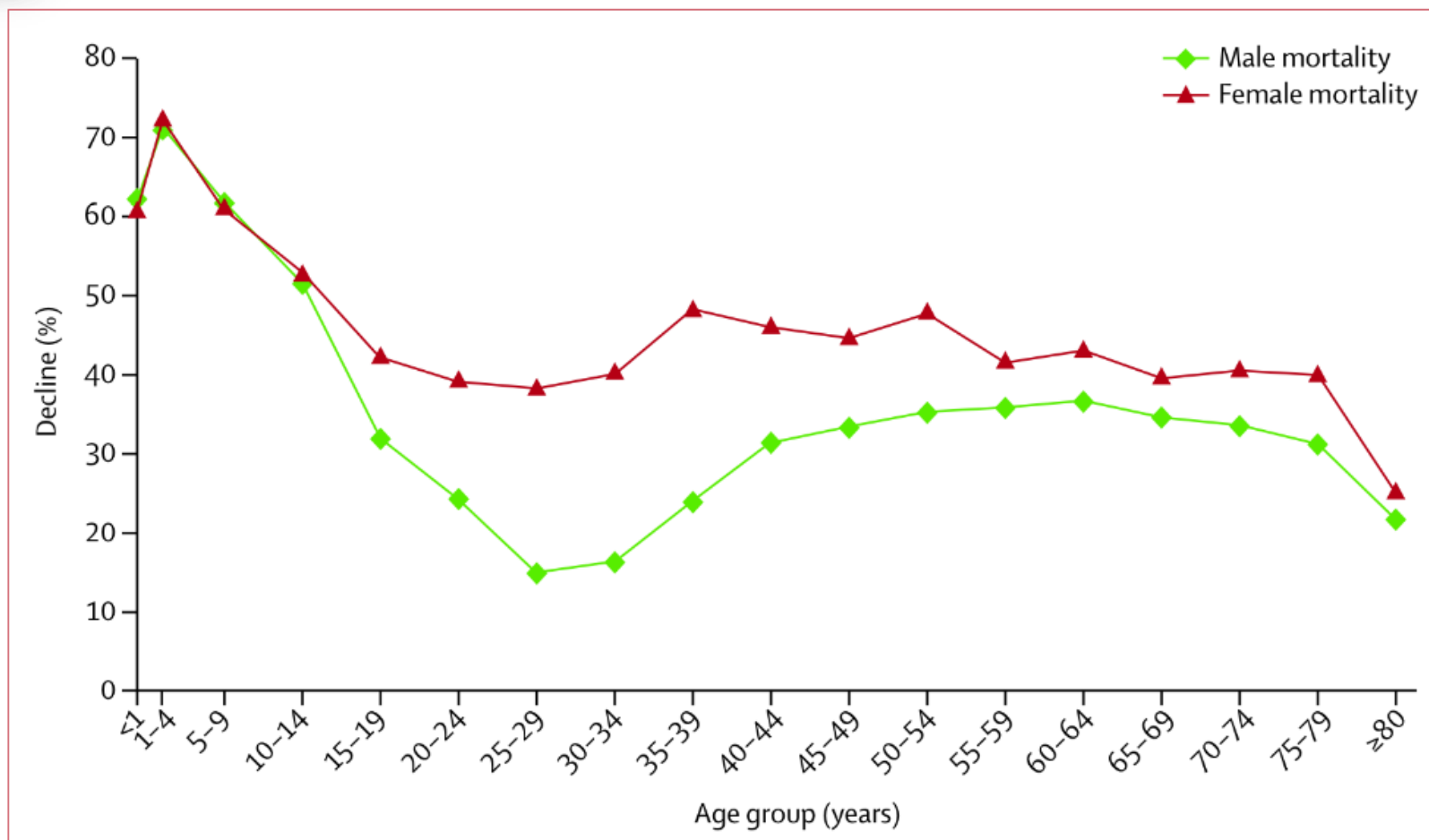
Impact on societies

Proportion of all deaths attributable to alcohol in 2012

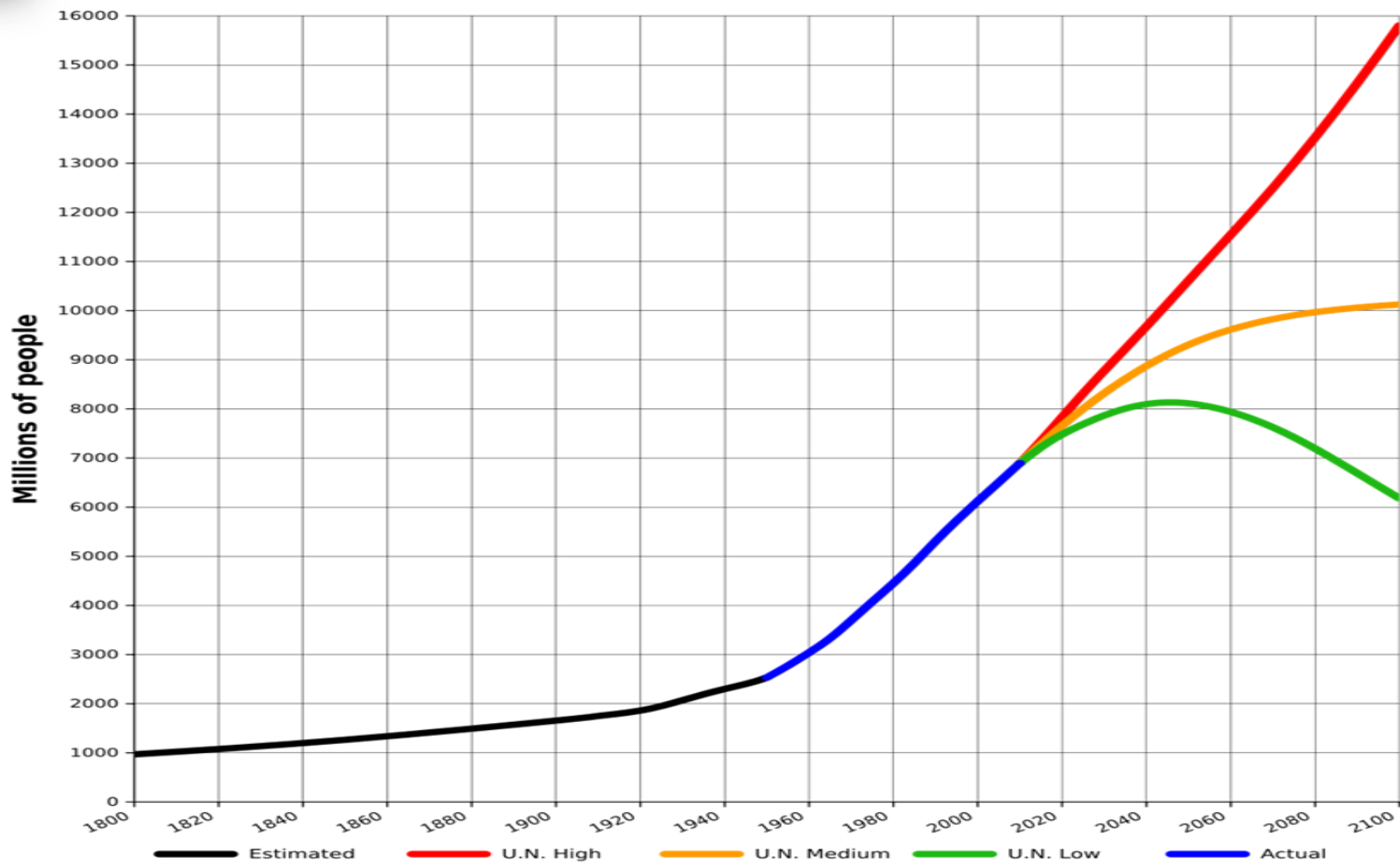
Percentage



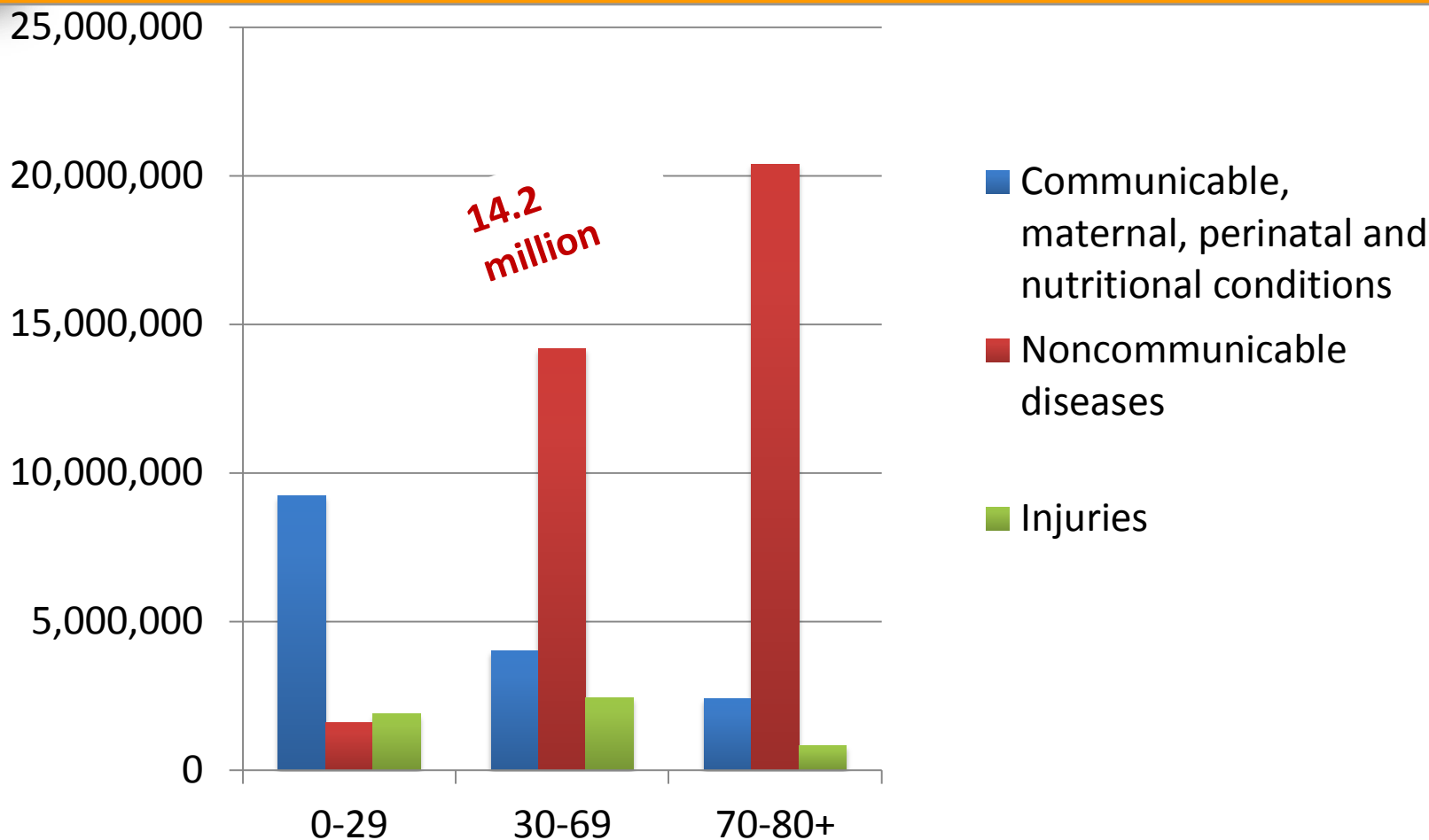
Decline in mortality rate, 1970 - 2010



Population growth



The changing world of global health

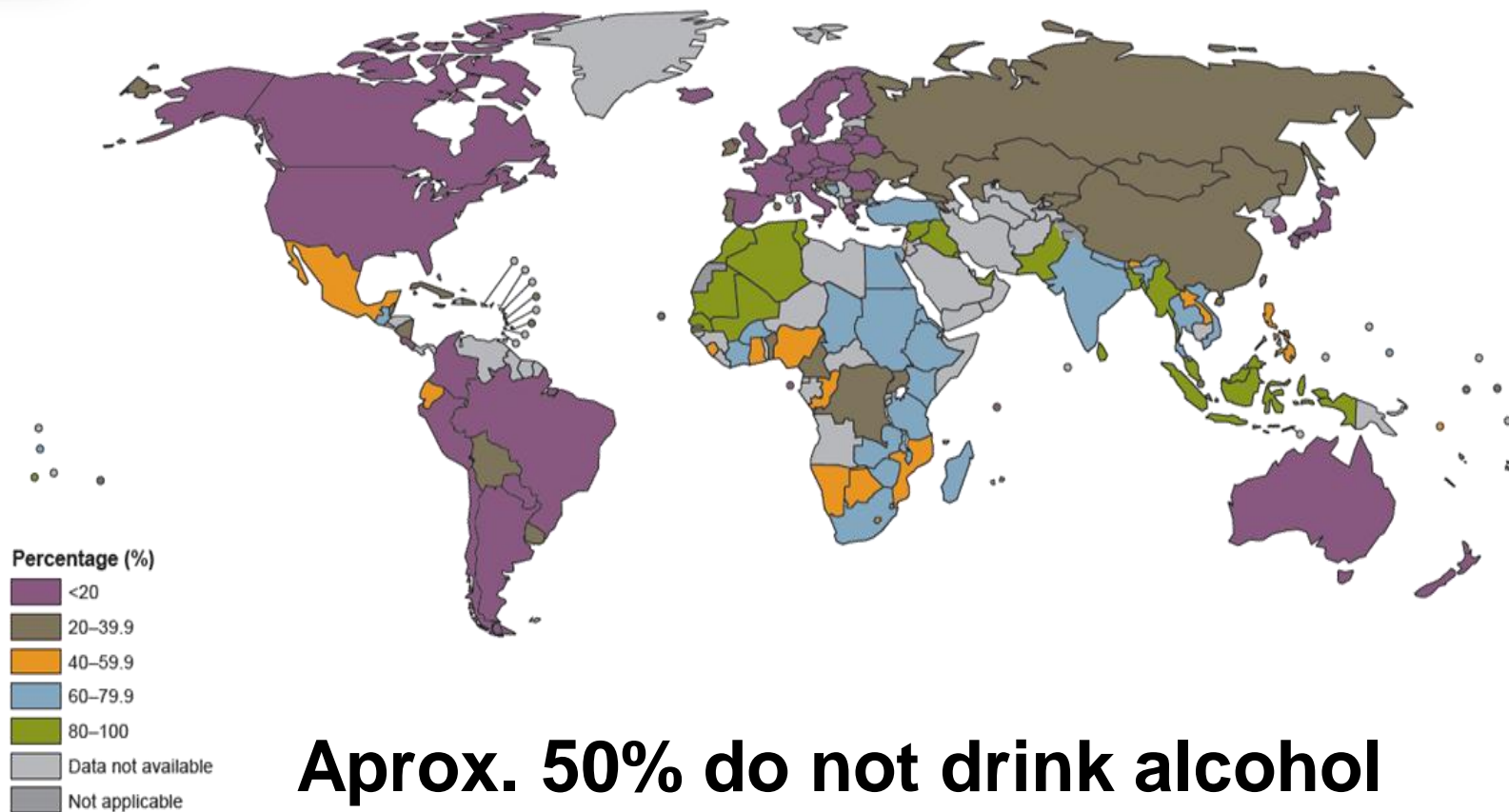


Alcohol is more than NCDs

- injuries and violence
- Neuropsychiatric problems
- Harm to others
- Communicable diseases
 - Casual links are now established between alcohol and the incidence of TB and lower respiratory infections and the progression of HIV/AIDS, with a strong indication of also a causal link between alcohol and HIV



Lifetime prevalence of abstention (world) (WHO, 2011)



Aprox. 50% do not drink alcohol

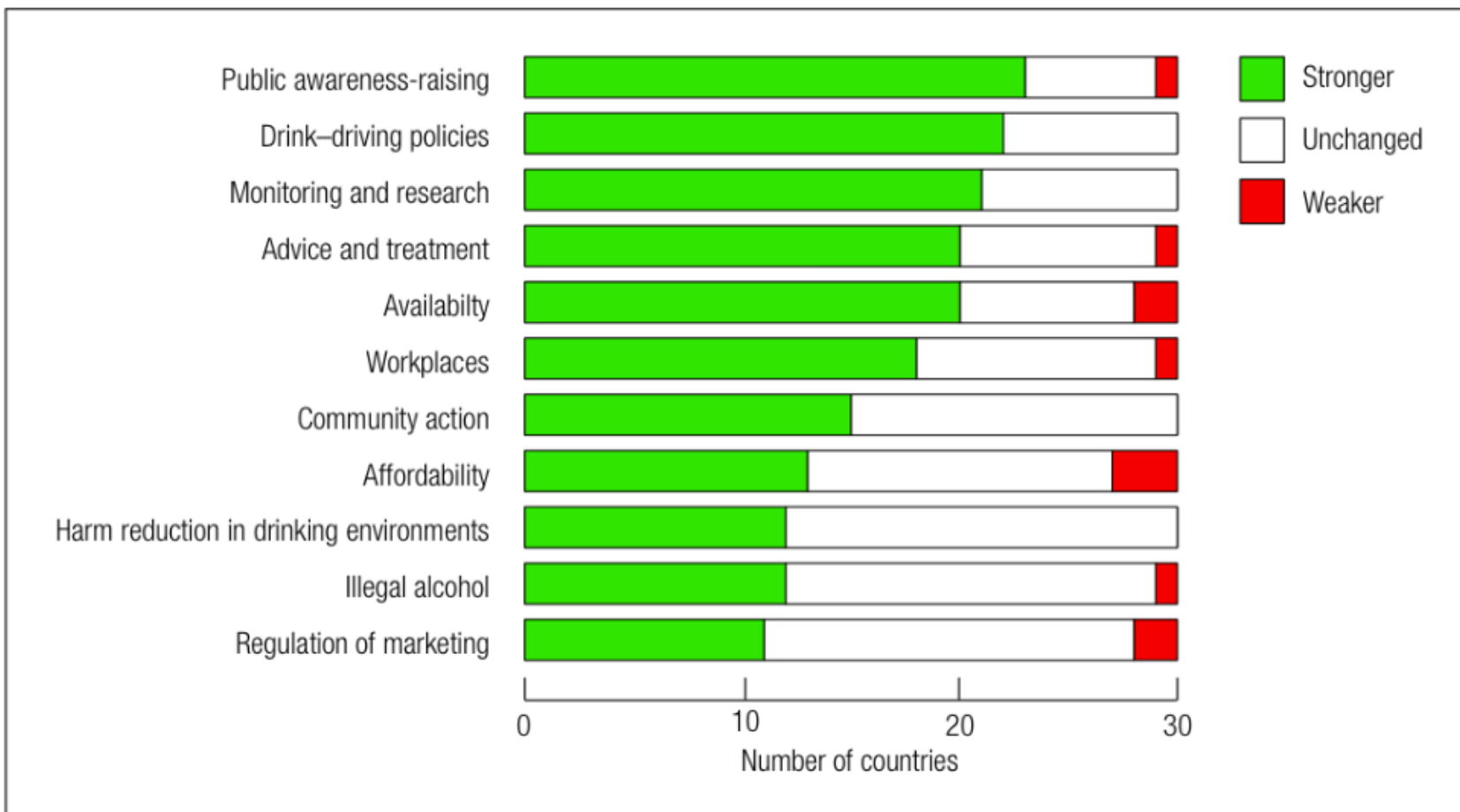
What actions are needed to reduce the harmful use of alcohol?

Global, regional and national actions on:

- levels of alcohol consumption;
- patterns of alcohol consumption;
- contexts of alcohol consumption;
- wider social determinants of health.

➤ 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.

Alcohol policy changes in 30 European countries 2006 - 2011



Global strategy to reduce the harmful use of alcohol (GAS)

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



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.

Priority areas for global action

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

Public health advocacy and partnership

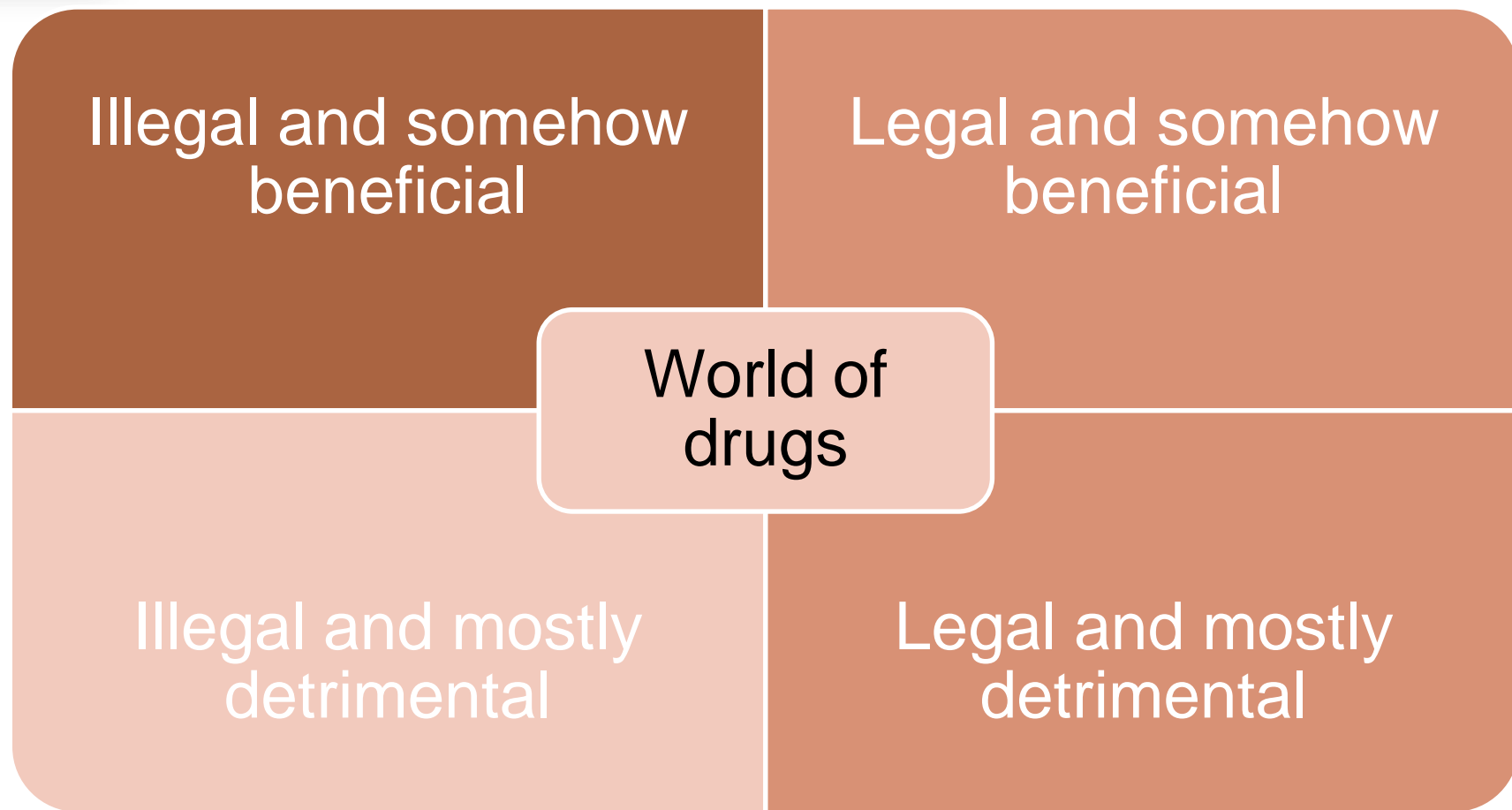
- Global and regional networks of WHO national counterparts established.
 - First meeting of global network in February 2011
 - Second meeting takes place 12 to 14 May 2014.
 - Meetings of the Coordinating Council in between global meetings.
- Co-hosting of the Global Alcohol Policy Conference in 2012 and co-sponsorship of this 2013 Global Alcohol Policy Conference.
- A series of policy briefs and facts sheets under development.
- Strengthened links with related areas like NCDs, mental health, injury and violence and communicable diseases.
- Continued consultations and meetings with NGOs, professional association, IGOs and with economic operators.



Conflict of interest considerations

- Alcohol is a psychoactive and toxic substance with dependence producing properties.
- Its harmful use contributes significantly to the global burden of disease, and current available evidence indicates that the most effective interventions to reduce the alcohol-attributable burden are those that are most intrusive on trade in alcoholic beverages.
- This warrants considerable caution when it comes to any public health interaction with private sector actors that have a commercial interest in the sales of alcoholic beverages, which profits depend, sometimes considerably, by people seeking for the psychoactive and intoxicating properties of alcohol or by people who are alcohol-dependent.

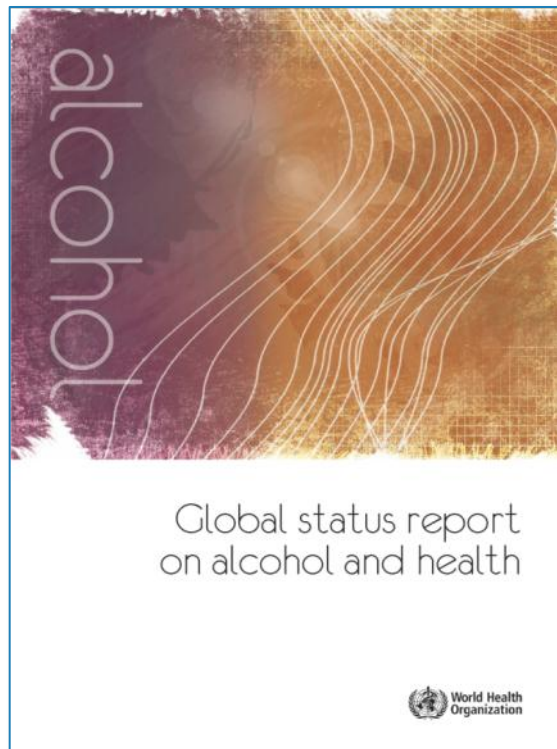
Future non-state actors?



Production and dissemination of knowledge

- WHO Global Research Initiative on Alcohol, Health and Development
 - H2O (Harm to others)
 - Child development and prenatal risk factor exposure (FASD)
 - Alcohol and infectious diseases (HIV, TB)
 - Alcohol policy development in less resourced countries
- Global and regional information systems
- Effectiveness of web-based e-health interventions for hazardous and harmful use of alcohol

WHO Global Monitoring Activities



- GSR on alcohol and health (2011): Highly commended in the public health category in the British Medical Association (BMA) Book competition 2012
- Global Survey on Alcohol and Health 2012 completed and now country profiles are validated
- Additional component to improve estimates of unrecorded consumption (2013)
- New WHO estimates for alcohol-attributable disease burden for 2010/2011 are produced
- Next Global Status Report on Alcohol and Health will to be launched in May 2014

WHO activities – a summary



Global strategy to reduce the harmful use of alcohol



World Health Organization

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Conclusions

- The scope and magnitude of harmful use of alcohol requires increased attention at all levels and effective countermeasures are available;
- The adoption of GAS was a huge achievement, and is reinforced by the UN political declaration on NCD`s and WHO NCD action plan;
- Structures and processes for implementation, monitoring and surveillance of GAS have been firmly established;
- Implementation at country level is key and current activities focuses on technical tools, training, research and resource mobilizations;
- Policy-relevant research is a priority especially regarding infectious diseases, harm to others than the drinker and in low and middle income countries
- Resources available are not corresponding to the demand for support and the magnitude of the problem.



Thank you for your attention

Further information at:

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