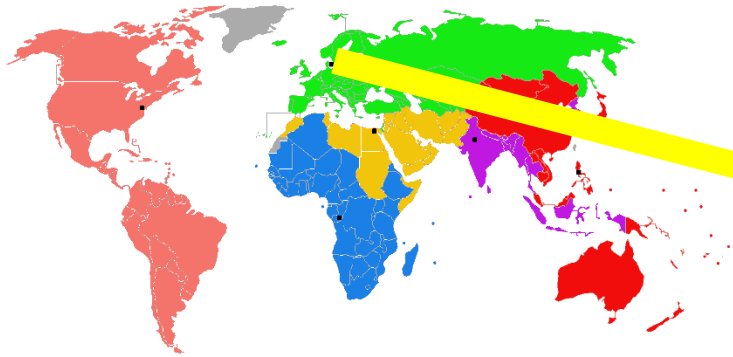


Alcohol in Europe

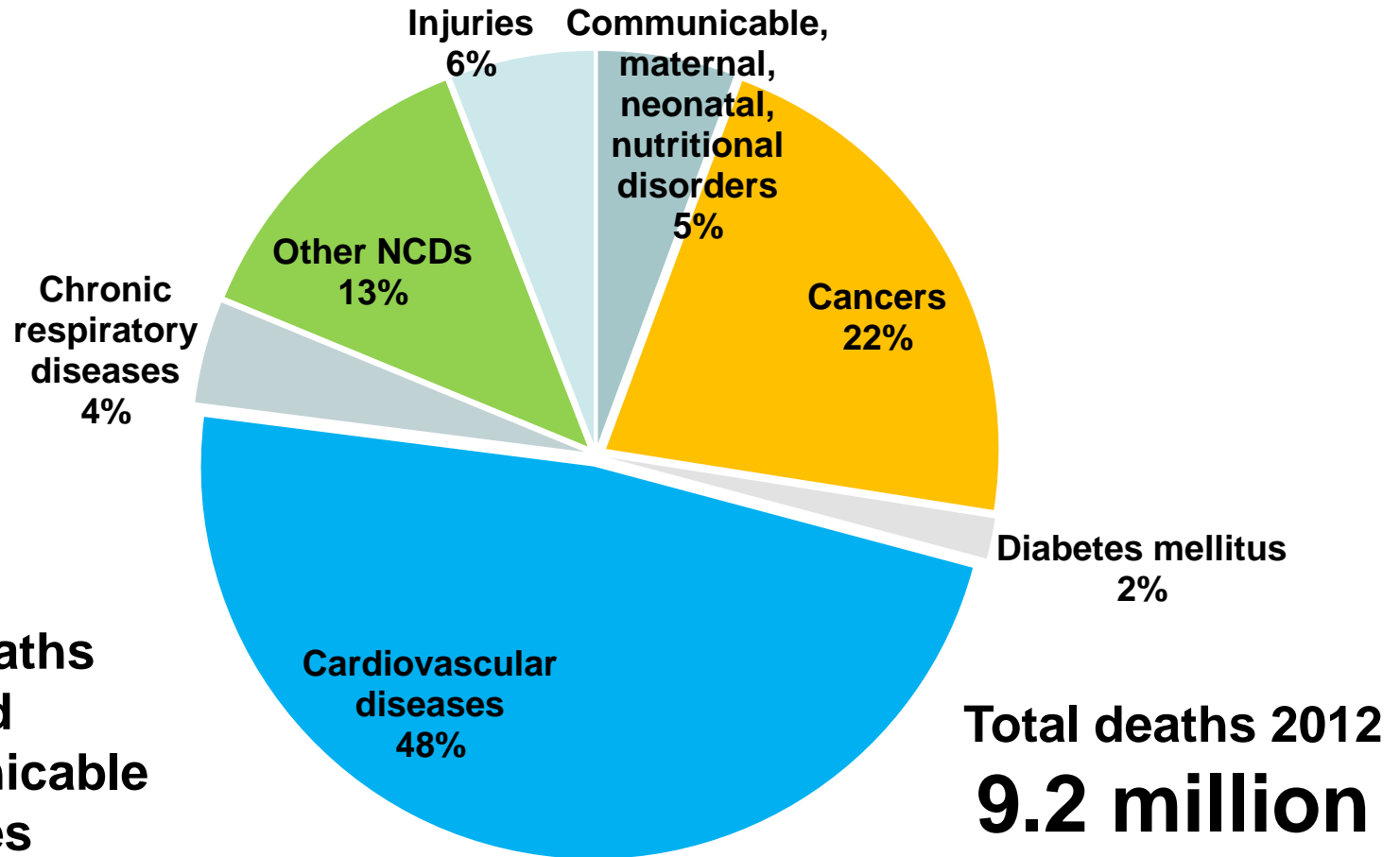
Dr Lars Møller
Programme Manager
World Health Organization
Regional Office for Europe



WHO Regional Office for Europe



Causes of death in WHO European Region, 2012



Source: Global Health Observatory

<http://apps.who.int/gho/data/view.main.CODREG6EURV?lang=en>

The WHO Global NCD Action Plan 2013-2020

Objective 1

To raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy

Objective 2

To strengthen national capacity, leadership, **governance**, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs

Objective 3

To reduce **modifiable risk factors** for NCDs and underlying social determinants through creation of health-promoting environments

Objective 4

To strengthen and orient **health systems** to address the prevention and control of NCDs and the underlying social determinants through people-centered primary health care and universal health coverage

Objective 5

To promote and support national capacity for high-quality **research and development** for the prevention and control of NCDs

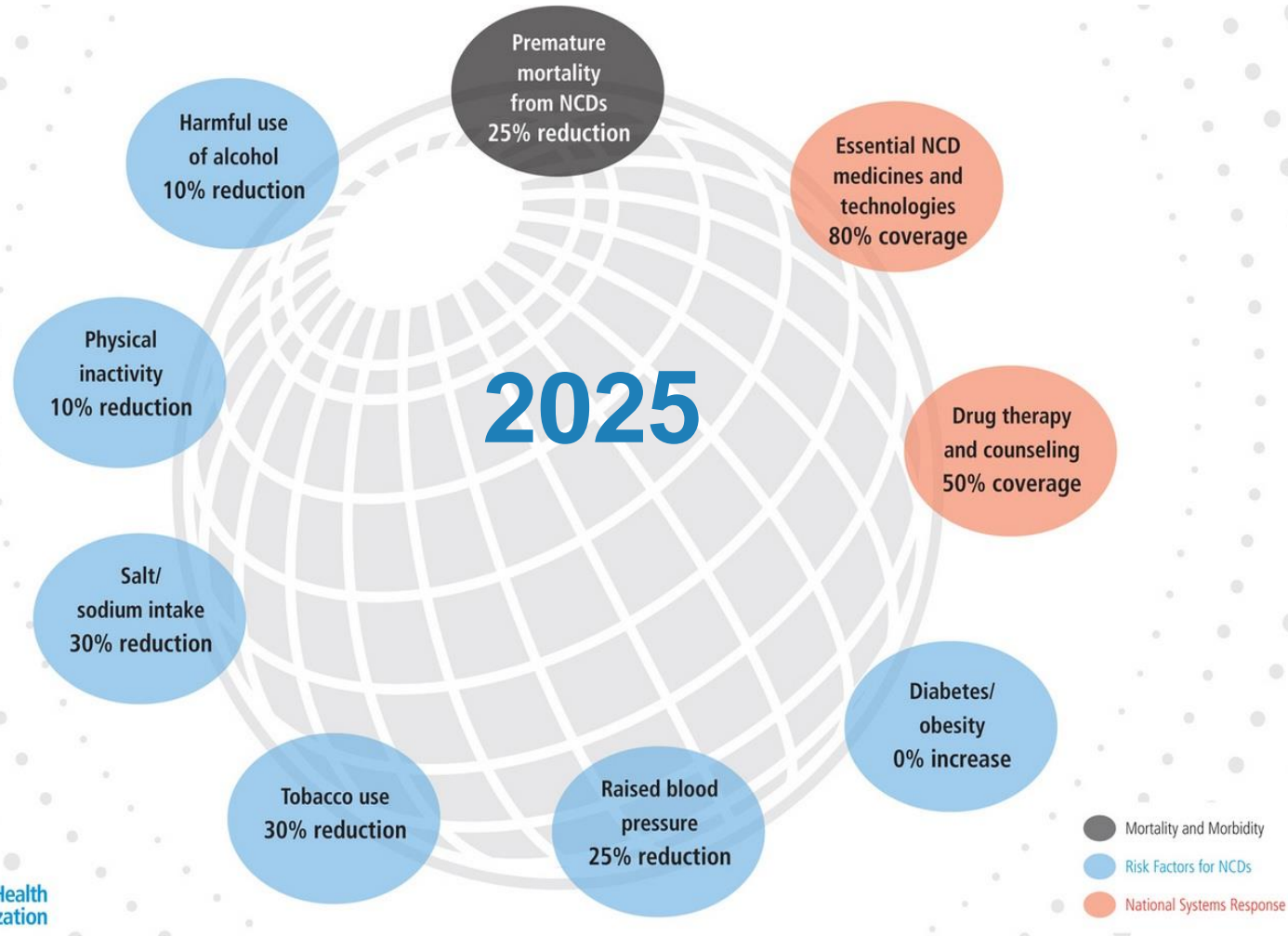
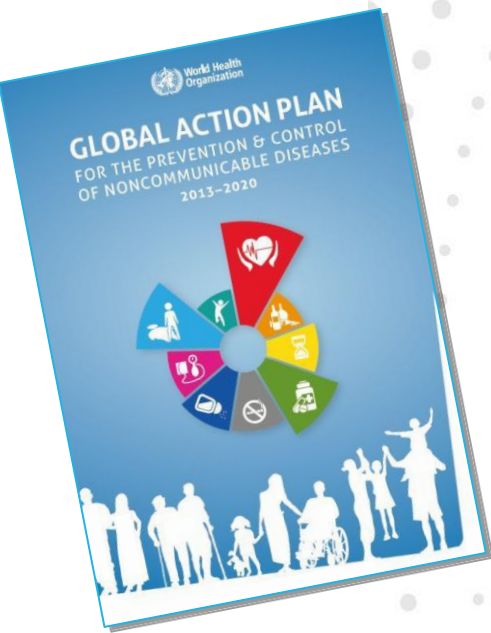
Objective 6

To monitor the trends and determinants of NCDs and **evaluate progress** in their prevention and control



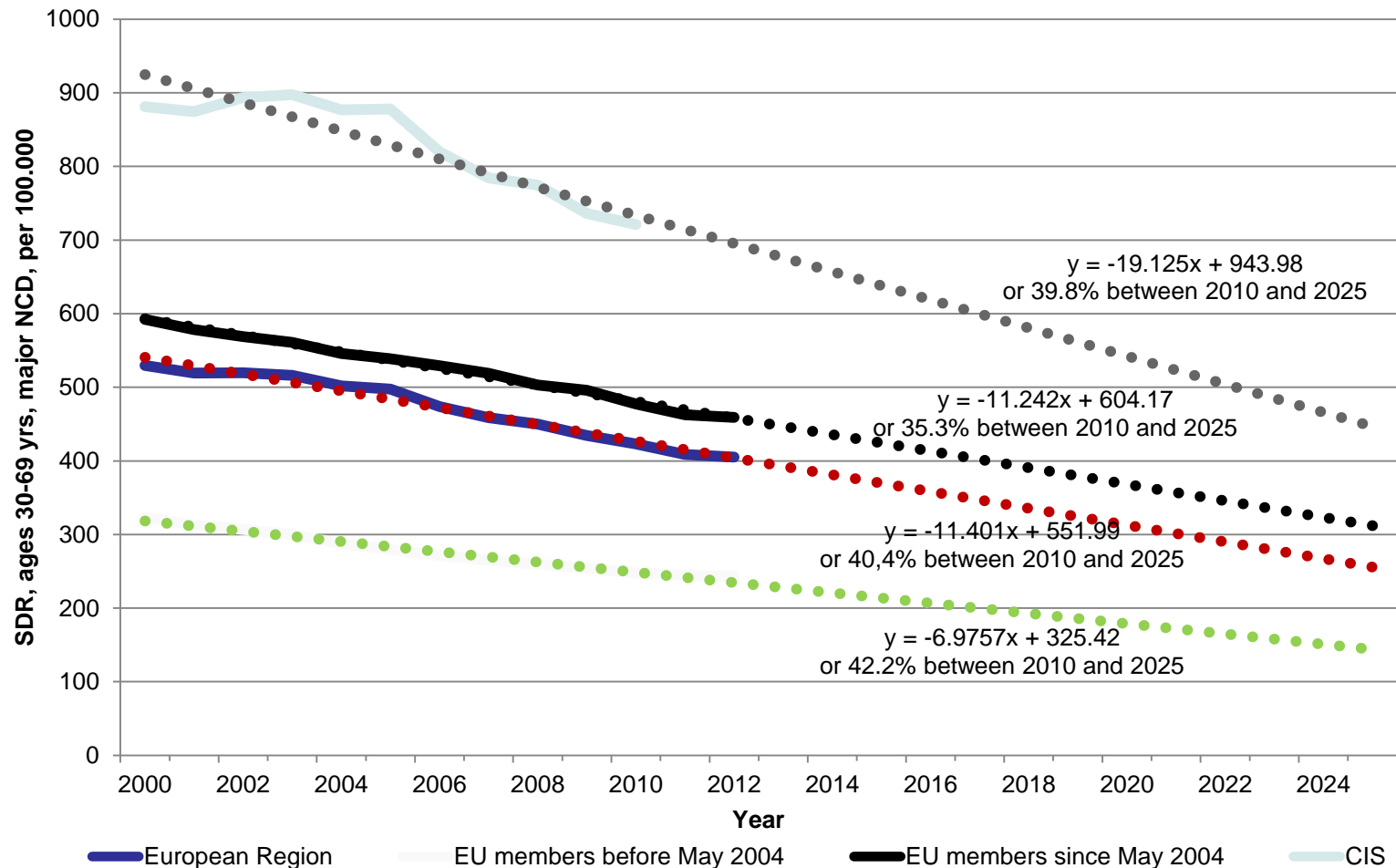
Global targets for NCDs

To be attained by 2025



Regional trends in premature NCD mortality are promising

Age-standardized NCD death rates 30-69 and projections to 2025





SUSTAINABLE DEVELOPMENT GOALS



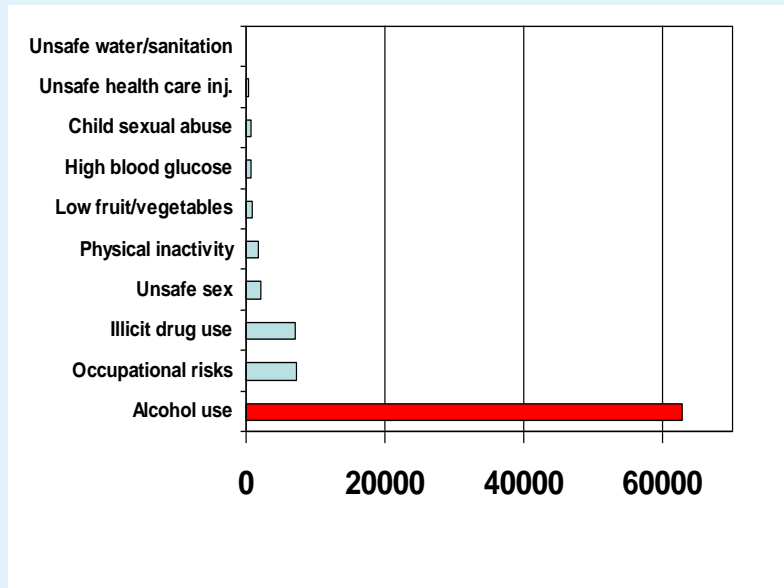
Top 10 risk factors for burden of disease & injury 2013 (*Lancet*, published online September 11, 2015)

Risk factor	Western Europe	Central/ Eastern Europe	Developed	Developing
High blood pressure	1	1	1	1
Tobacco use	2	3	3	4
High body mass index	3	2	2	2
High fasting plasma glucose	4	6	5	3
Alcohol use	5	4	4	8
High total cholesterol	6	5	6	
Glomerular filtration	7		7	
Physical inactivity	8		9	
Diet high in sodium	9	7	8	
Diet low fruit	10	8	10	10

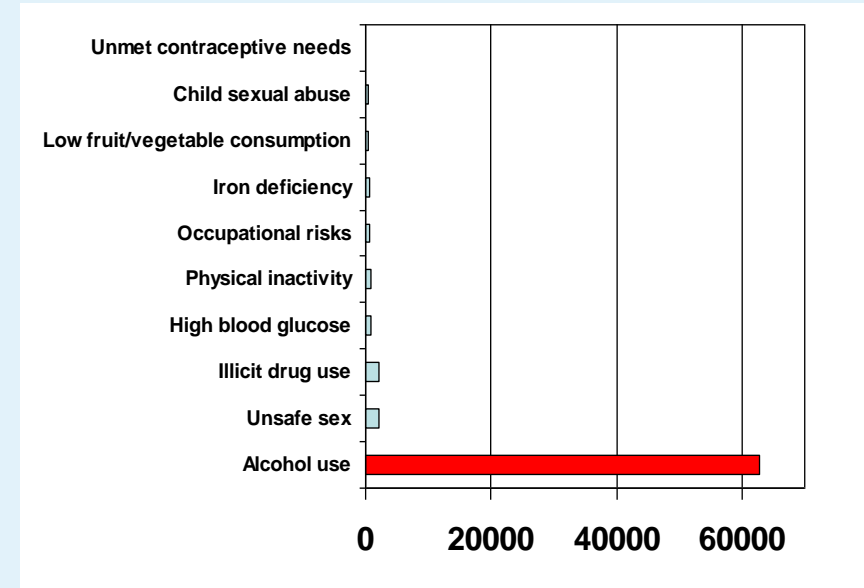
In Europe: high exposure, high burden of mortality and disease

- **For men** between ages of 15 and 64, **1 in 7 deaths** were caused by alcohol (clearly premature deaths given the life expectancy in Europe)
- **For women** of the same age category, **1 in 13** deaths are caused by alcohol

Most important risk factors for mortality among young people 15–29 years, WHO EURO

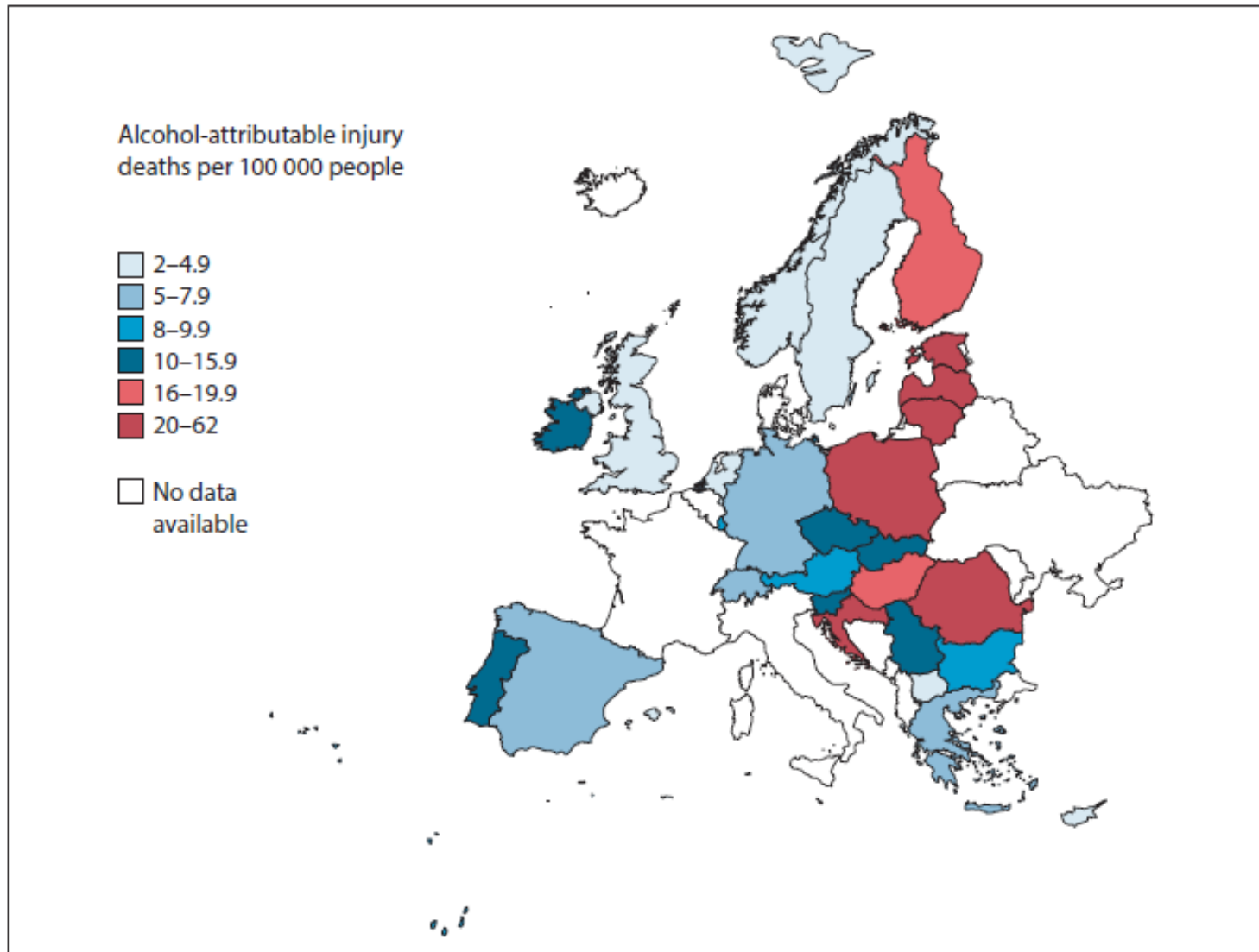


**Deaths
Men**

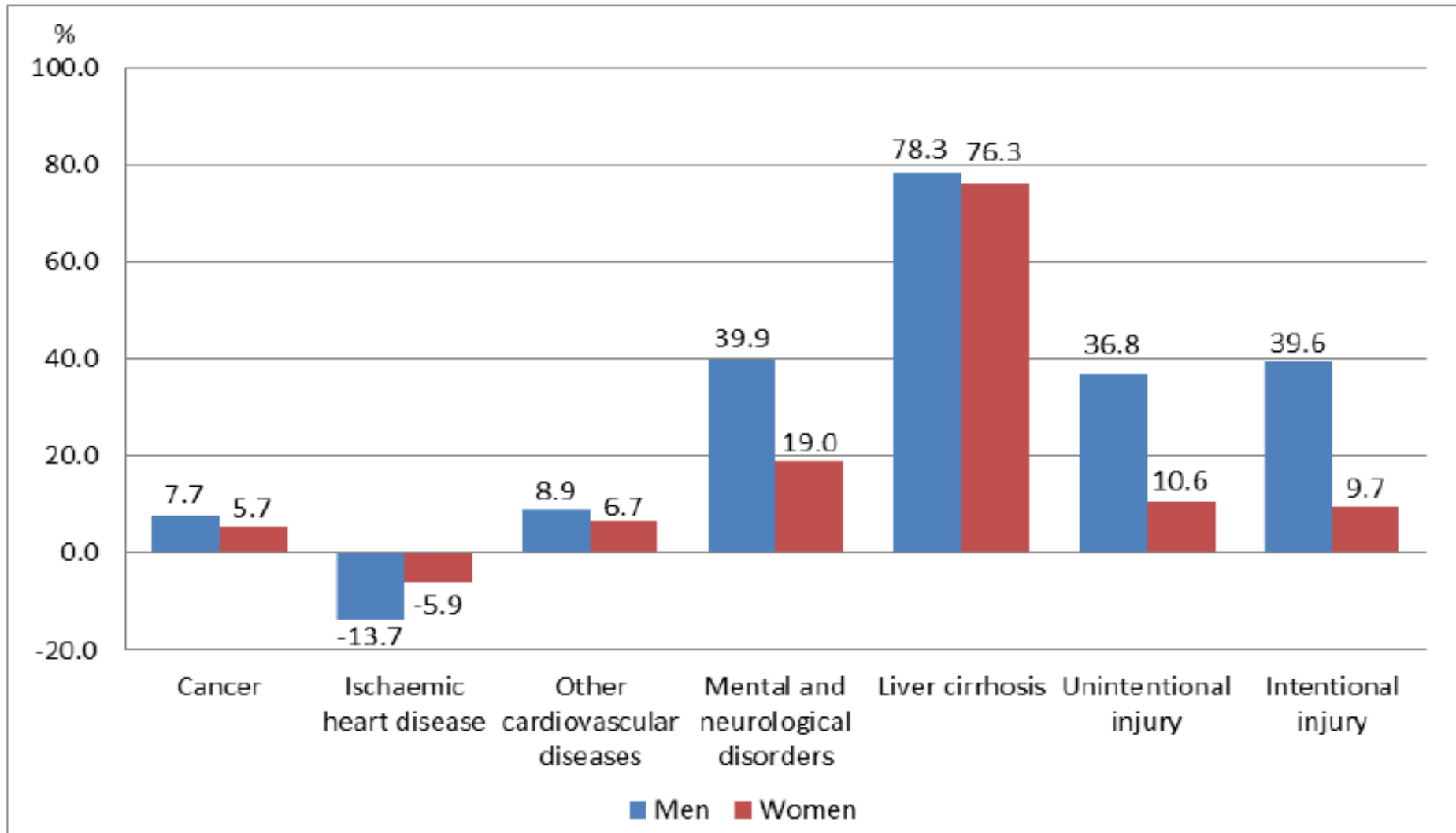


**Deaths
Women**

Alcohol attributable SDRs for injury/violence per 100.000 people - 2010



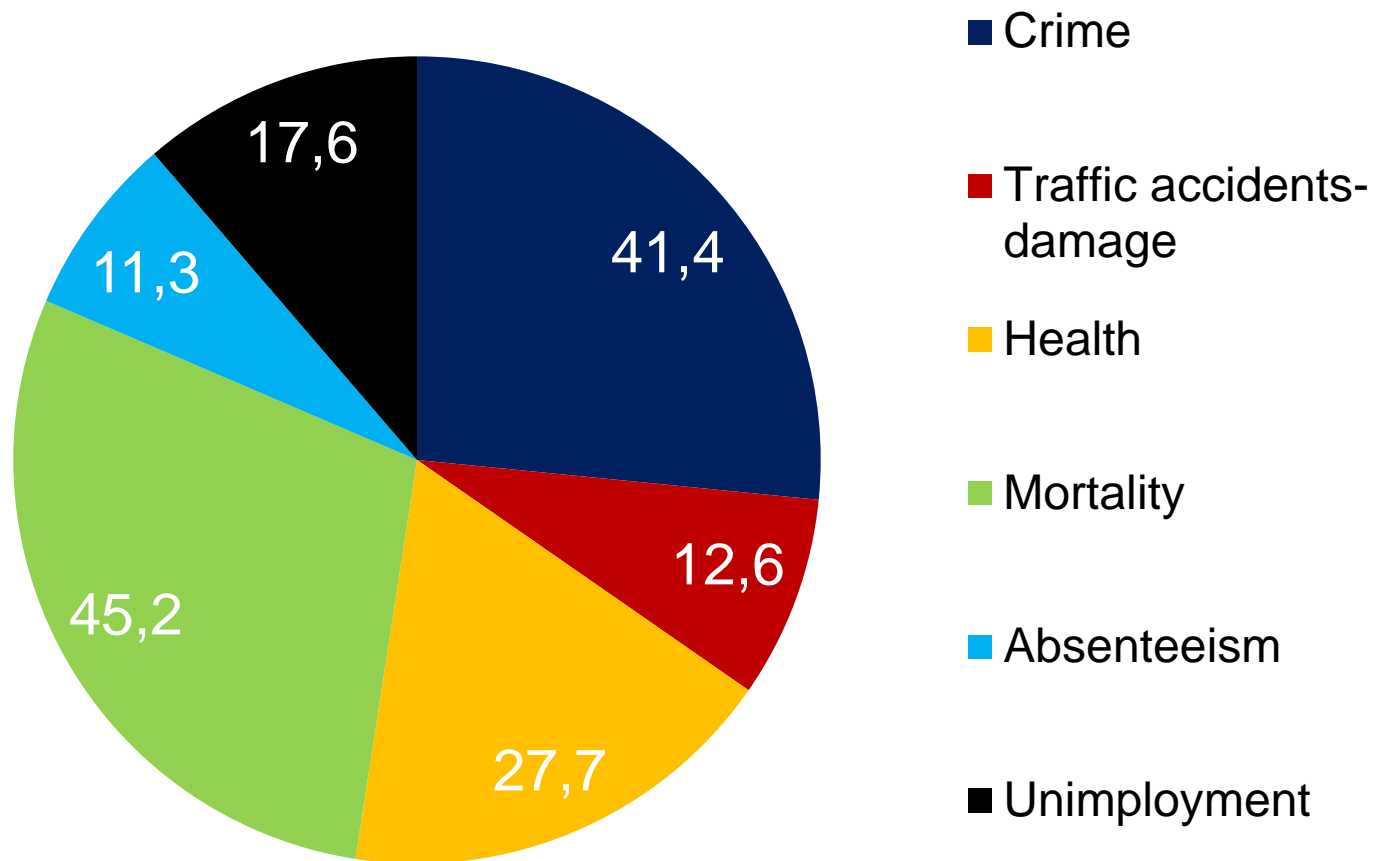
Proportion of deaths for major disease categories attributable to alcohol



IARC on alcohol and cancer

- Globally, alcohol-attributable cancers account for 25% of alcohol-related deaths for women and 18% for men – making it one of the largest entirely avoidable risk factors.
- Seven types of cancer are significantly associated with alcohol use:
 - Cancer of the oral cavity
 - Esophagus
 - Liver
 - Pharynx
 - Colorectum
 - Female breast
 - Larynx

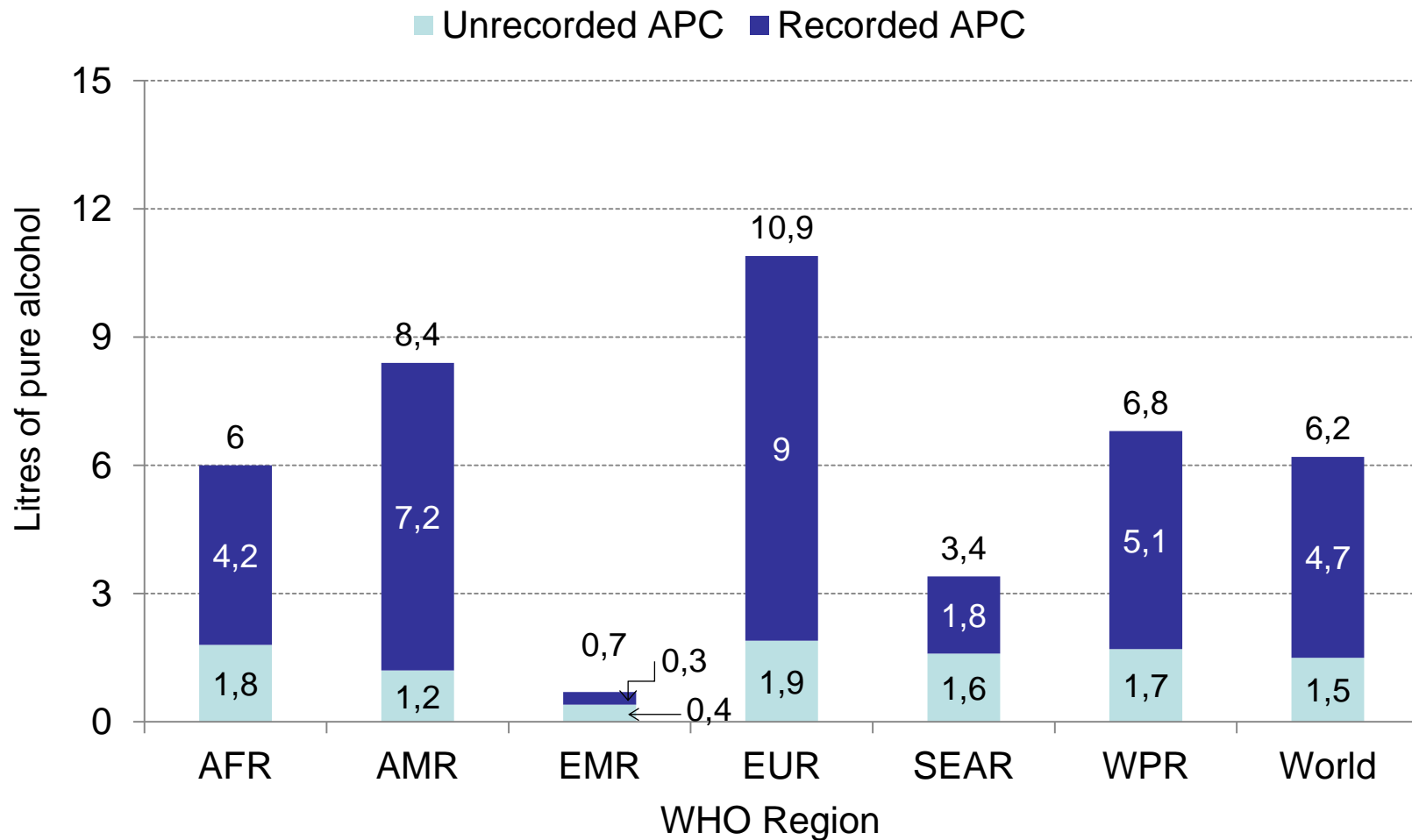
Social costs of alcohol – 1.3% of GDP (EU) € 155.8 billion in 2010



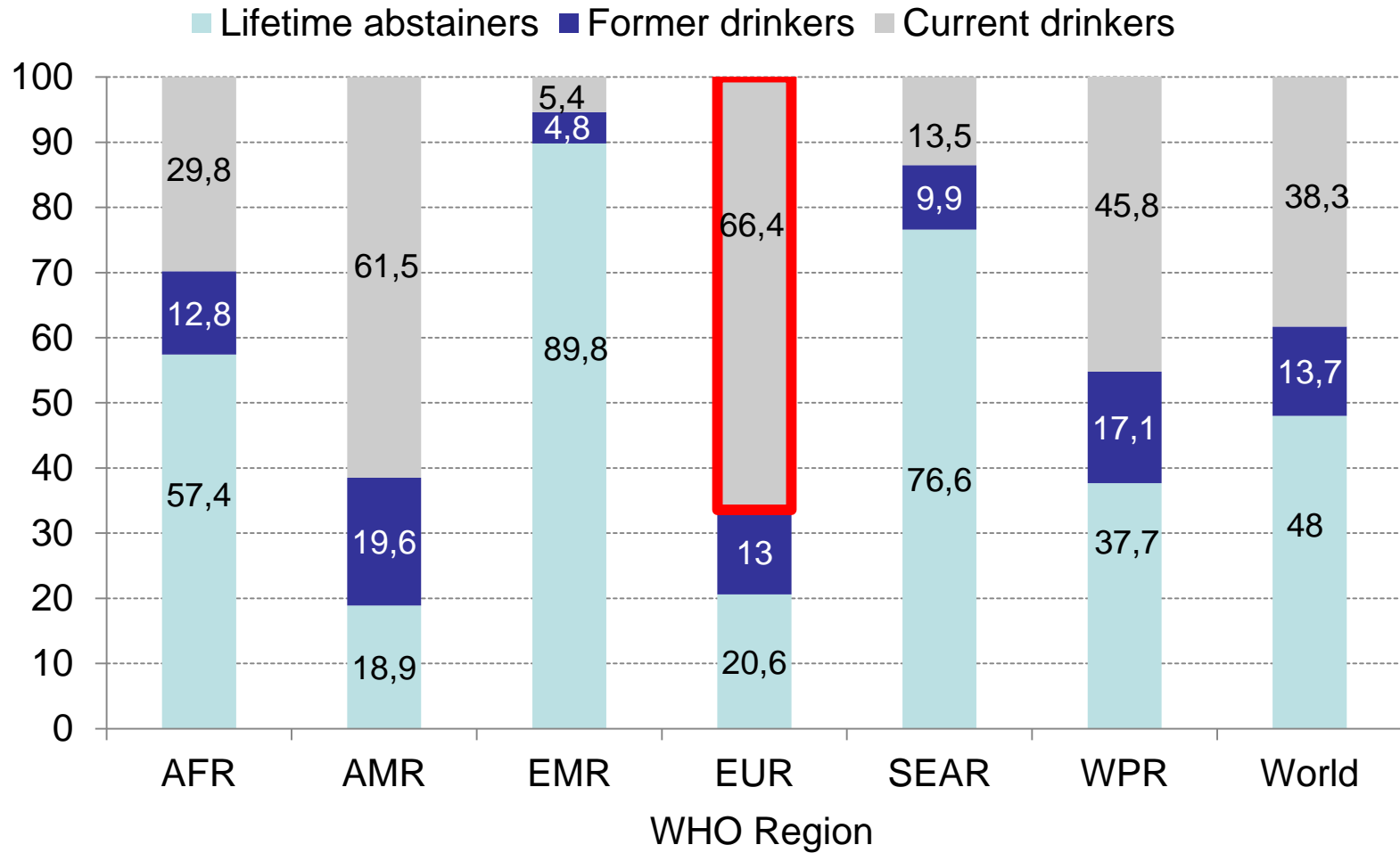
(Anderson and Baumberg 2006).

Alcohol consumption

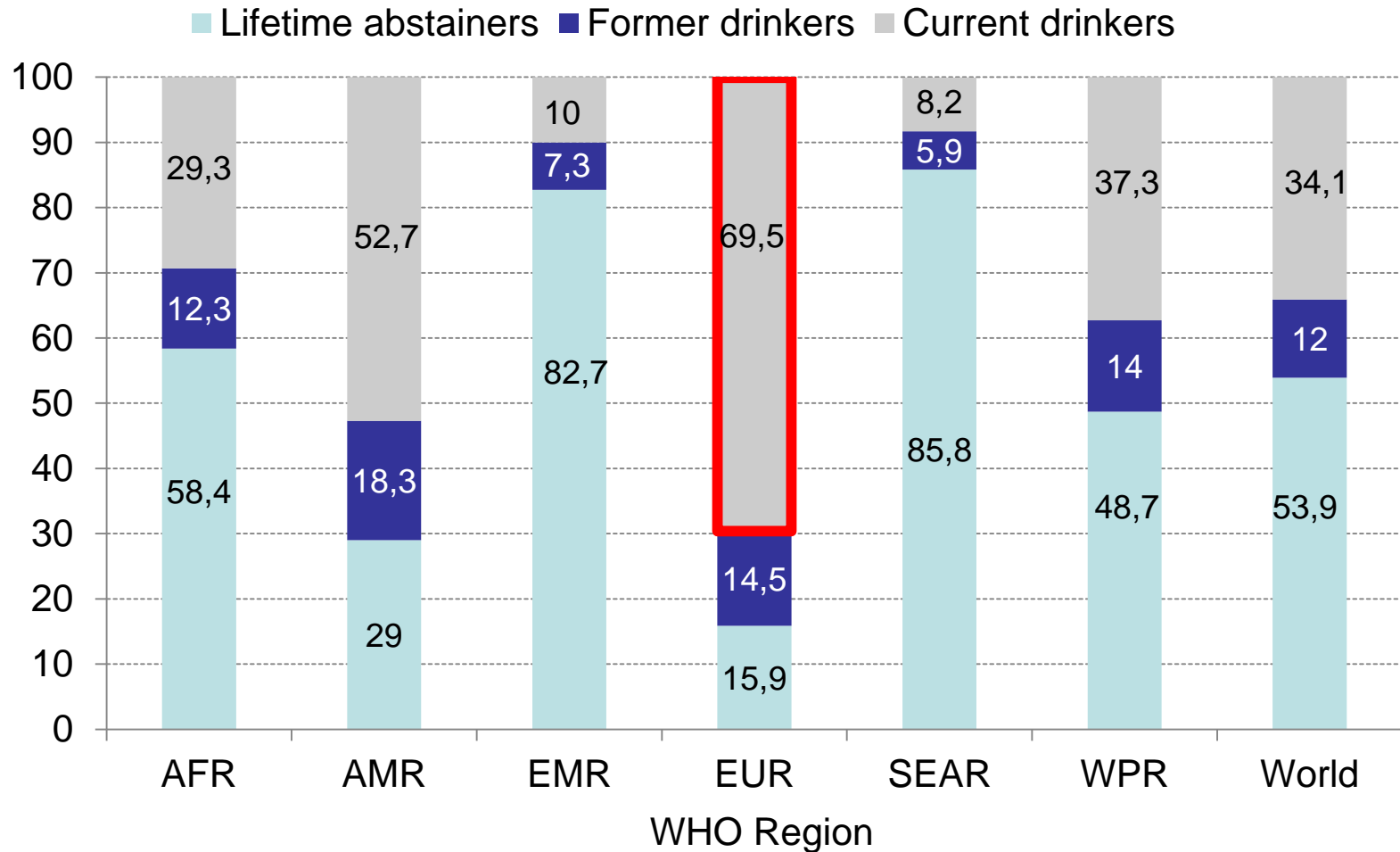
Total, unrecorded and recorded alcohol per capita (15+ years) consumption in litres of pure alcohol by WHO region and the world, 2010



Adult drinking (2010)



Drinking among 15 to 19-year-olds (2010)

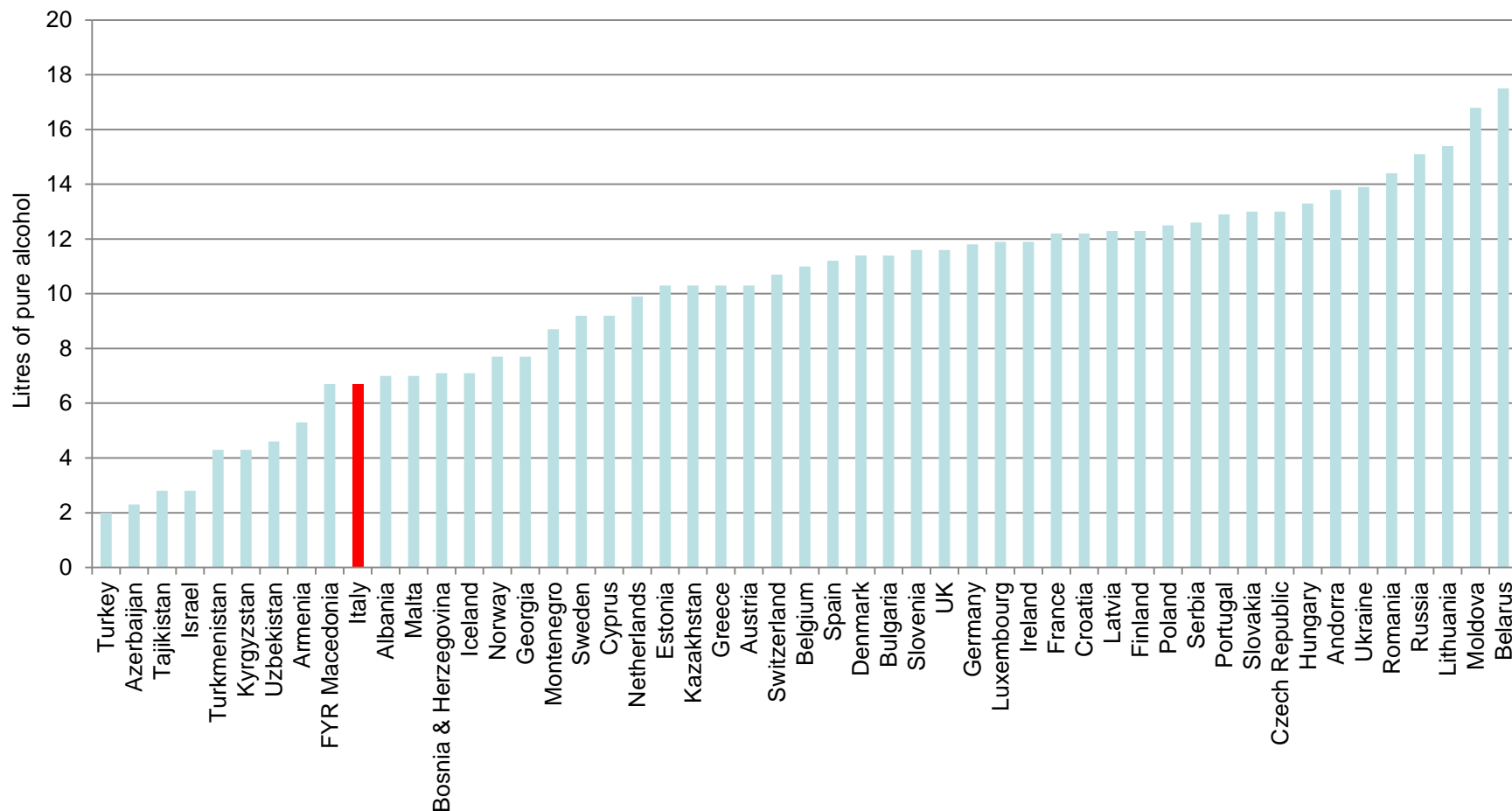


Total alcohol per capita (15+ years) consumption by WHO region, 2005 and 2010

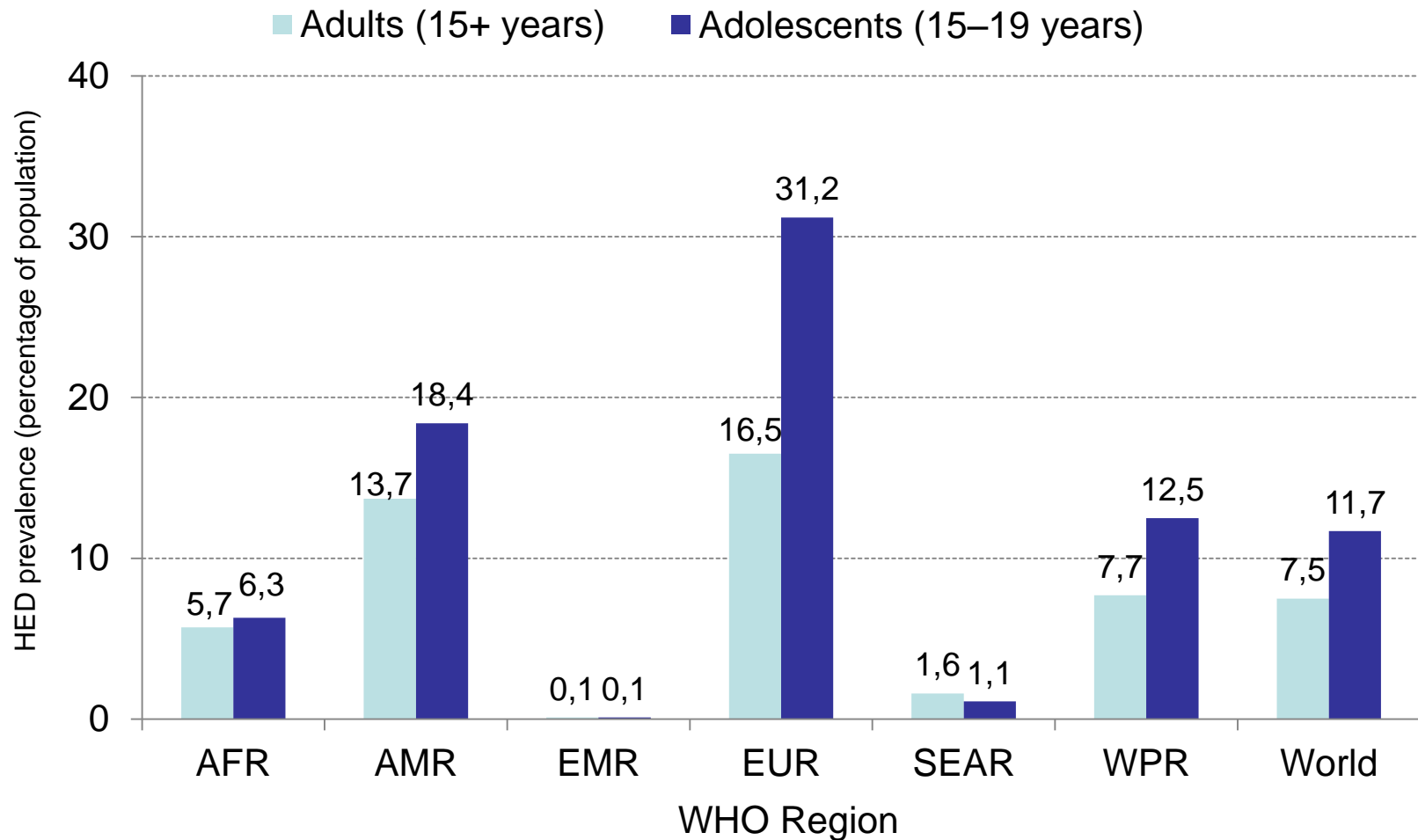
WHO regions	Total APC 2005	Total APC 2010
EUR	12.2	10.9
AFR	6.2	6.0
AMR	8.7	8.4
EMR	0.7	0.7
SEAR	2.2	3.4
WPR	6.2	6.8
World	6.1	6.2

In the WHO European Region, was a 10% decrease in total per capita consumption from 2005 to 2010.

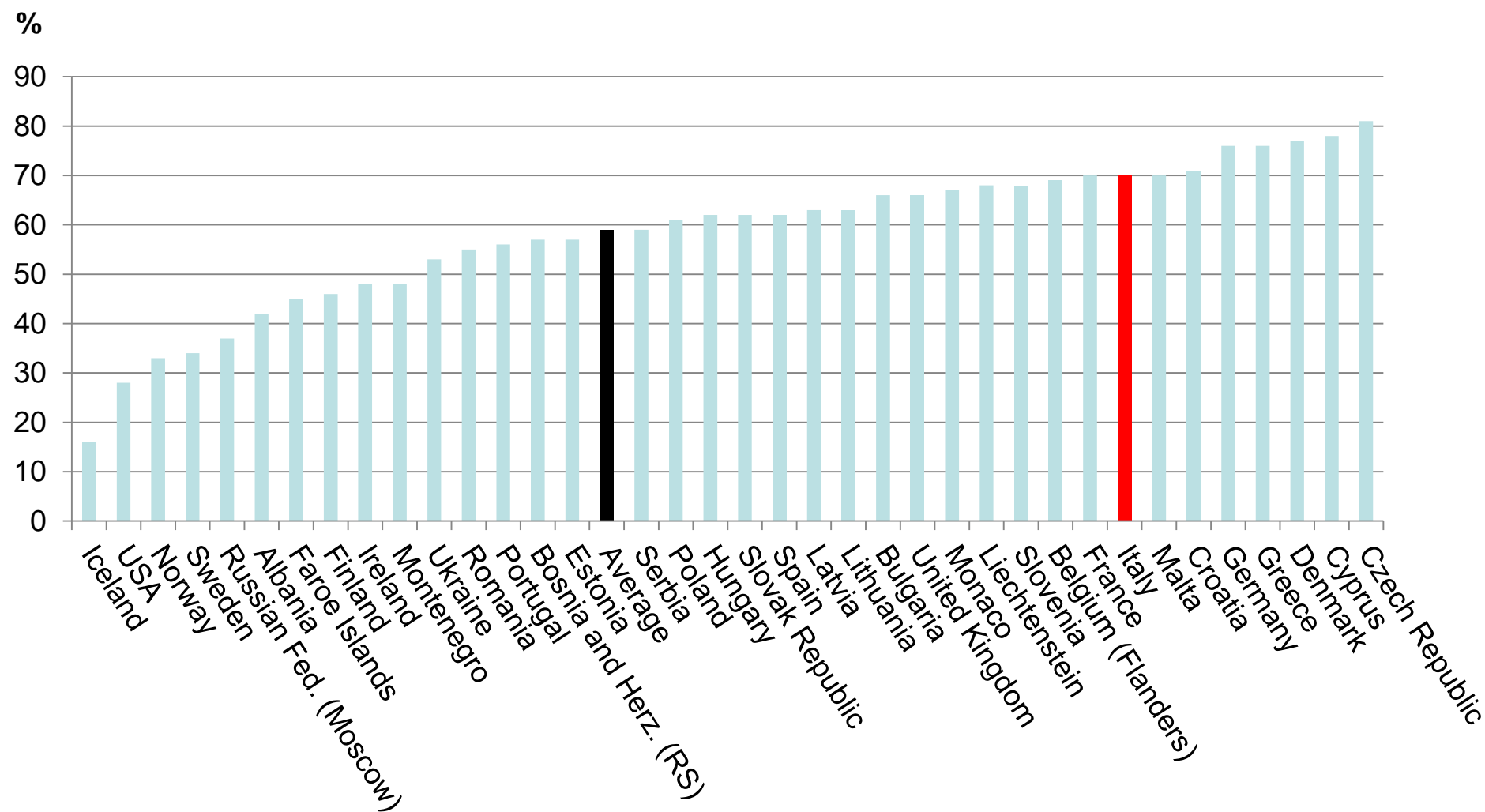
Total average alcohol per capita consumption, recorded and unrecorded, 2008-2010, men and women



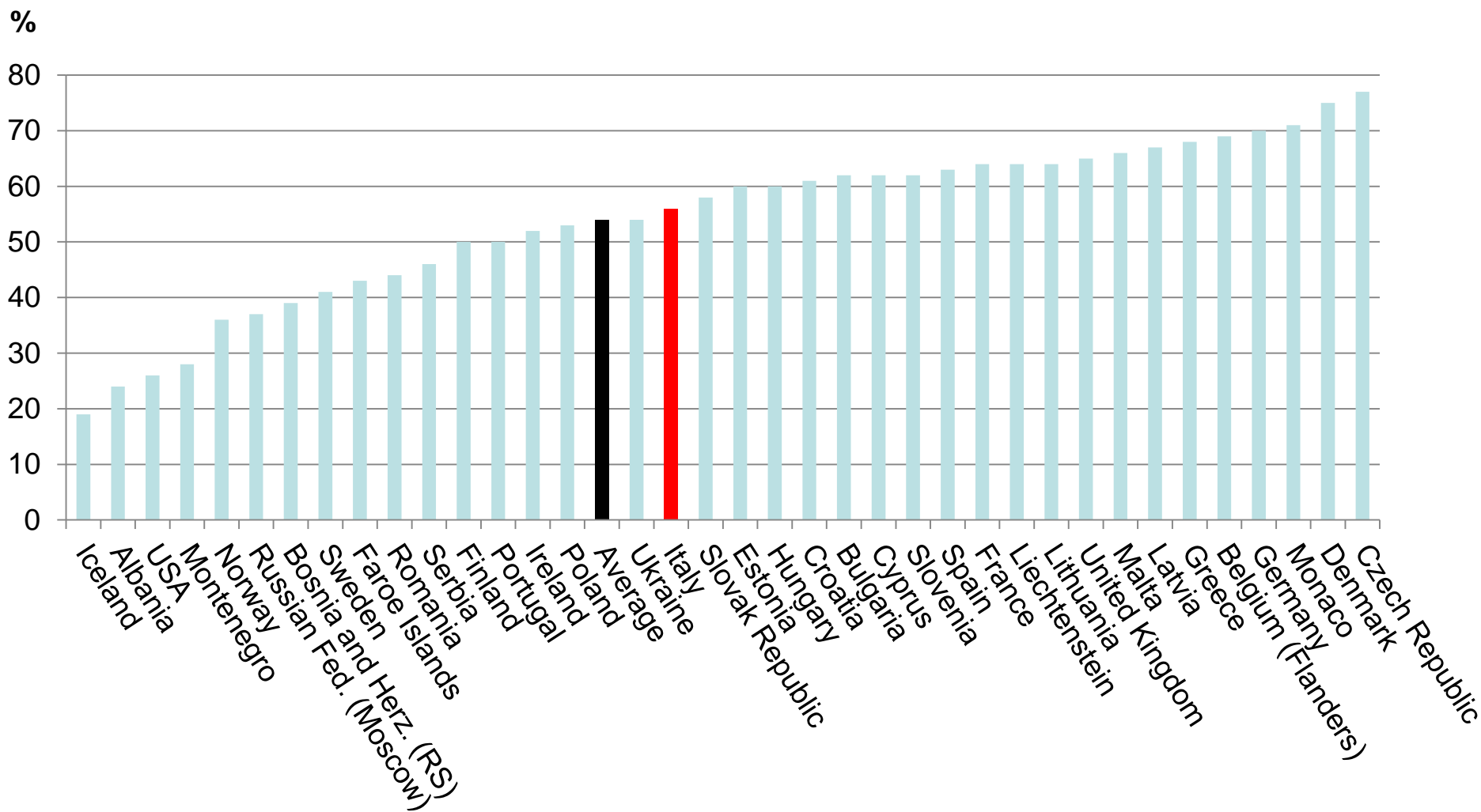
Prevalence (%) of heavy episodic drinking (HED) among the total population (15+ years) and adolescents by WHO region and the world, 2010



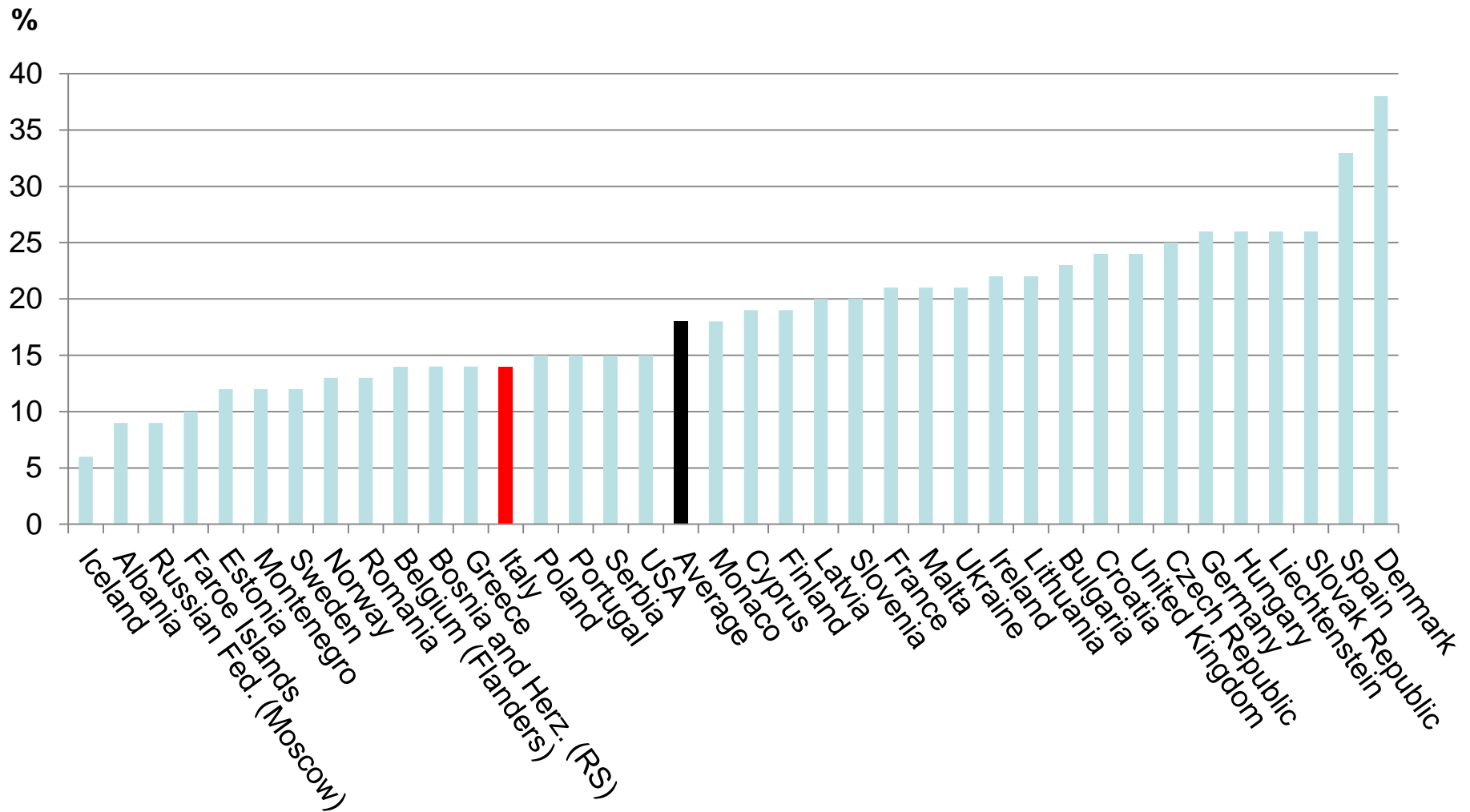
Alcohol use during the past 30 days, **boys** (ESPAD, 2011)



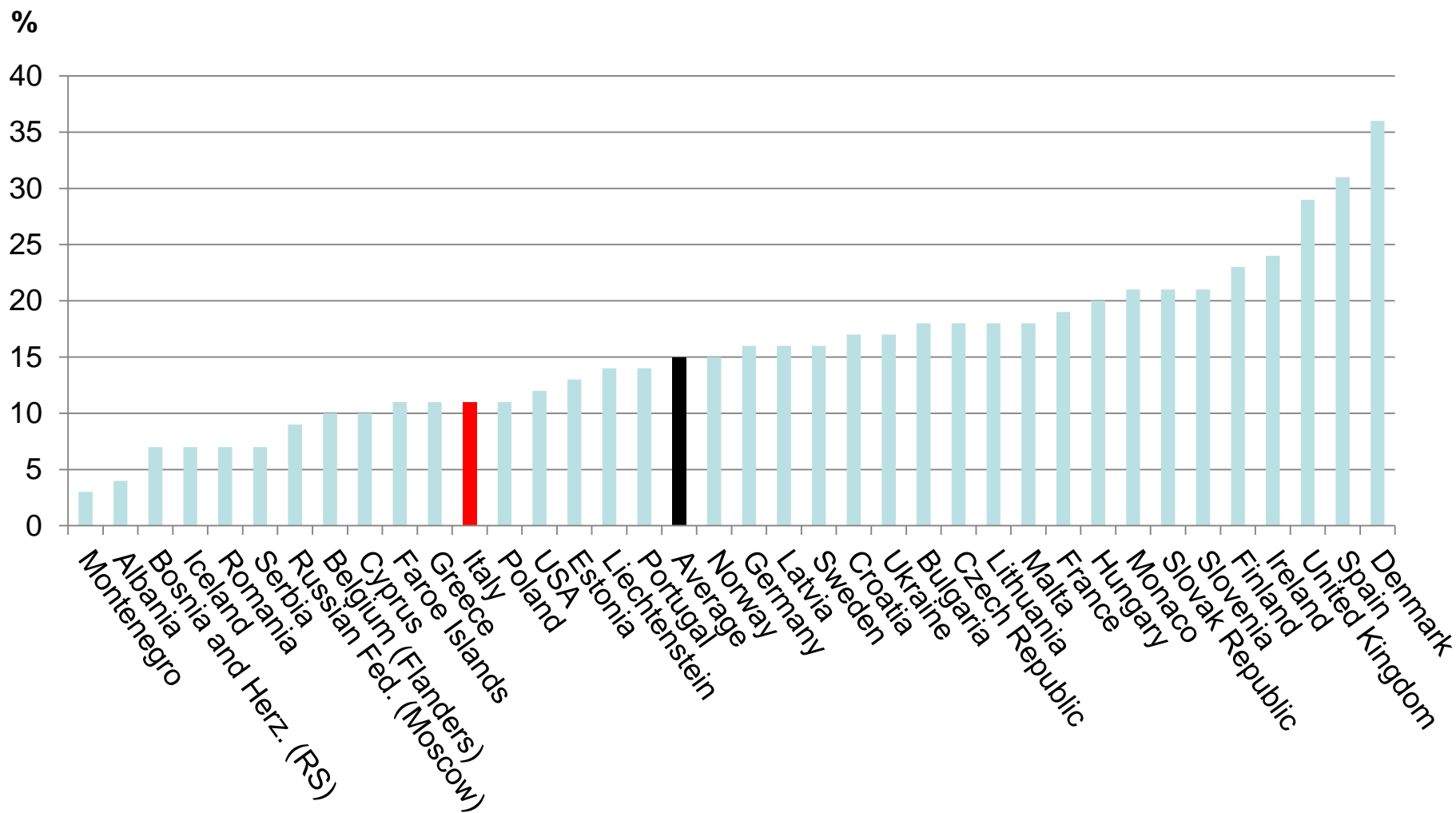
Alcohol use during the past 30 days, **girls** (ESPAD, 2011)



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



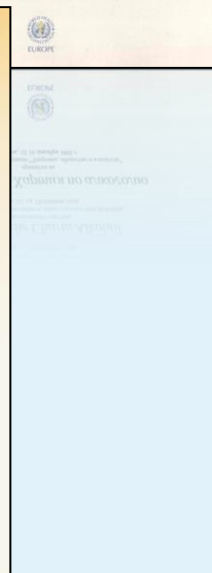
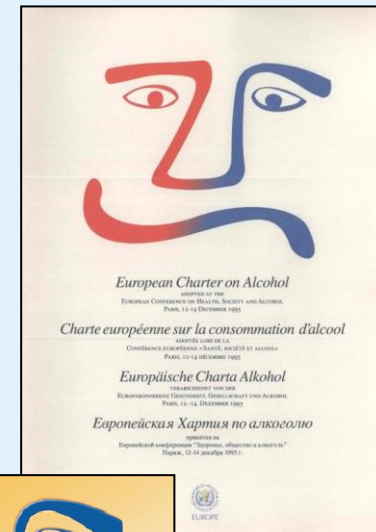
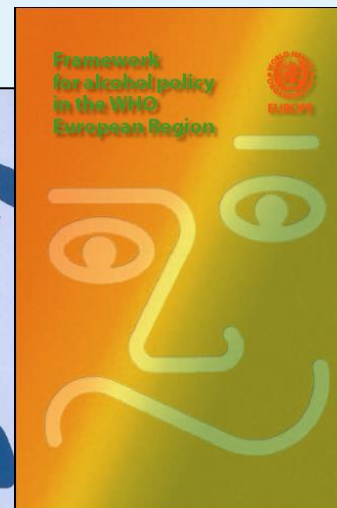
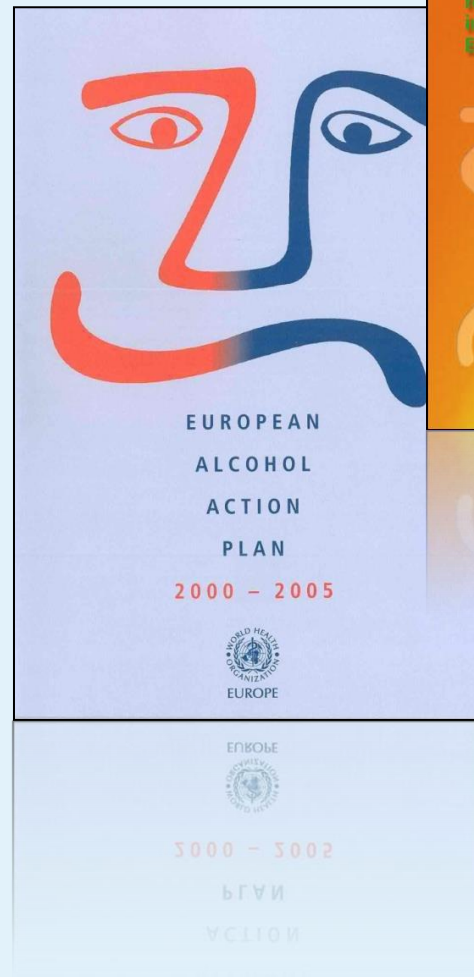
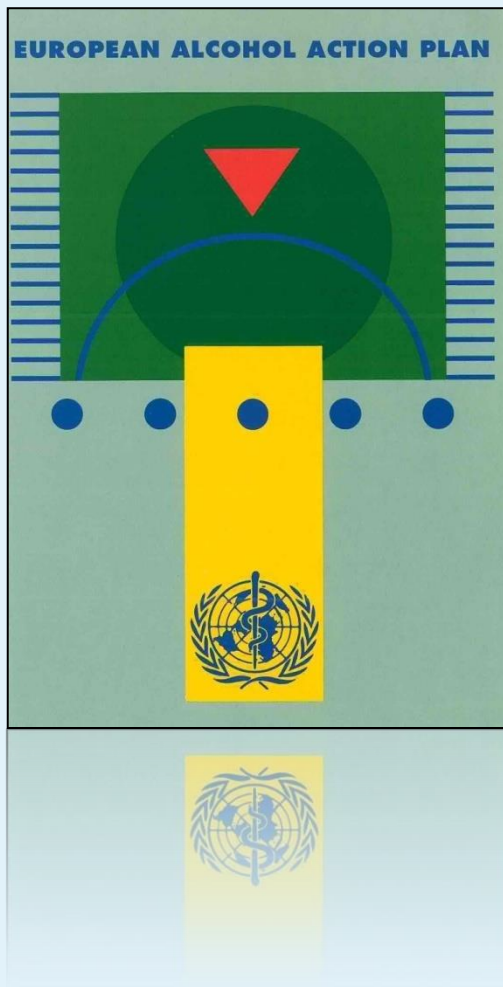
Being drunk during the past 30 days, girls (ESPAD, 2011)



The WHO Policy Response

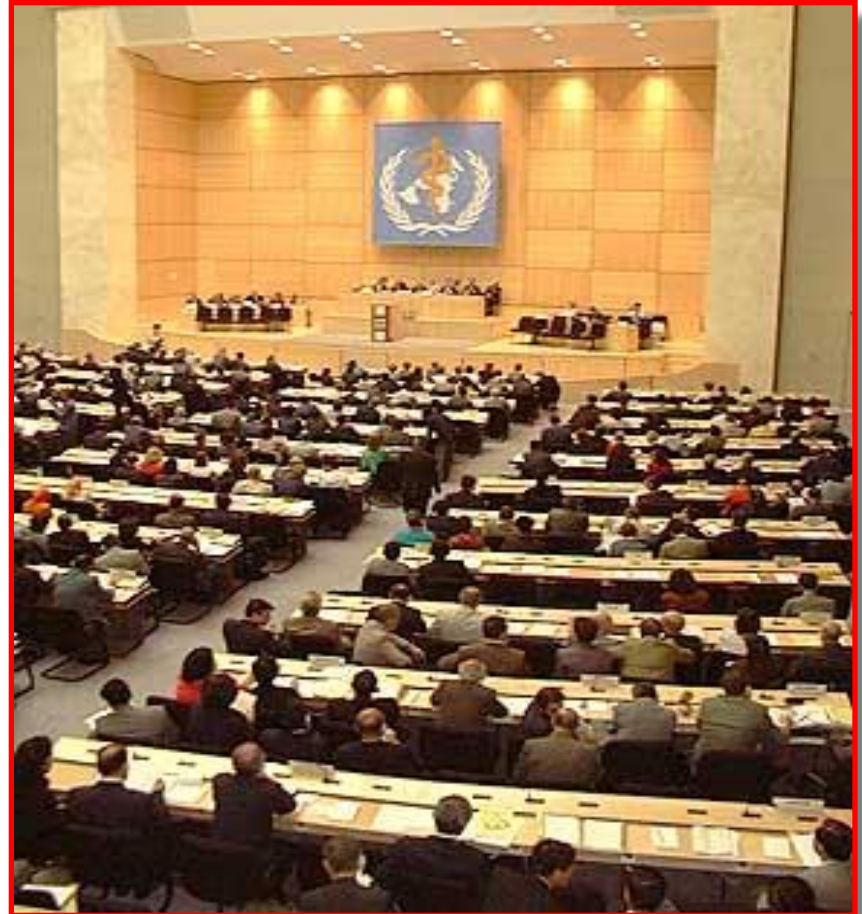
European Alcohol Action Plan

1992 and 2000

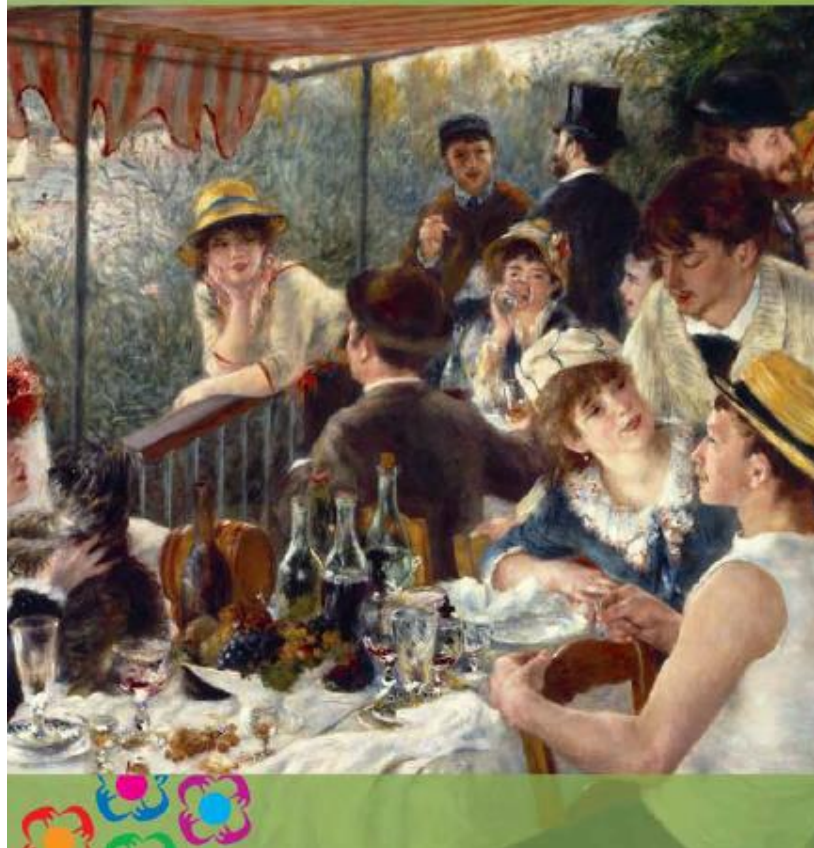


63rd World Health Assembly (17-21 May, 2010)

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



Alcohol in the European Union

Consumption, harm and policy approaches



Status Report on Alcohol and Health in 35 European Countries 2013





Global: European Information System on Alcohol and Health (EISAH)

http://who.int/gho/gisah

Find indicator Search Reset search

- Global Information System on Alcohol and Health
- Levels of Consumption
- Patterns of Consumption
- Harms and Consequences
- Economic Aspects
- Alcohol Control Policies
- Prevention, Research, Treatment

WHO European Region: http://who.int/gho/eisah

Regional Office for Europe

Welcome to the European Information System on Alcohol and Health (EISAH)

Given the significance of alcohol consumption to health, the World Health Organization Regional Office for Europe (WHO EURO) has prioritized continuous monitoring and providing technical support and guidance to control health problems attributable to alcohol over the last year.

European Union: http://who.int/gho/eusan

The European information system on Alcohol and Health contains data based on the WHO Global Information System on Alcohol and Health, providing a reference source of information for the regional epidemiological surveillance of alcohol use, alcohol-related problems and alcohol policies. These comprise surveillance, data collection through the WHO Global Survey on Alcohol and Health, and by gathering published and fugitive data and information.

The information system brings together a large amount of information about key aspects of the alcohol situation and the consequences of alcohol consumption in individual countries and, wherever possible, includes trends in alcohol use. Also, information on national alcohol control measures and policies has been collected. In addition to large databases maintained by other international governmental or non-governmental organizations, thousands of

Thank you!

Contact details:

LMO@euro.who.int

Website:

<http://www.euro.who.int/alcohol>

European information system on alcohol and health:

<http://who.int/gho/eisah>

