



Alcohol-related harm in Europe and the WHO policy response



World Health
Organization

REGIONAL OFFICE FOR
Europe



Organisation
mondiale de la Santé

BUREAU RÉGIONAL DE L'
Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR
Europa



Всемирная организация
здравоохранения

Европейское региональное бюро

Lars Moller

Programme Manager

World Health Organization Regional Office for Europe

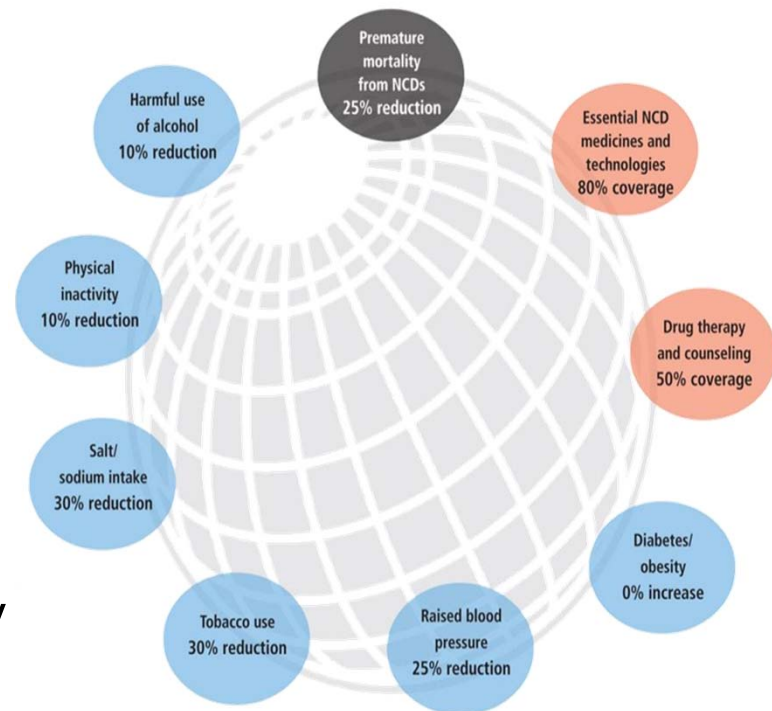
NCD global monitoring framework: alcohol-related targets and indicators

One target:

- At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.

Indicators:

- Total (recorded and unrecorded) alcohol per capita (15+ years old) consumption
- Age-standardized prevalence of heavy episodic drinking
- Alcohol-related morbidity and mortality





SUSTAINABLE DEVELOPMENT GOALS



World Health Organization

REGIONAL OFFICE FOR Europe

Alcohol and harm



SDG 2015: 17 goals (1 health), 169 targets (13 health) adopted at the United Nations Sustainable Development Summit 2015 25 – 27 September 2015

- 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
- 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
- 3.5.3 *Past 12 month prevalence of alcohol and drug use (still under negotiation)*

New data

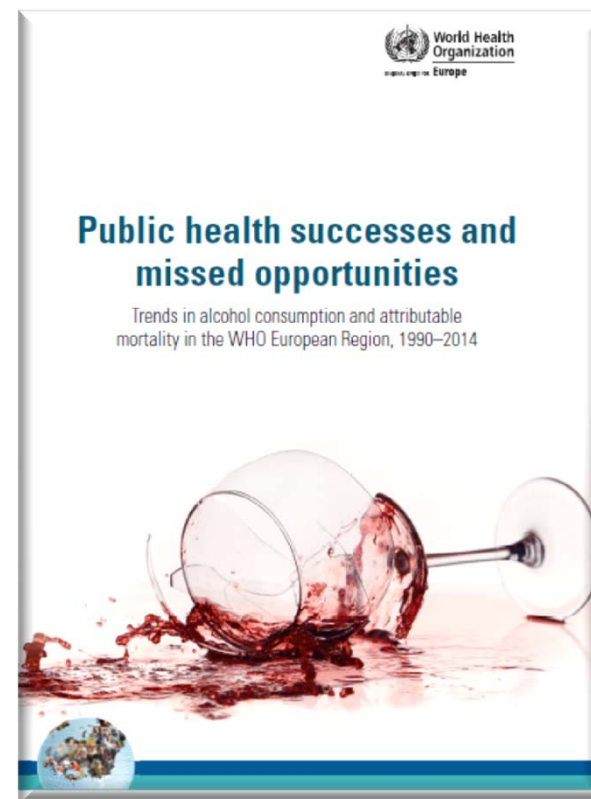
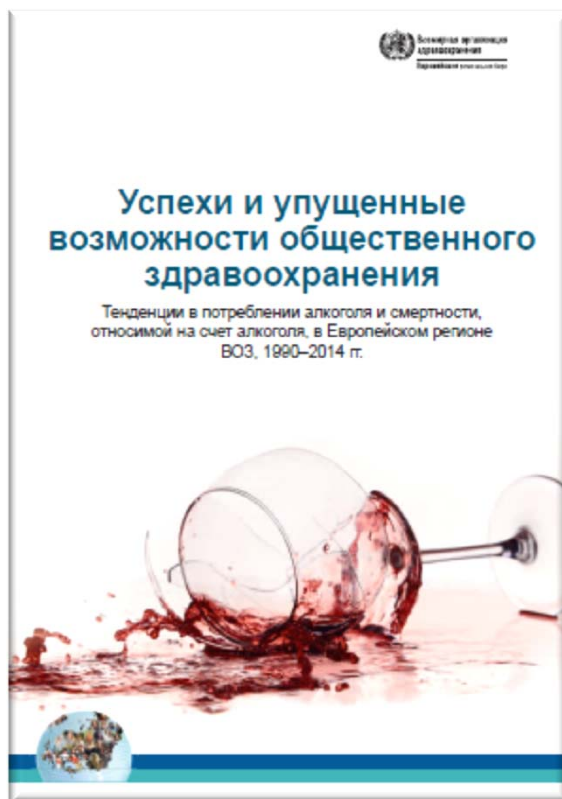
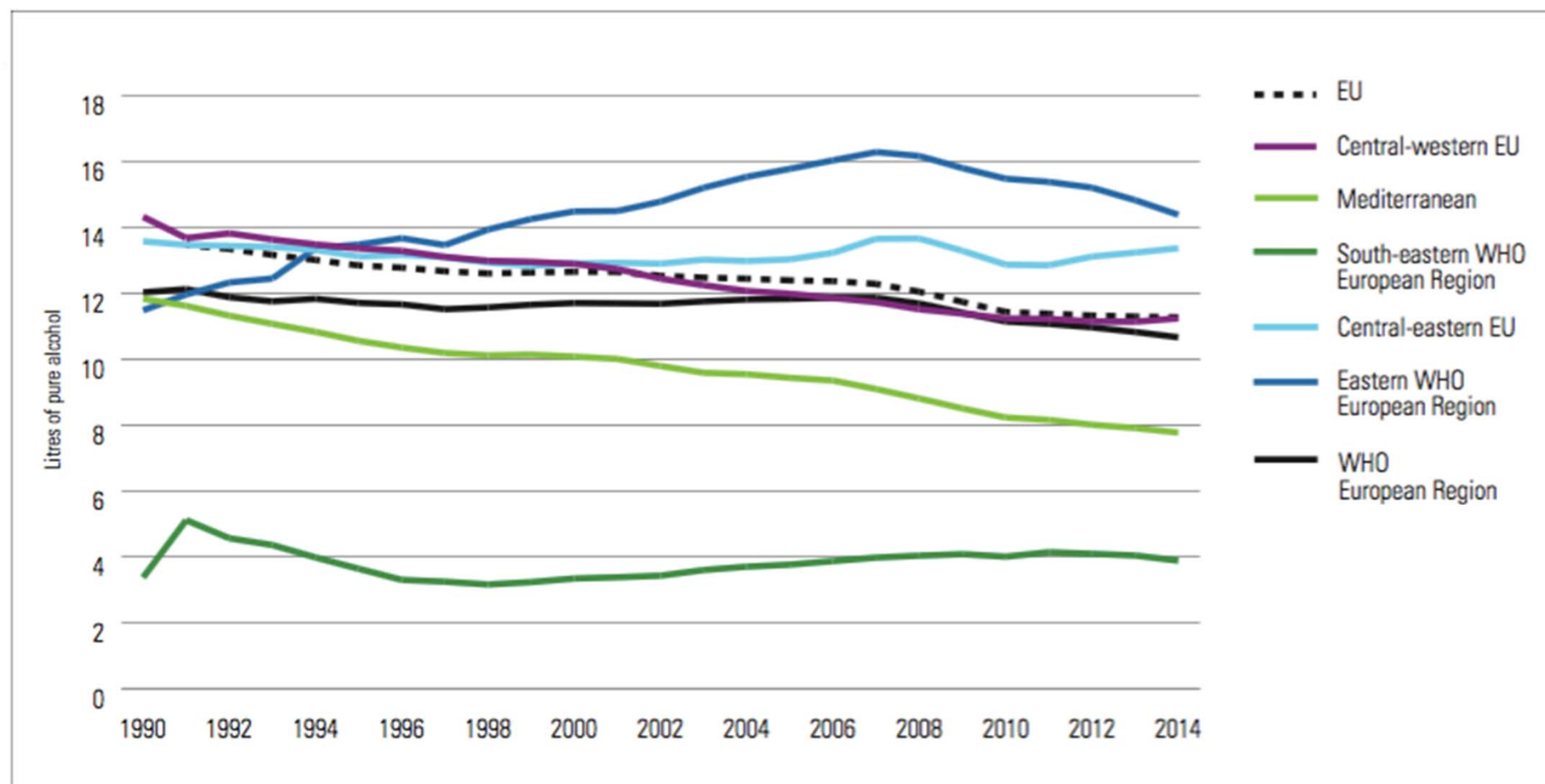
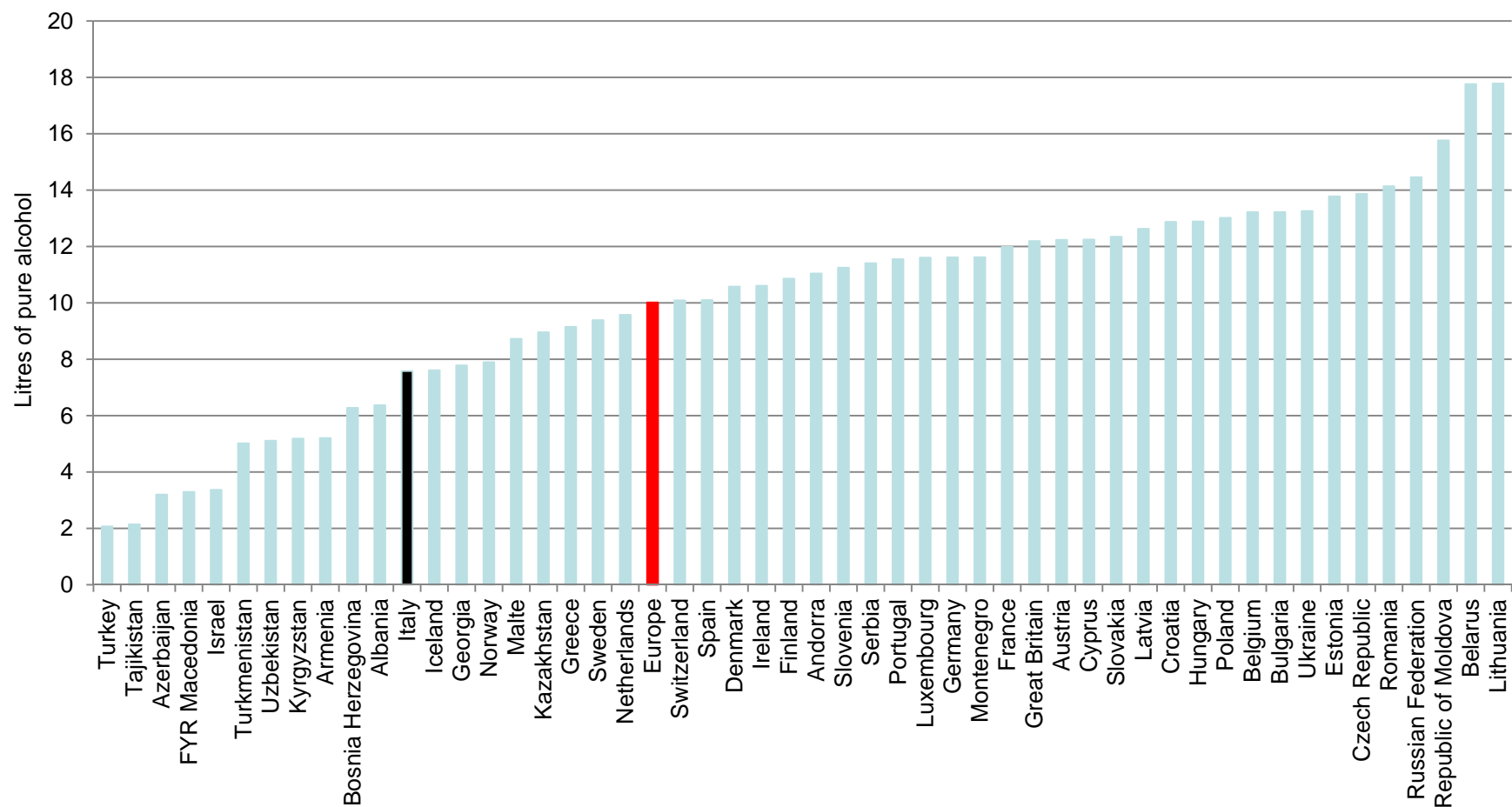


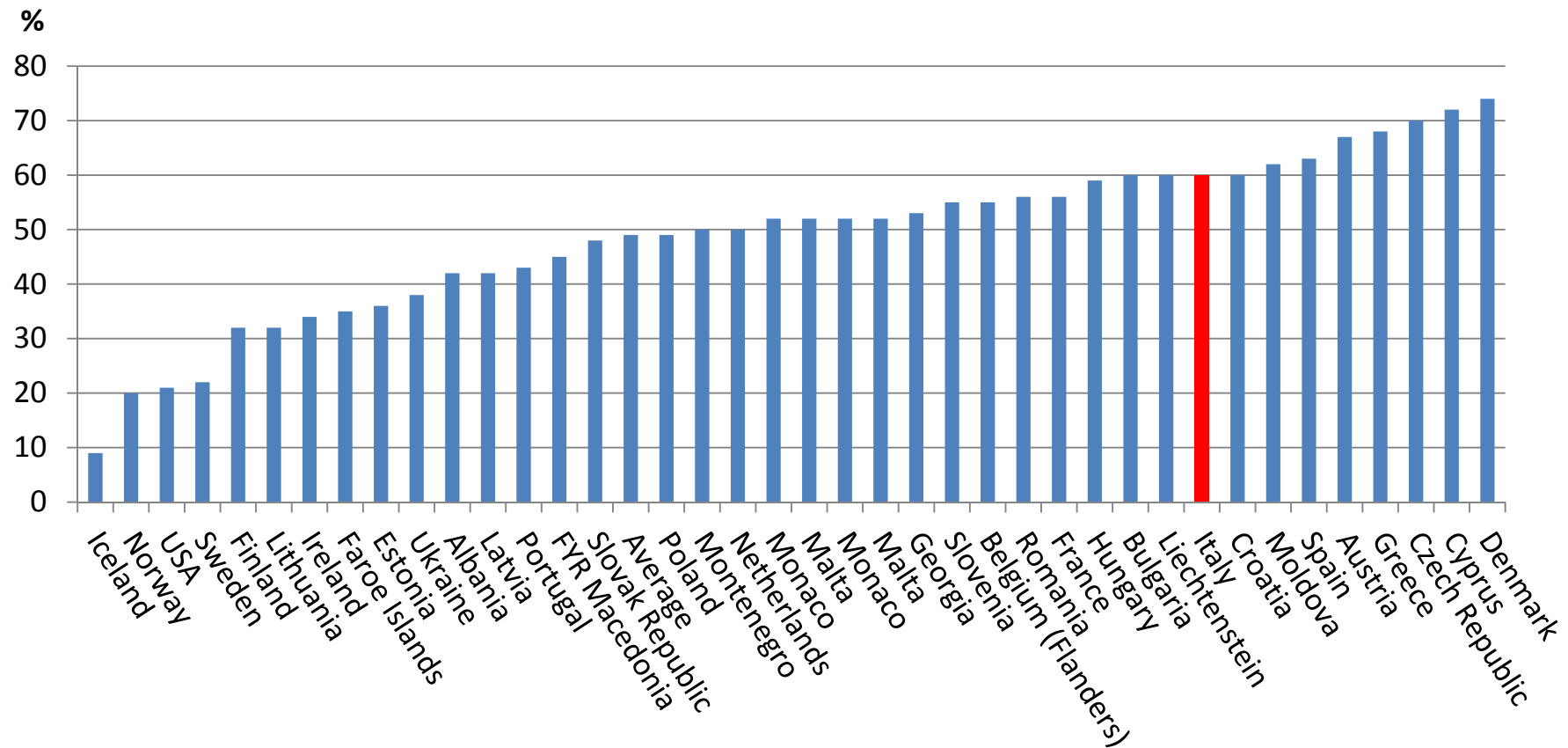
Fig. 10. Trends in adult per capita alcohol consumption in the WHO European Region and selected subregions, 1990–2014



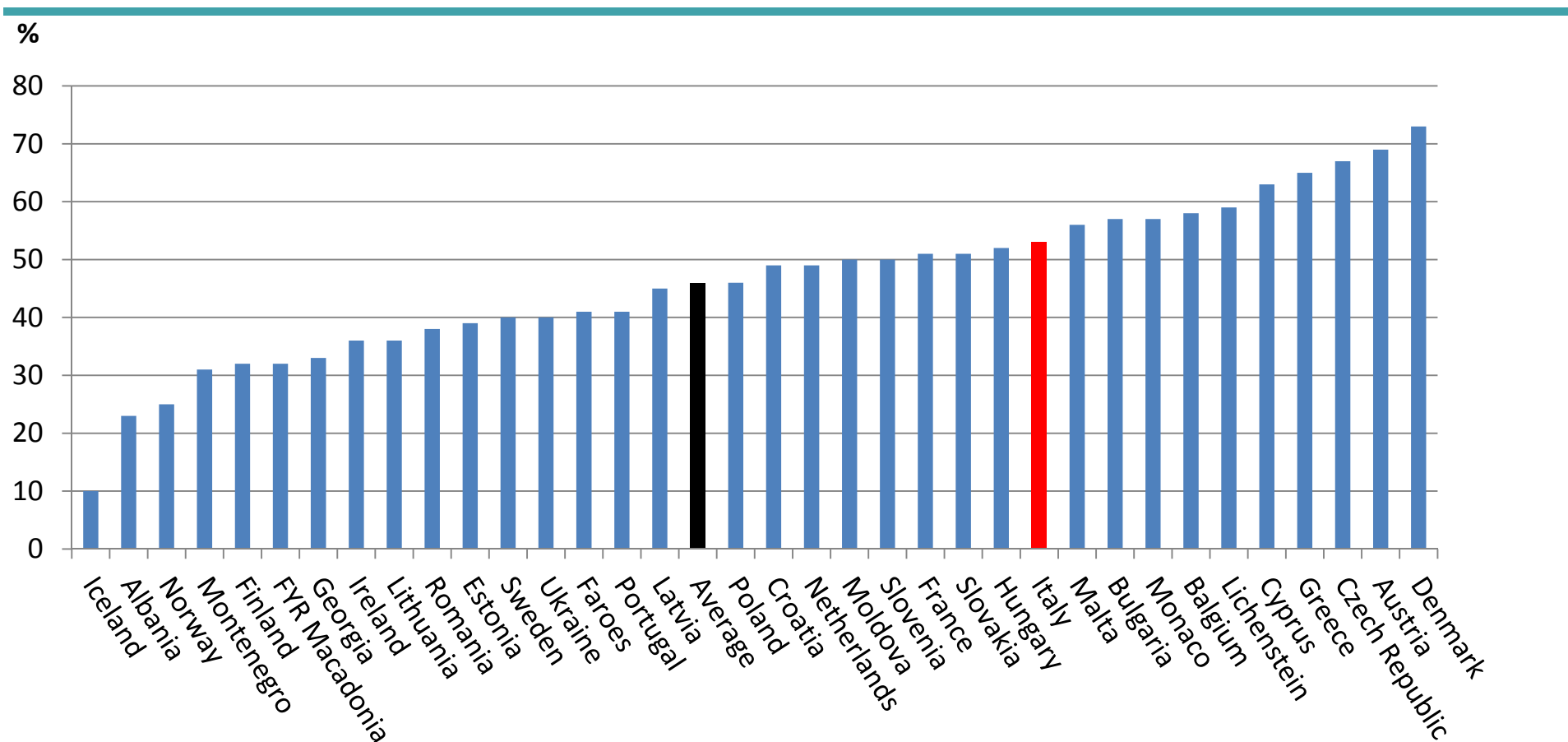
Total average alcohol per capita consumption, recorded and unrecorded, 2014, men and women



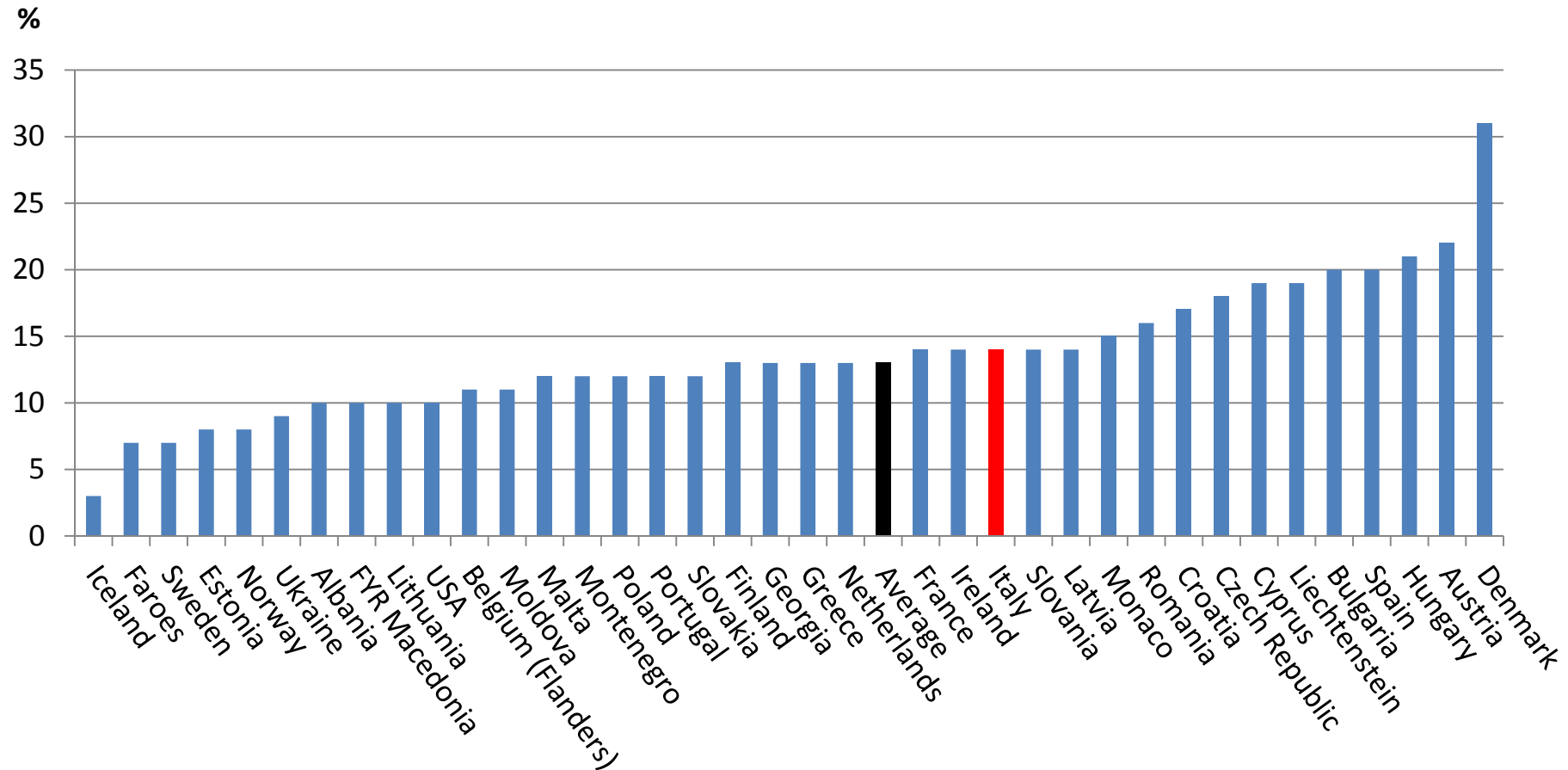
Alcohol use during the past 30 days, **boys** (ESPAD, 2015)



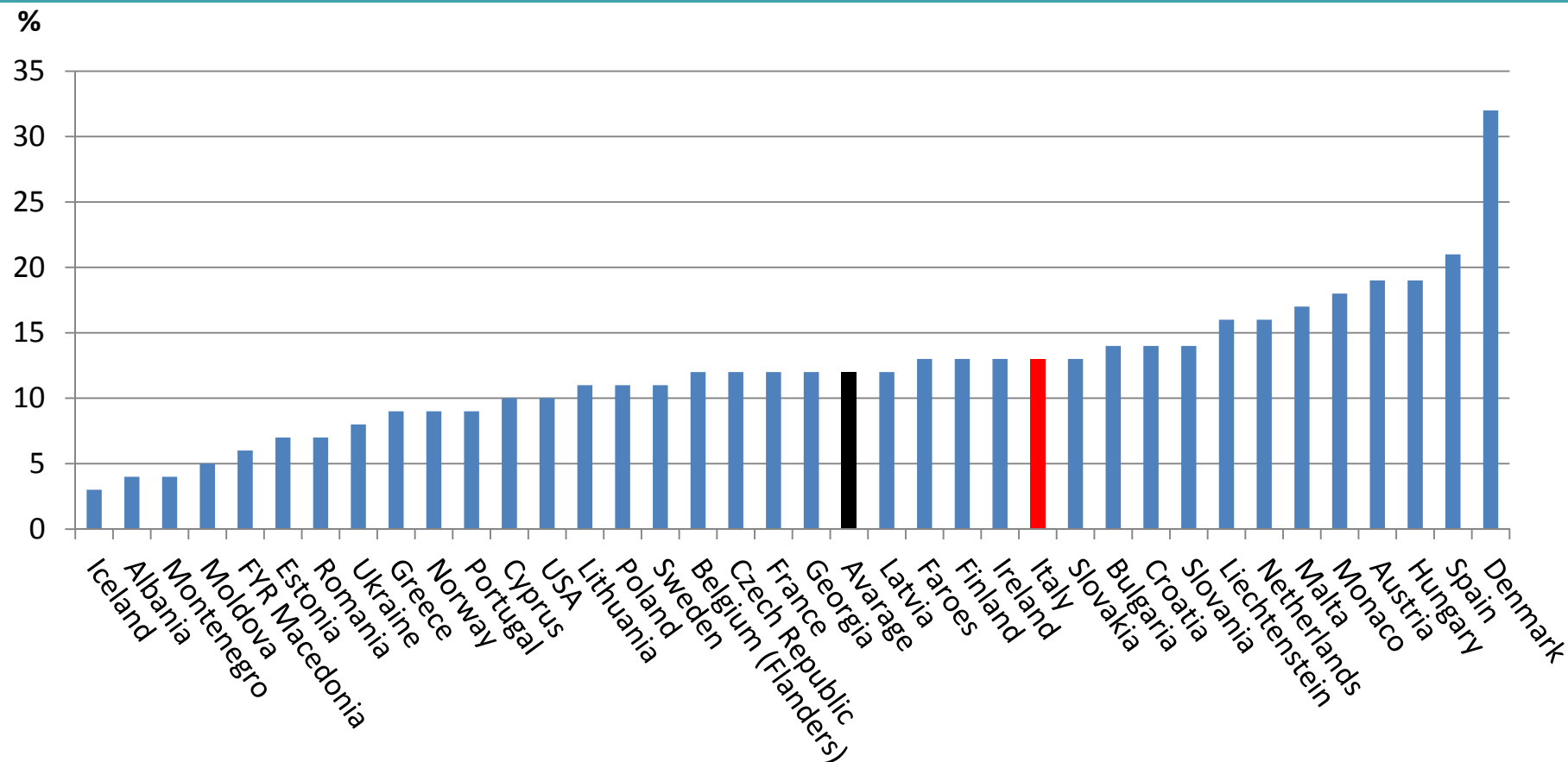
Alcohol use during the past 30 days, girls (ESPAD, 2015)



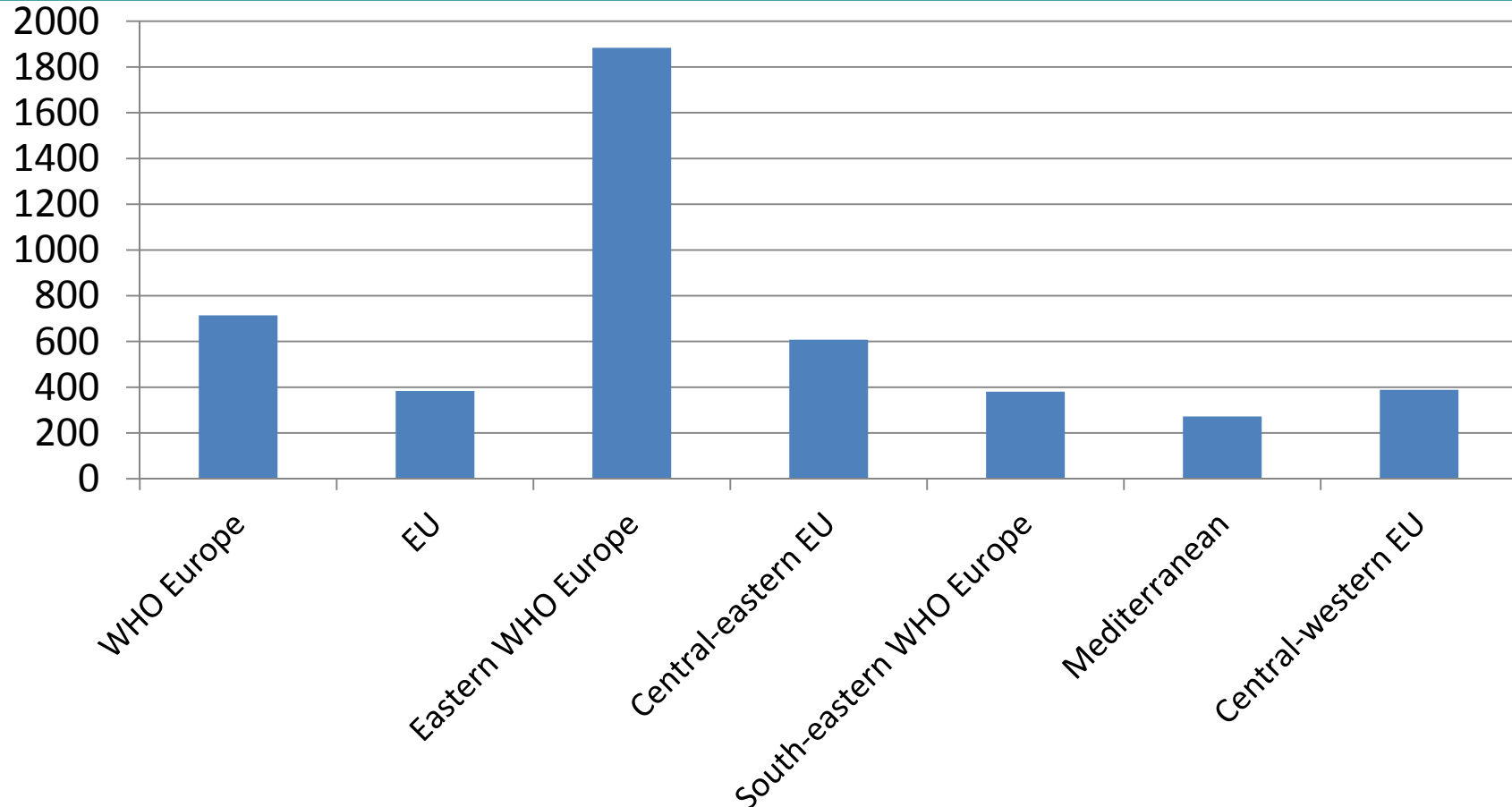
Being drunk during the past 30 days, boys (ESPAD, 2015)



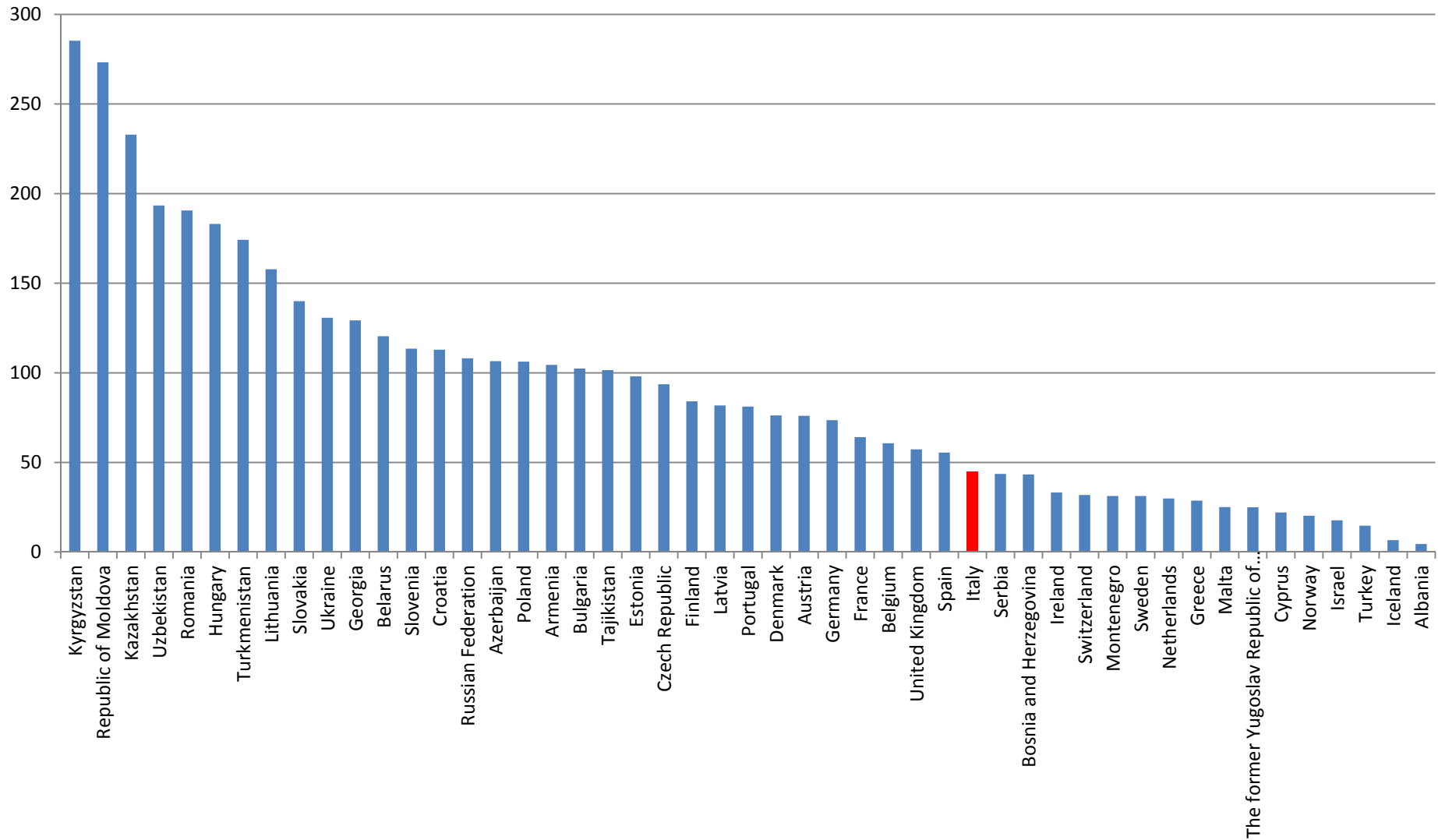
Being drunk during the past 30 days, **girls** (ESPAD, 2015)



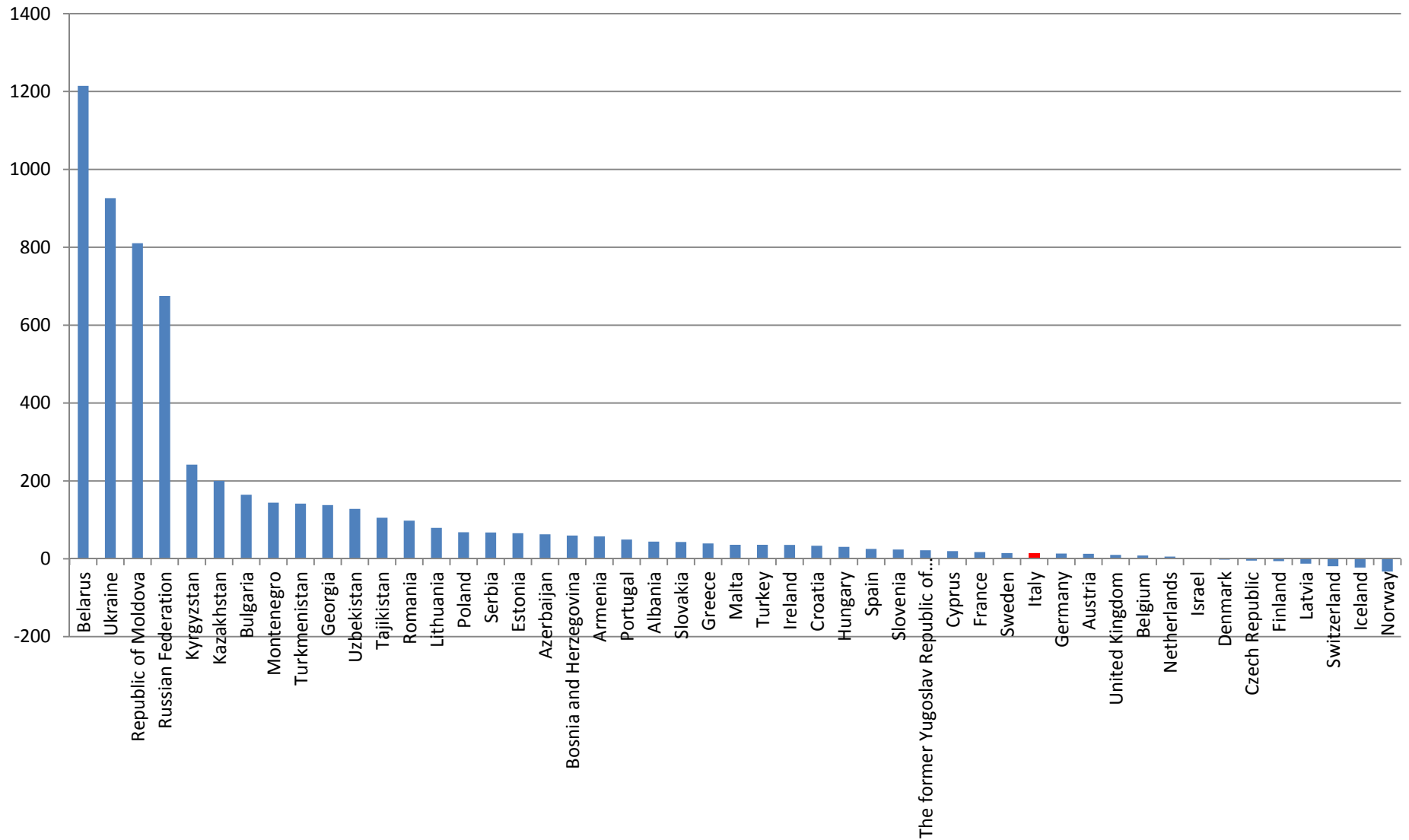
Age standardized alcohol-attributable mortality, 2014 (rate per million)



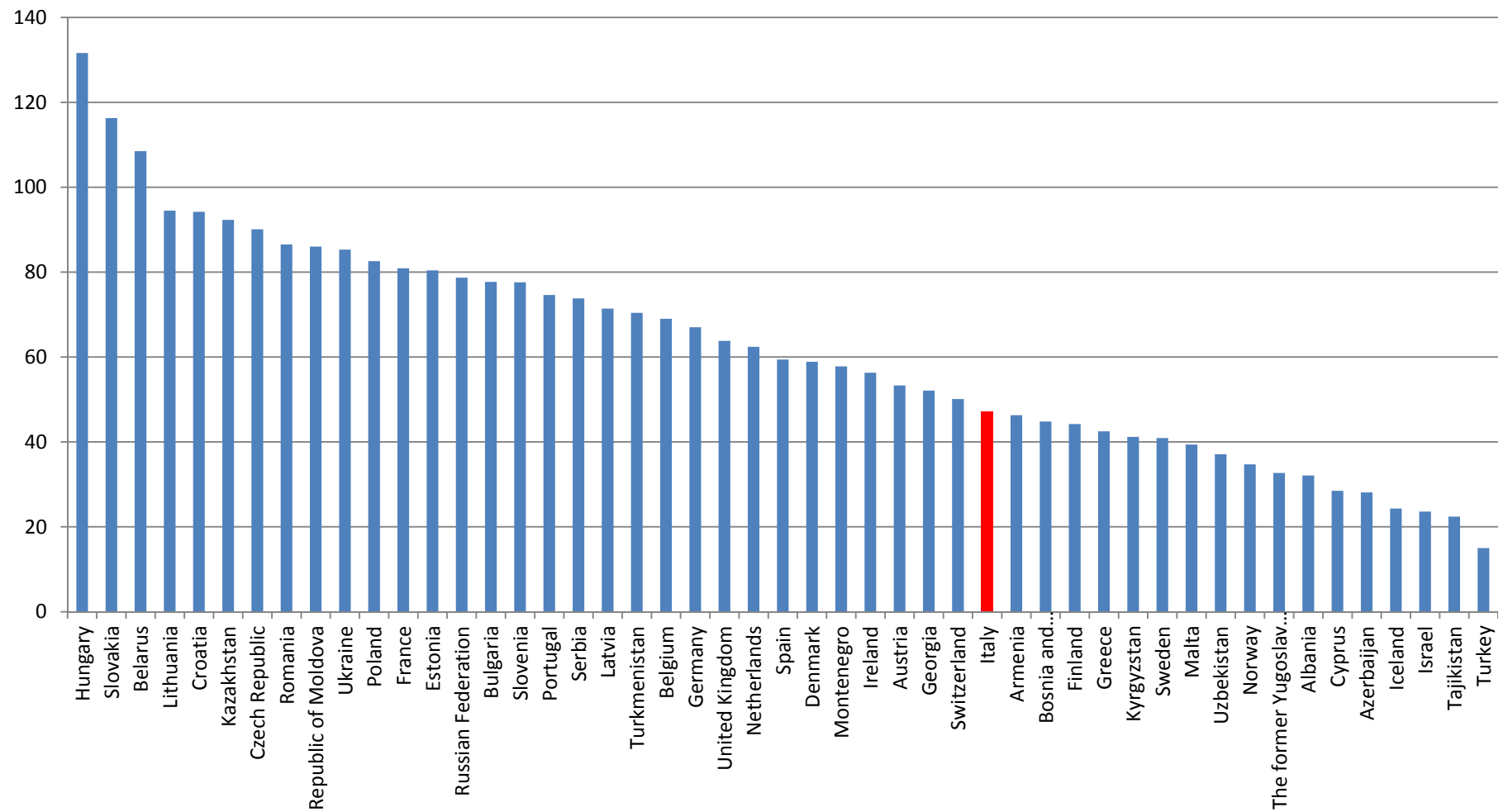
Alcohol attributable liver cirrhosis mortality. Rates per million



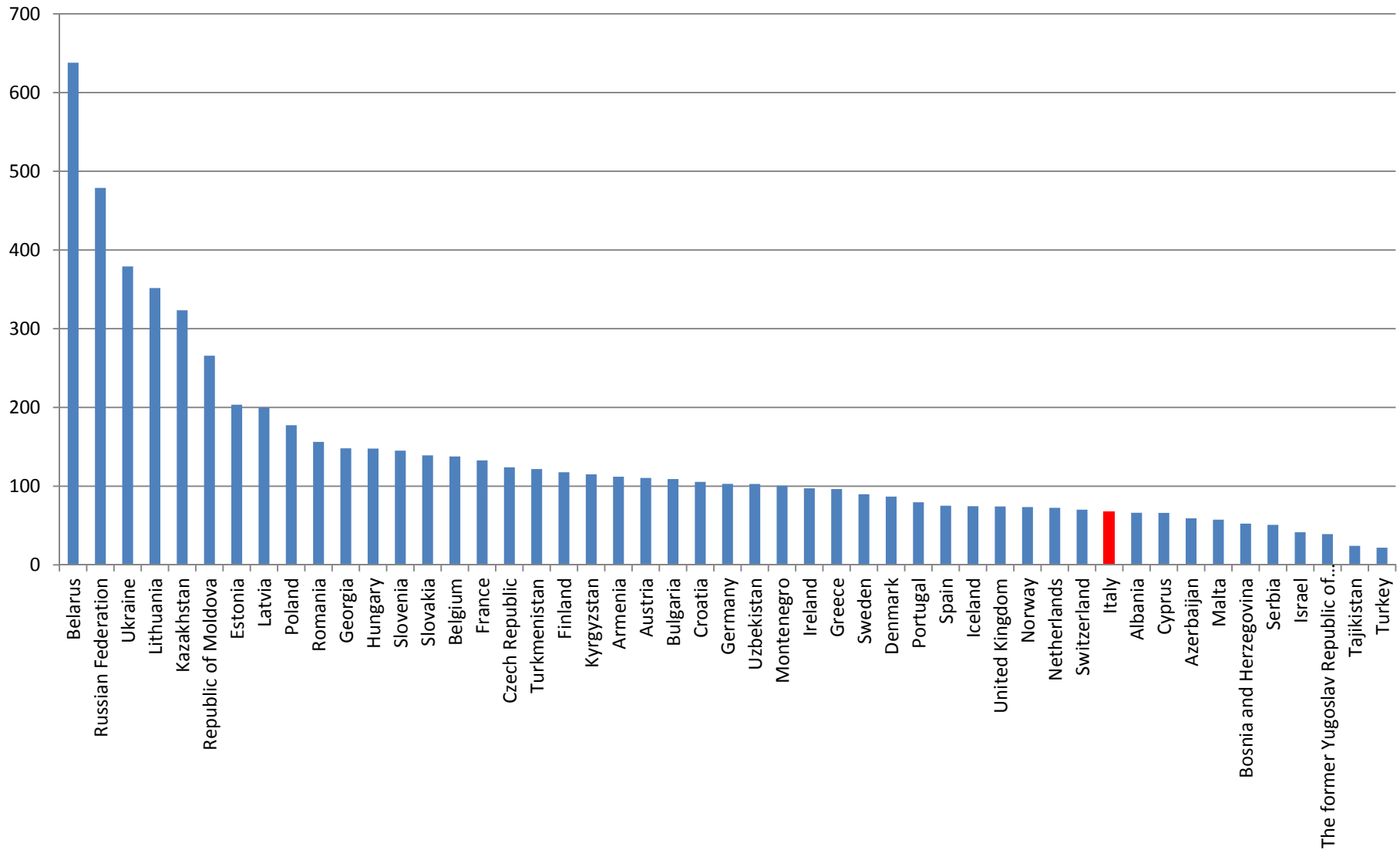
Alcohol attributable CVD mortality. Rates per million



Alcohol attributable cancer mortality. Rates per million

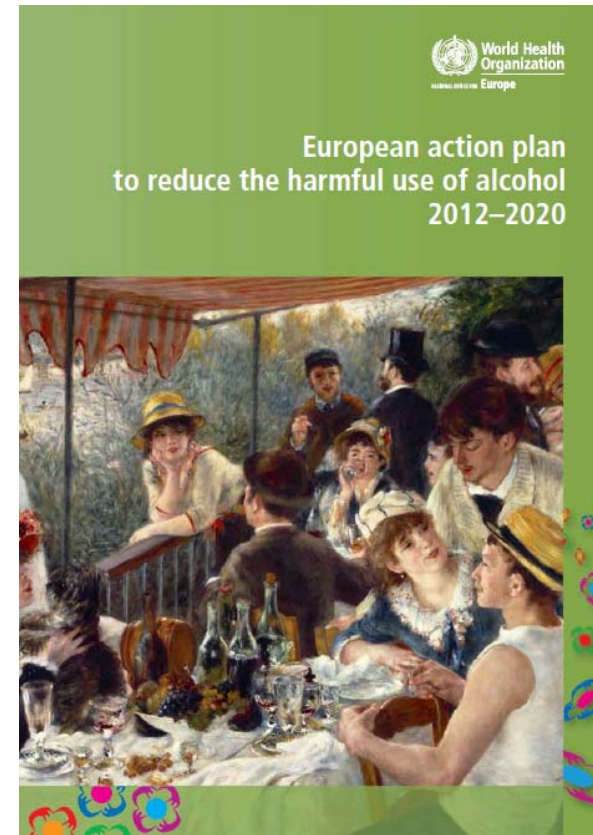
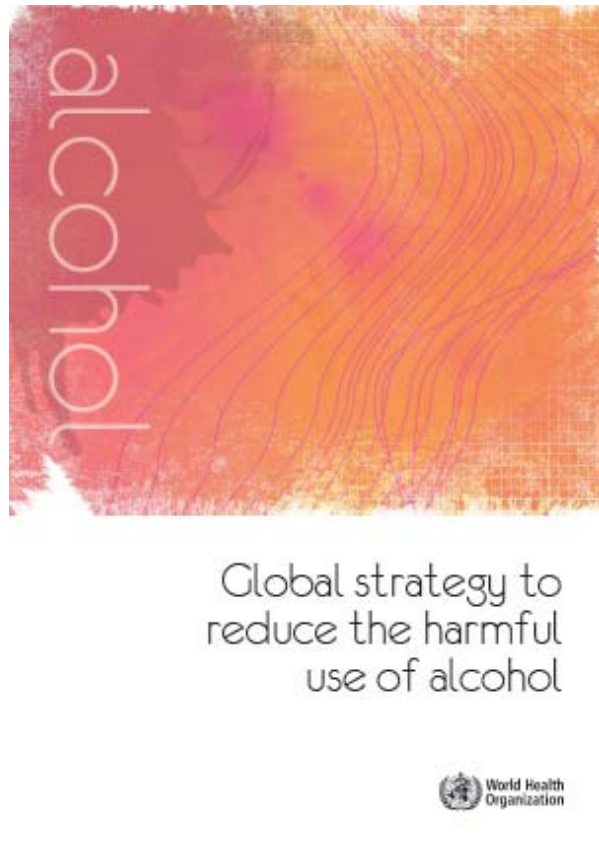


Alcohol attributable injury mortality. Rates per million



The WHO Policy Response

Global strategy and European action plan



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

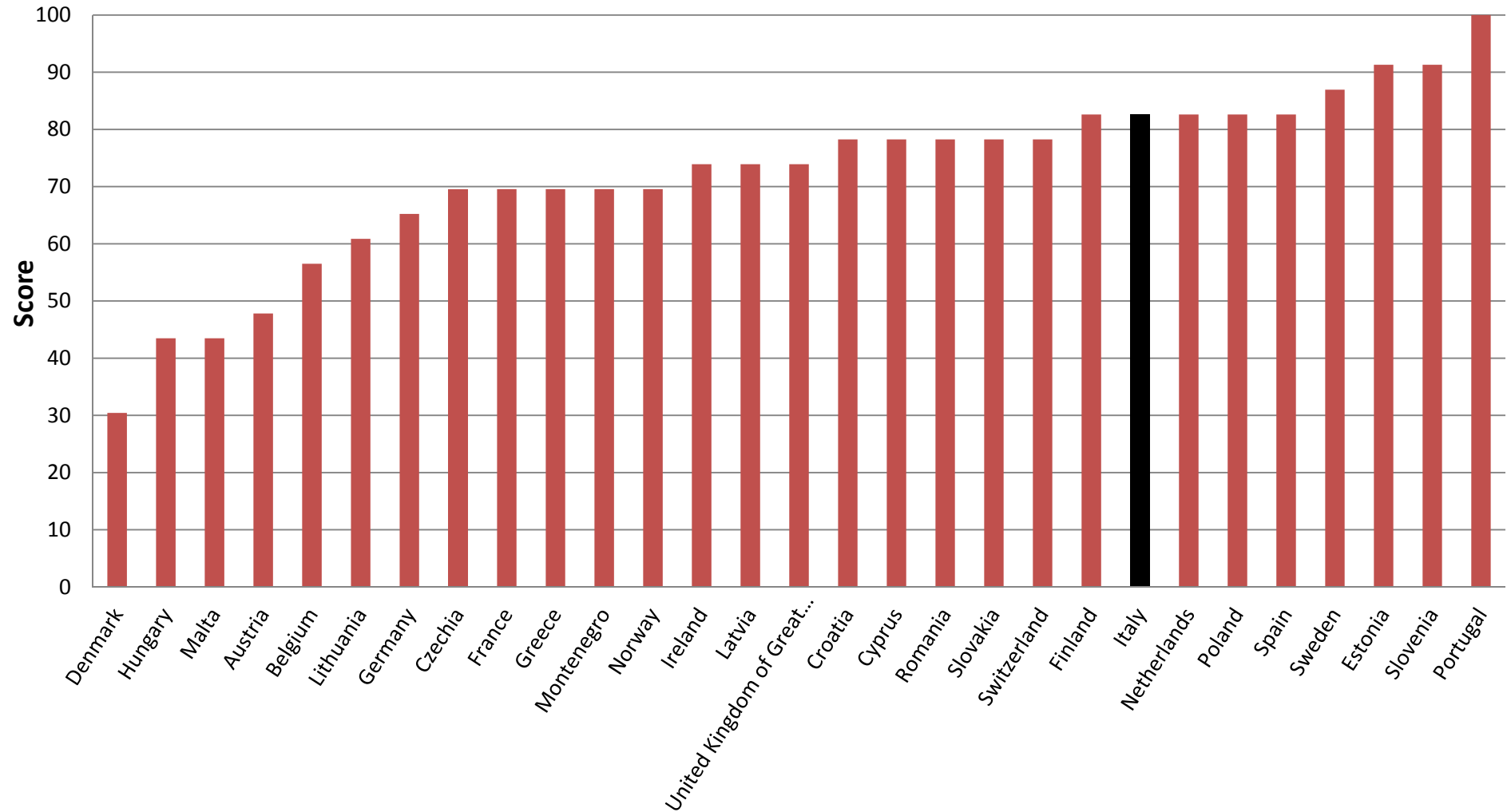
EAAP 2012–2020 – 10 action areas

- **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

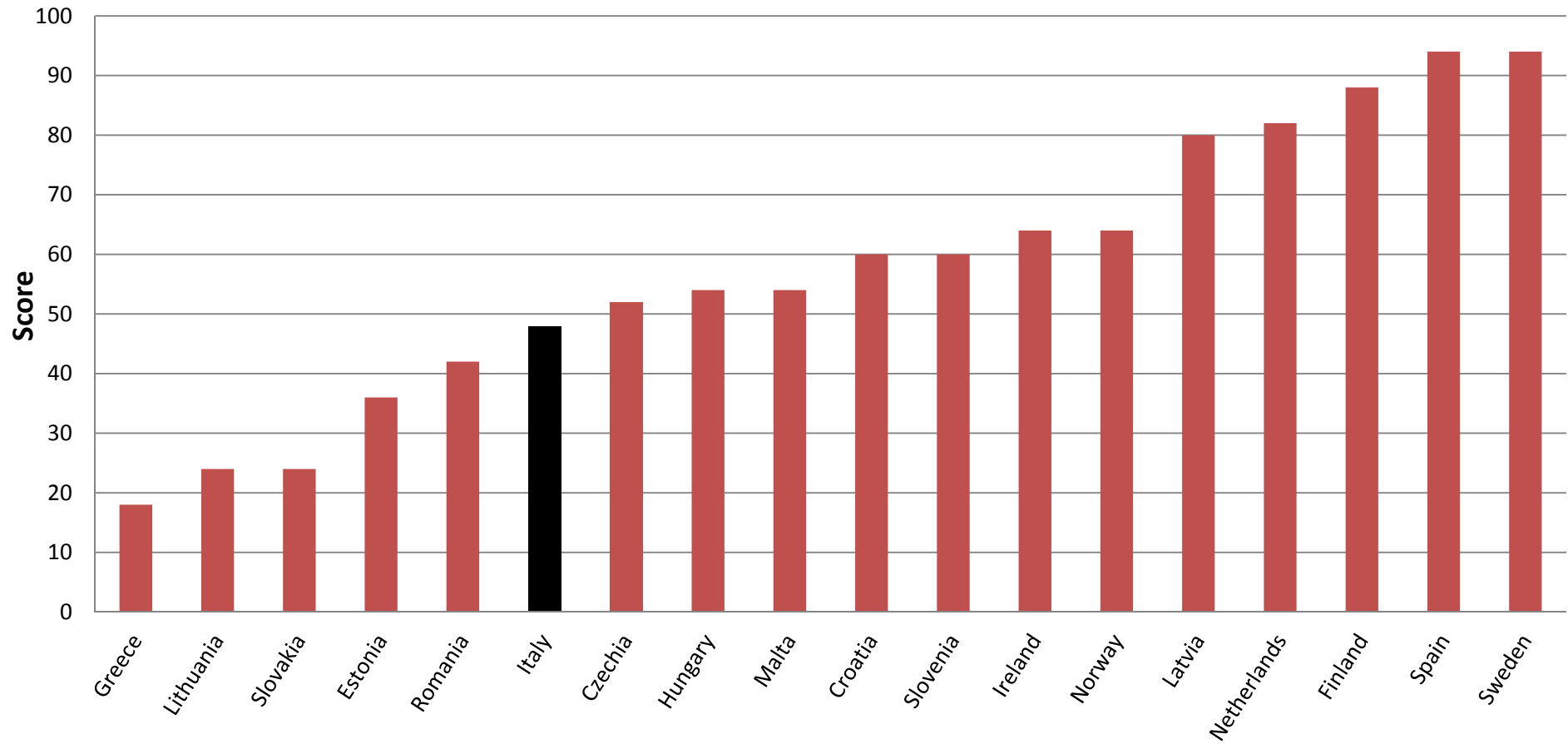
Alcohol policy scoring

Strengths	Limitations
<ul style="list-style-type: none">• The role of governments in reducing population exposure to modifiable risk factors is emphasized.• Political accountability is promoted.• A rounded evaluation of national alcohol strategies is provided.• A big picture for each overarching policy area is presented.• Comparisons between countries are facilitated.• Monitoring of a country's progress over time is facilitated.• Communication with stakeholders is simplified.	<ul style="list-style-type: none">• Enforcement of policies is not measured.• Some aspects of the methodology (such as policy weights) are potentially contentious.• Data for some indicators (such as pricing estimates) are less reliable.• Aggregated information does not reflect subnational variations in alcohol policies.• Summary measures are prone to being misinterpreted.

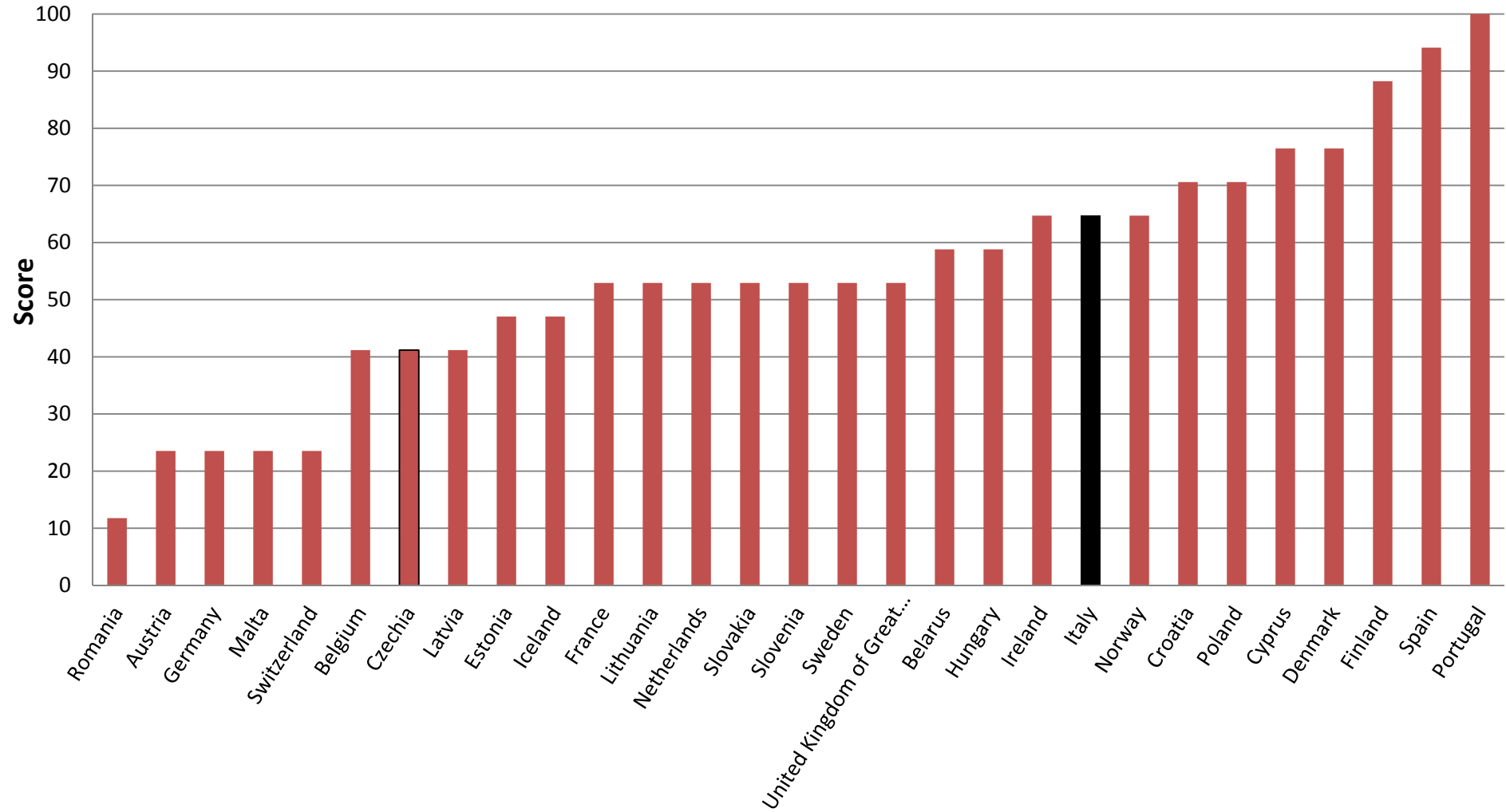
Leadership, awareness and commitment (n=29)



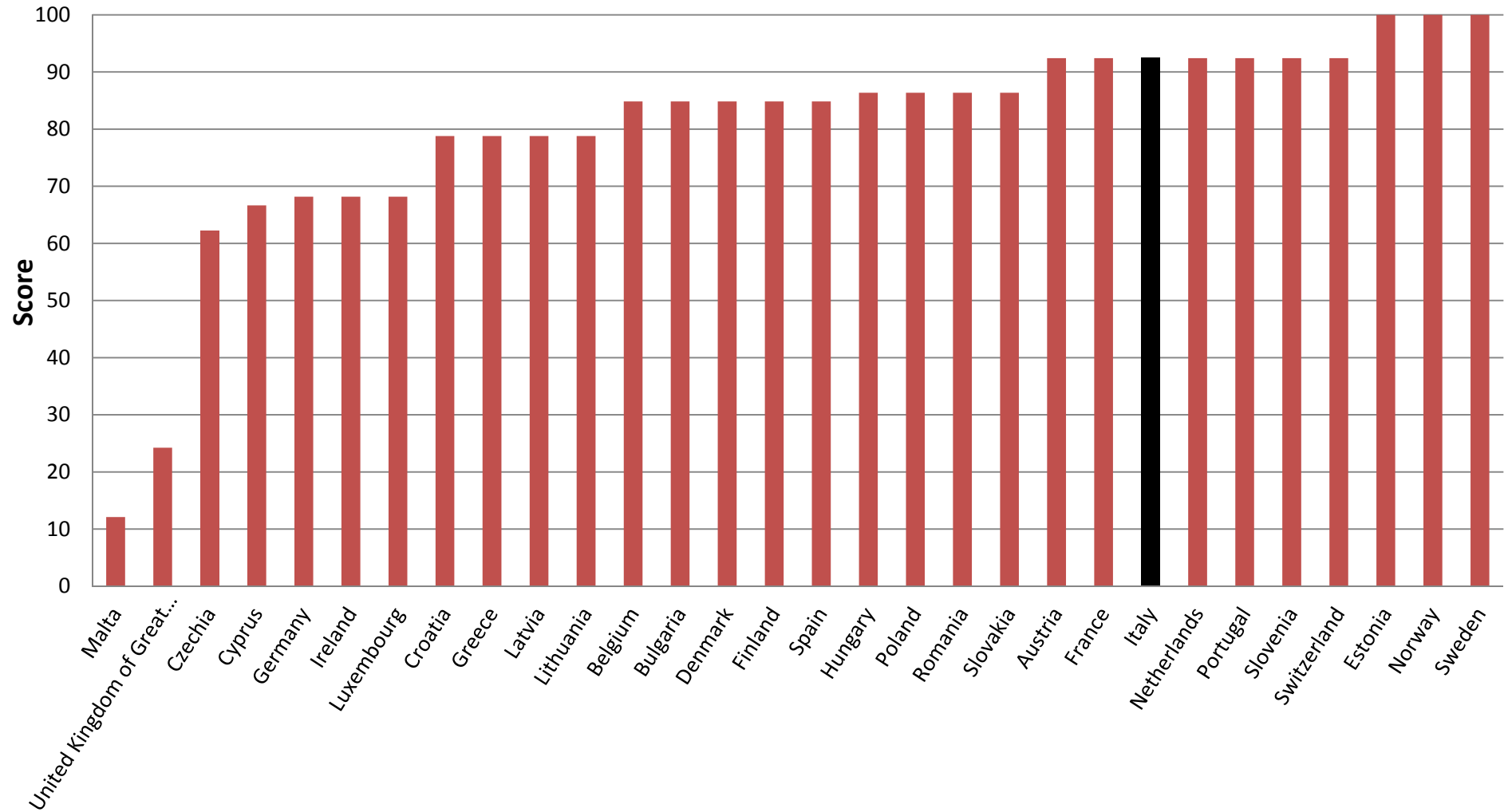
Health services' response (n=18)



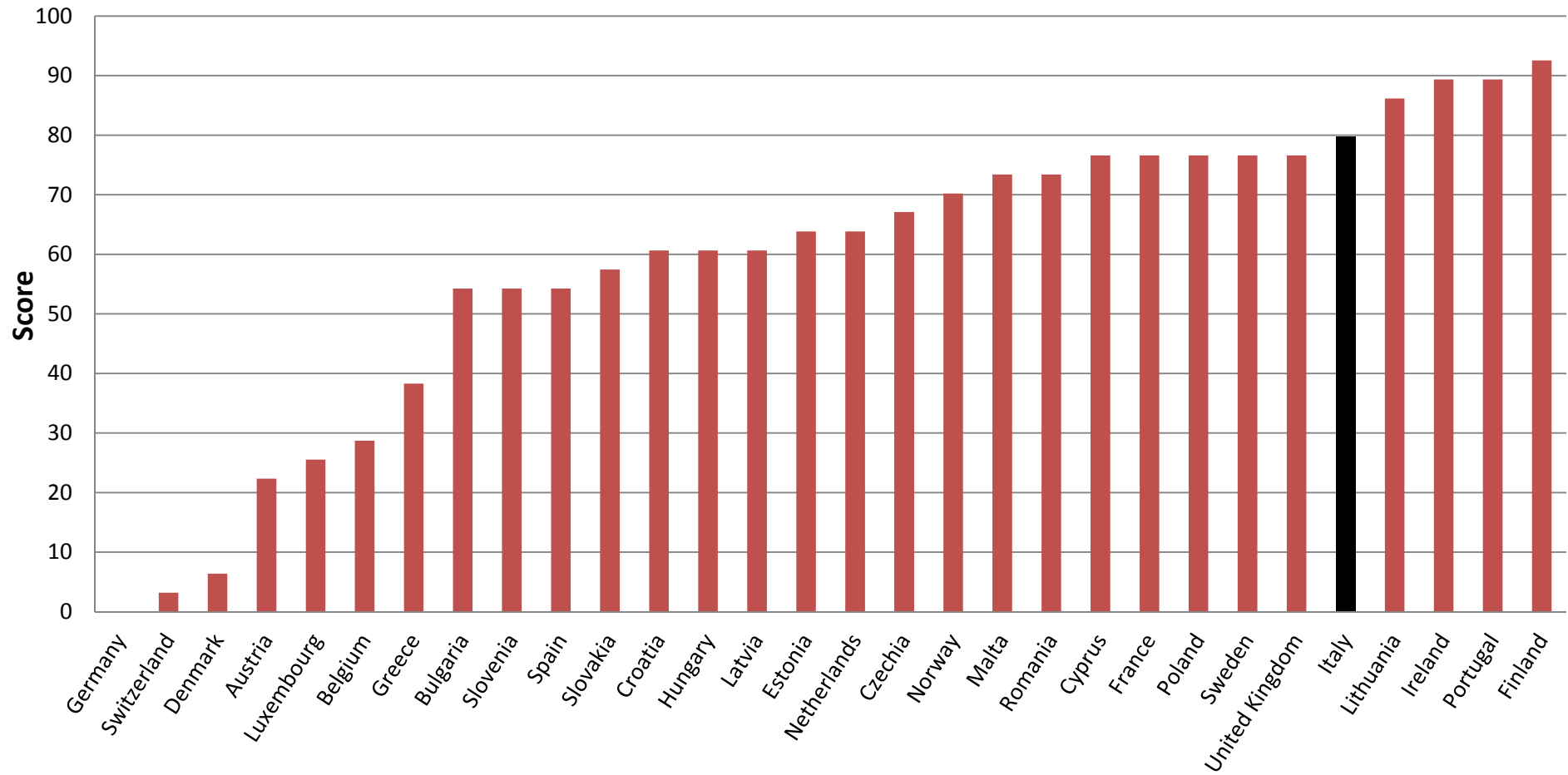
Community and workplace action (n=29)



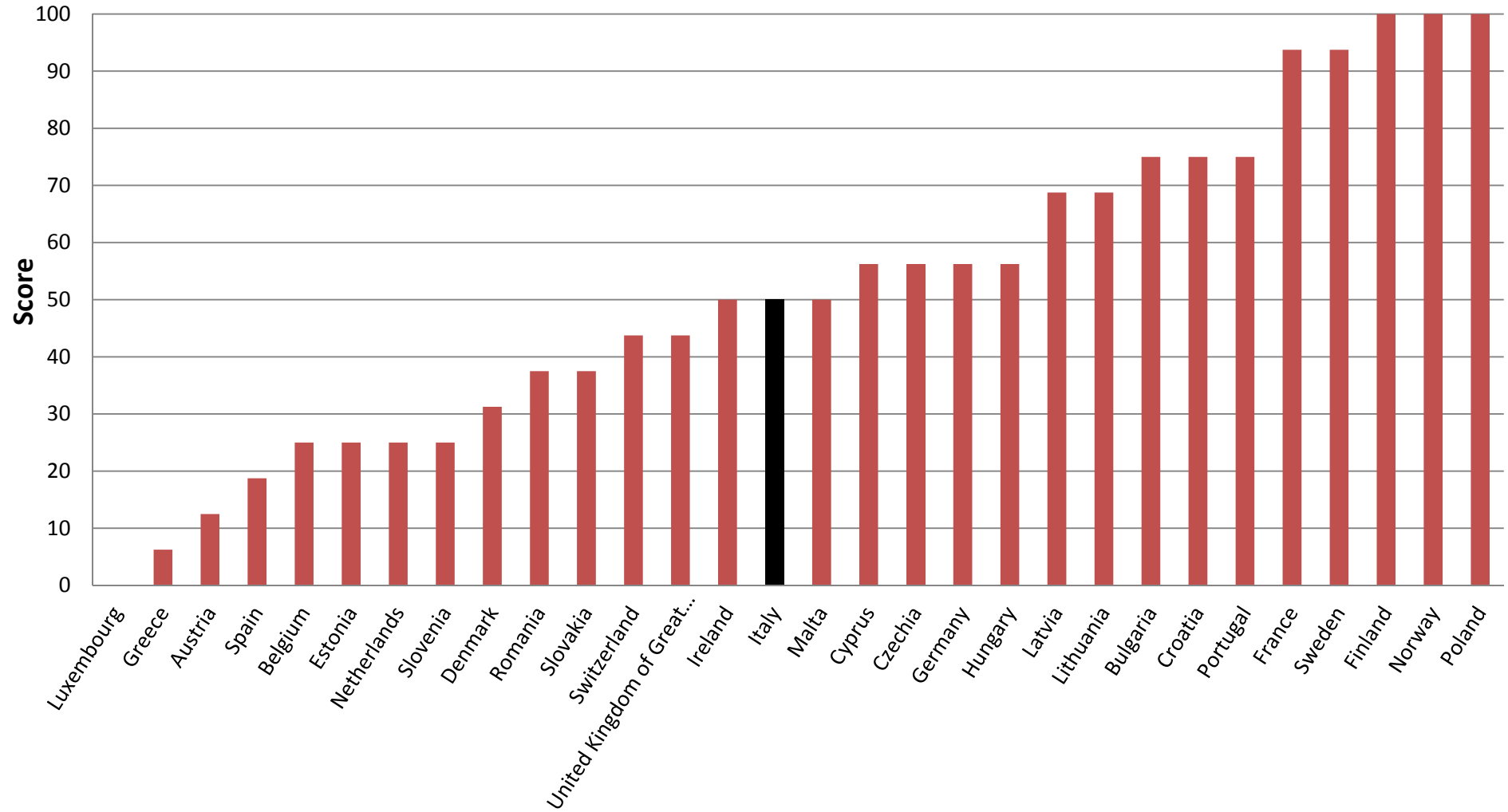
Drink-driving policies and countermeasures (n=30)



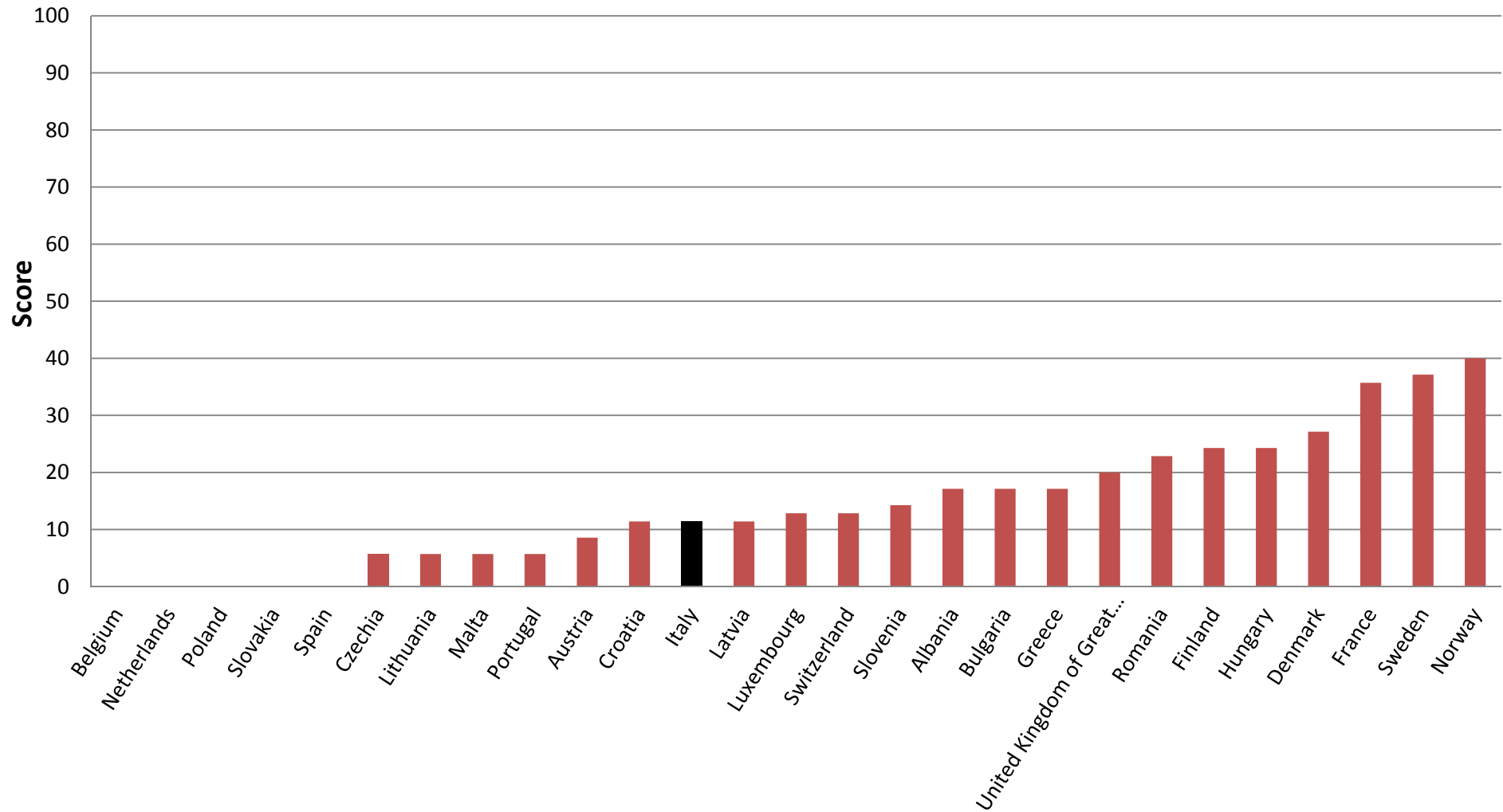
Availability of alcohol (n=30)



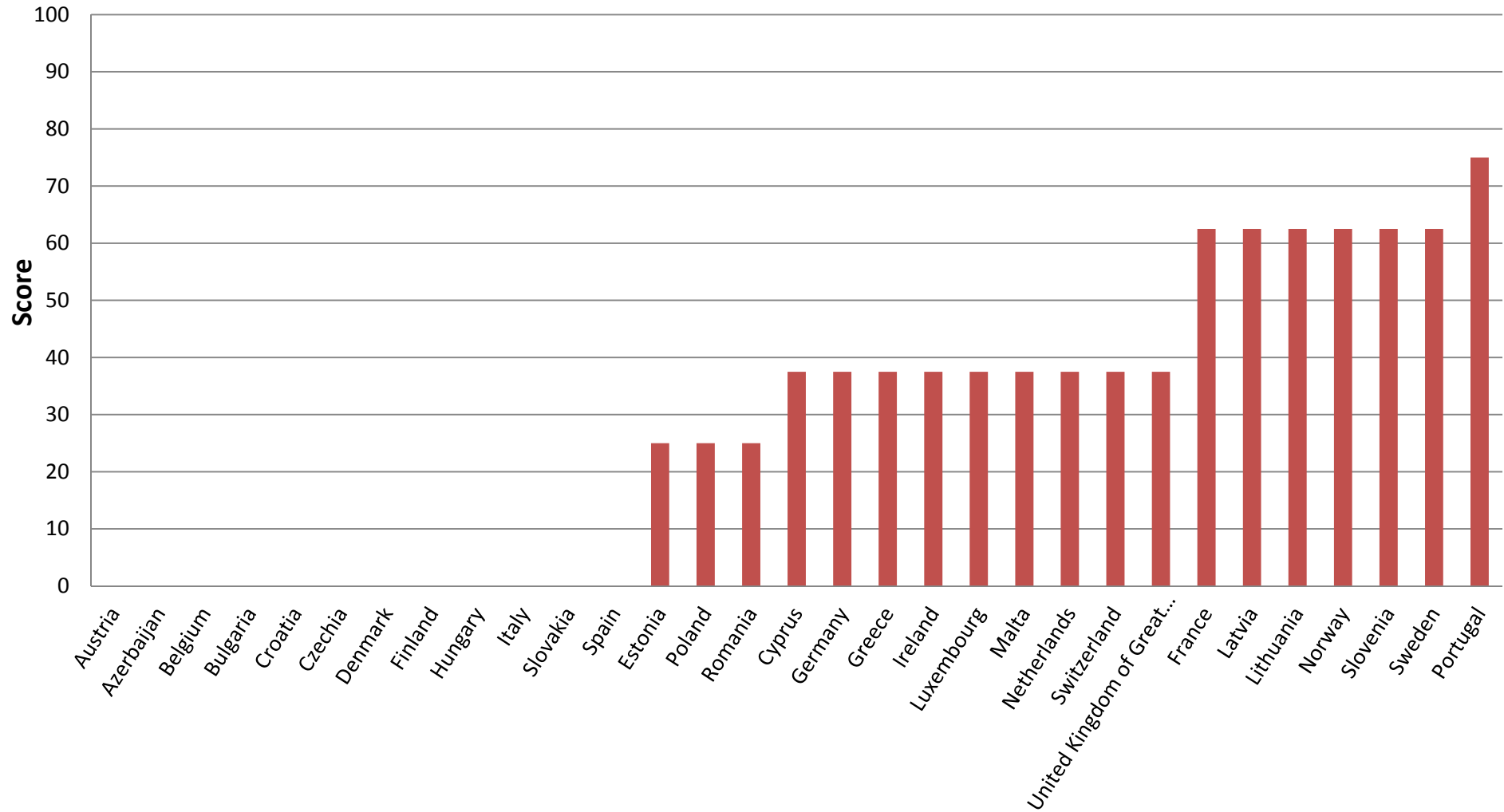
Marketing of alcoholic beverages (n=30)



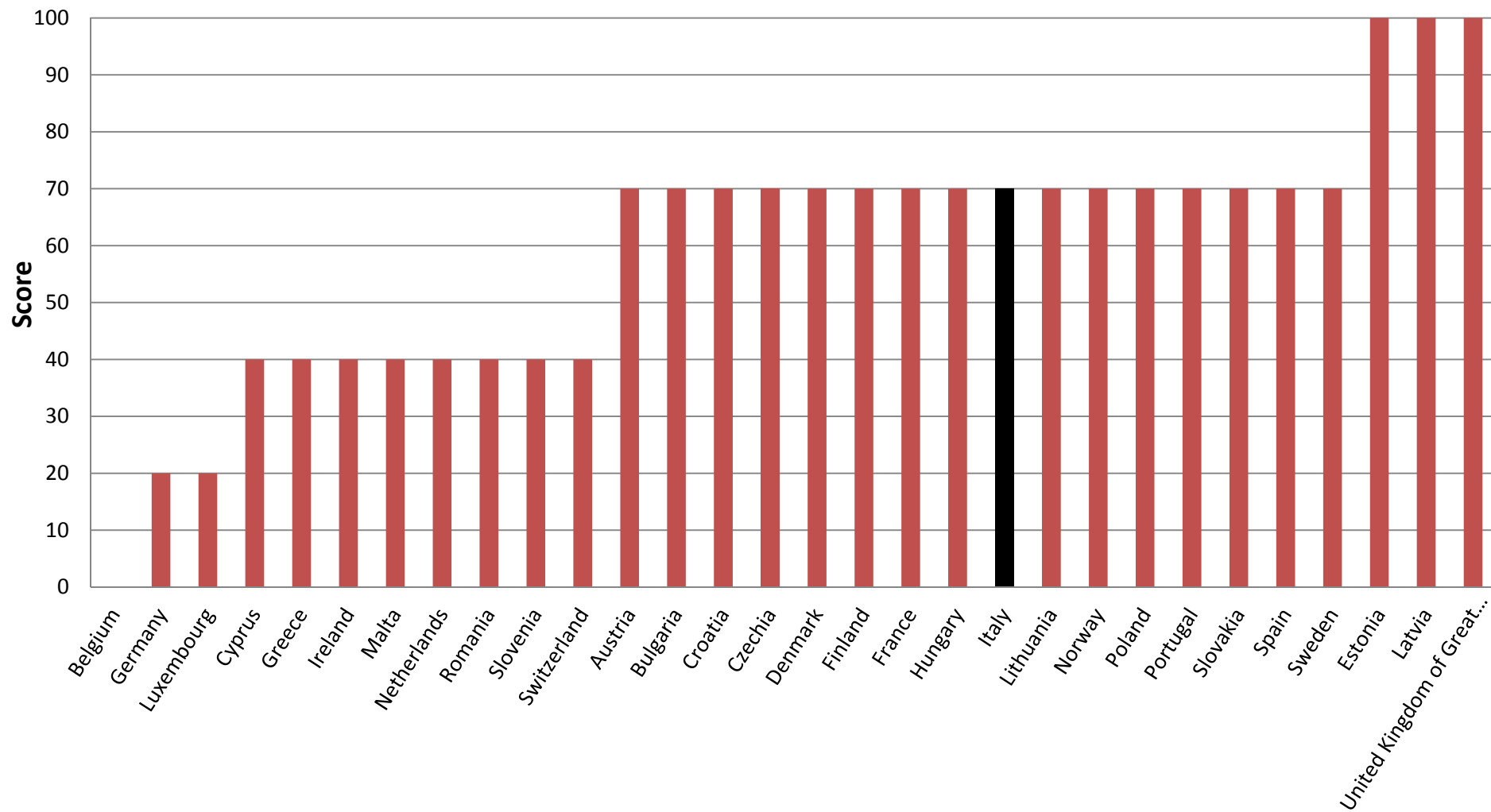
Pricing policies (n=27)



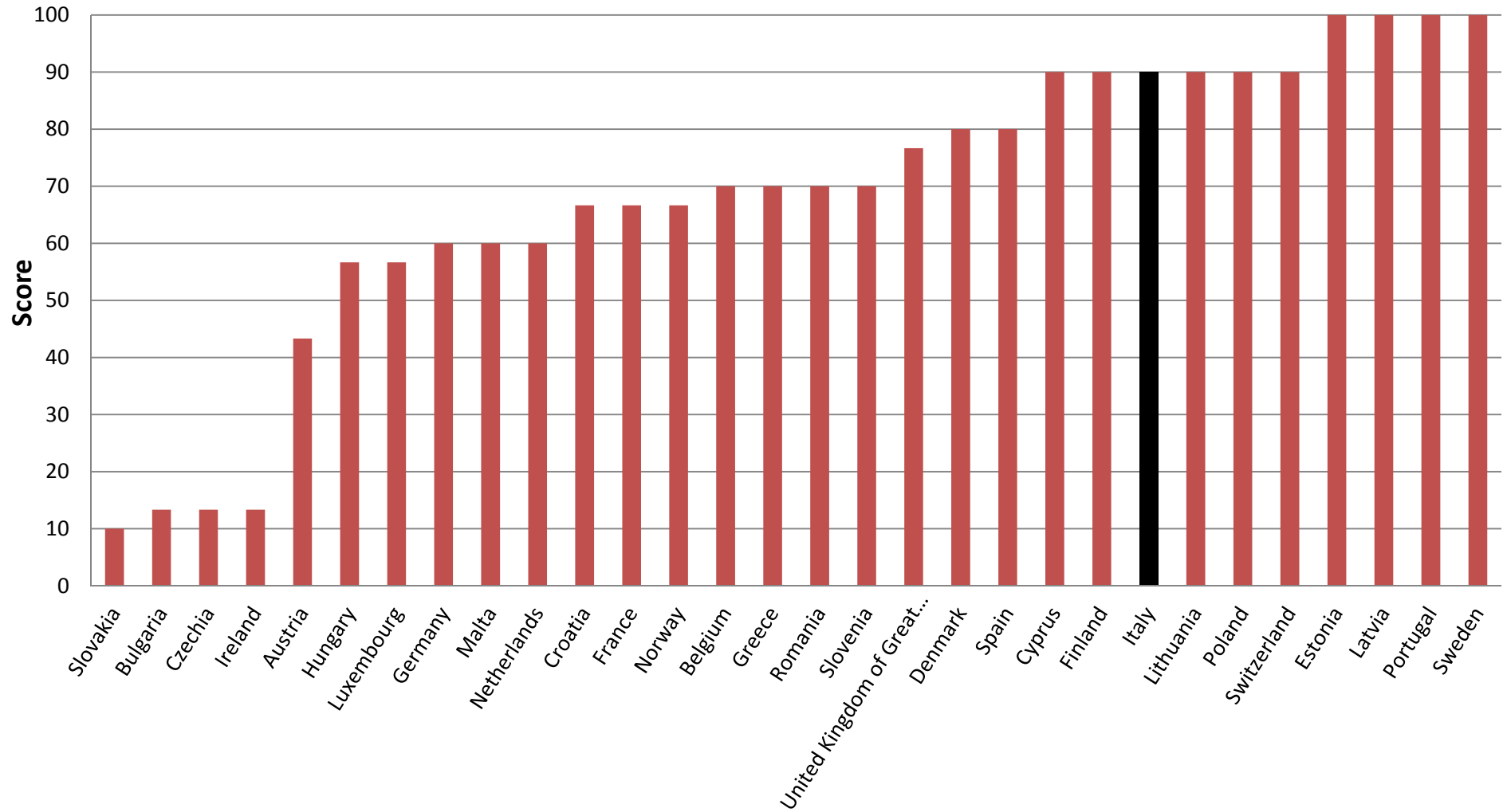
Reducing the negative consequences of drinking and alcohol intoxication (n=31)



Reducing the public health impact of illicit alcohol and informally produced alcohol (n=53)



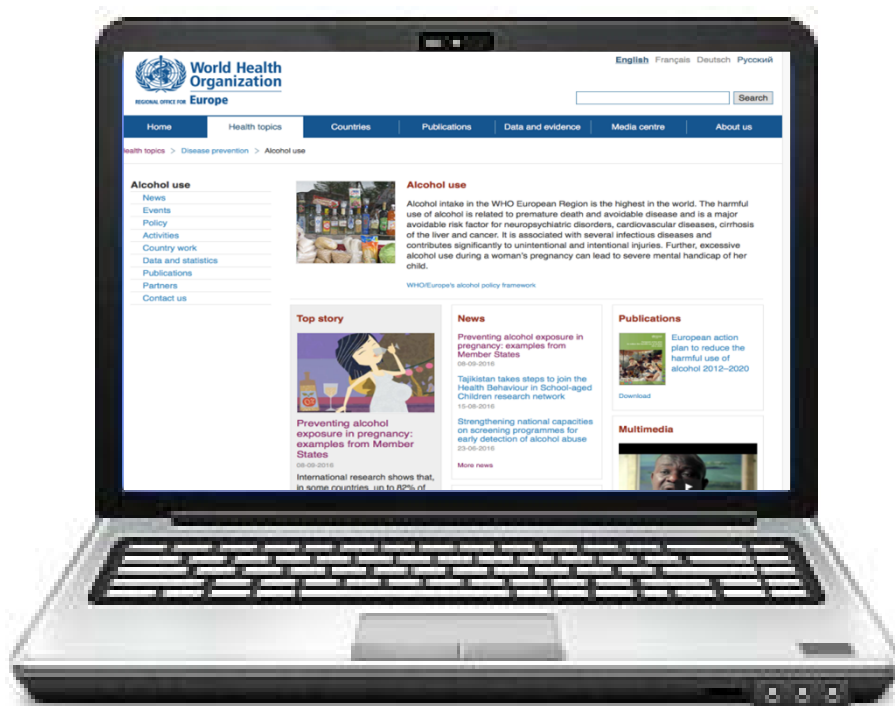
Monitoring and surveillance (n=30)



Our publications



More information on the WHO website



mollerl@who.int

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