

Effective actions to reduce the harmful use of alcohol

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www.who.int/substance_abuse/en/

Ethanol; a psychoactive substance



Alcohol consumption can harm the drinker and indirectly others by its:

>toxic effects on organs and tissues;

➤Teratogenicity;

>intoxication, leading to impairment of physical coordination, consciousness, cognition, perception, affect or behaviour;

>Dependence producing propensities, whereby the drinker's self-control over his or her drinking behaviour is impaired.

What is "global burden of disease"?



- The global burden of disease (GBD) framework was initiated by the World Bank World Development Report of 1993
- GBD quantifies what disables and kills people across countries, time, ages, and sex measured by diseases or by risk factors.



Alcohol-attributable disease and injury

(green mainly protective; blue new, red not, yellow only fragments!)



Chronic disease:

Infectious disease: TB, HIV/AIDS, pneumonia

Cancer: Mouth & oropharyngeal cancer, esophageal cancer, liver cancer, colorectal cancer, female breast cancer

Neuropsychiatric diseases: AUD, (depression not yet), primary epilepsy Diabetes

Cardiovascular diseases: Hypertensive diseases, ischemic heart disease,

cardiomyopathy, atrial fibrillation and flutter, ischemic stroke, hemorrhagic stroke Gastrointestinal diseases: Liver cirrhosis, pancreatitis

Conditions arising during perinatal period: FAS/FASD

Injury:

Unintentional injury: Motor vehicle accidents, drownings, falls, poisonings, other unintentional injuries

Intentional injury: Self-inflicted injuries, homicide, other intentional injuries Harm to Others

Distribution of alcohol attributable deaths and DALYs in 2012





Global burden of disease for males 15-49 years old, 2013 (Source: IHME)





Impact on people around the drinker



Alcohol consumption can harm other people than the drinker by:

- > Intentional or unintentional injury to others
- Neglect or abuse
- Default on social role as family member, as a friend and/or as a worker
- Property damage
- Toxic effects on other individuals
- Loss of amenity or peace of mind

Conceptual causal model of alcohol consumption and health outcomes





Alcohol consumption globally in 2016



Total alcohol per capita (>15 years of age) consumption (litres of pure alcohol), projected estimates, by WHO region, 2016



Heavy episodic drinking in the population (15+) and drinkers only in WHO regions and in the World in 2010





Distribution of last year (2010) drinkers and abstainers in the world (15+) by WHO regions





Source: WHO, 2014

Effective and cost-effective measures exist





OECD

Regulating and restricting availability of alcoholic beverages;

Reducing demand through taxation and pricing mechanisms;

Regulating the marketing of alcoholic beverages;

Enacting appropriate drink-driving policies;

Implementing screening programmes and brief interventions for hazardous and harmful use of alcohol.

Raising awareness and support for effective policies;

WHO Global NCD Action Plan 2013-2020





Key risk factors

- Tobacco use
- Harmful use of alcohol
- Unhealthy diet
- Physical inactivity

Key cost-effective interventions (updated appendix 3, WHA70.11)

Harmful use of alcohol

- Increase excise taxes on alcoholic beverages
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
- Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints
- Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use

Global strategy to reduce the harmful use of alcohol



The vision behind the global strategy is improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences.

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.



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.







3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

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

Gaps and bottlenecks



- Low political will and priority given to health aspects of alcohol consumption
- Inadequate resources for alcohol policy formulation, implementation and evaluation at all levels
- Alcohol policies relegated to the health sector
- Asymmetries in stakeholders influence
- Perceived lack of data on alcohol consumption and alcohol related harms
- Perceived lack of evidence of effectiveness for policies
- Popular but ineffective policies as a way out



Key messages

- Alcohol is a toxic and psychoactive substance with dependence producing propensities
- Harmful use of alcohol is a global health issues ranking among the top risk factors for the global burden of disease.
- Harmful use of alcohol has considerable detrimental effects on other people than the drinker
- Harmful use of alcohol is important for NCDs, but it is a much broader issue
- Most people in the world do not drink alcohol and this paired with a continued population growth can constitute a considerable challenge for prevention and health systems in the future.





- Effective and cost-effective strategies to reduce the harmful use of alcohol exists and should be utilized more
- Solid global policy frameworks and goals for alcohol control exists: WHO Global strategy to reduce the harmful use of alcohol (WHO, 2010), UN High Level Political Declaration on NCDs (2011), WHO Global NCD Action Plan 2013-2020 as well as the UN Sustainable Development Goals 2015 – 2030
- The burden from harmful use of alcohol can and should be effectively reduced and governments have an obligation to intervene in the marketplace for the public good





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