Alcohol in a global perspective:

World Health Organization initiatives to reduce alcohol related harm

Department of Mental Health and Substance Abuse



Harmful use of alcohol

- Public health consequences
- Contributing factors
- Policy responses

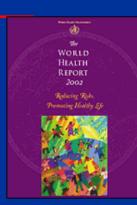


Leading 12 selected risk factors as causes of disease burden (WHO, 2002)

<u>High Mortality</u> Developing Countries

Major NCD risk factors
 Low Mortality
 Developing Countries

<u>Developed</u> Countries



- 1 Underweight
- 2 Unsafe sex
- 3 Unsafe water
- 4 Indoor smoke
- 5 Zinc deficiency
- 6 Iron deficiency
- 7 Vitamin A deficiency
- 8 Blood pressure
- 9 Tobacco
- 10 Cholesterol
- 11 Alcohol
- 12 Low fruit & veg intake

Alcohol

Blood pressure

Tobacco

Underweight

Body mass index

Cholesterol

Low fruit & veg intake

Indoor smoke - solid fuels

Iron deficiency

Unsafe water

Unsafe sex

Lead exposure

Tobacco

Blood pressure

Alcoho

Cholesterol

Body mass index

Low fruit & veg. intake

Physical inactivity

Illicit drugs

Unsafe sex

Iron deficiency

Lead exposure

Childhood sexual abuse



World Health Organization

Contributing factors



Reasons to drink...

- As psychoactive substances; change mood
- As intoxicants; escape sober reality.
- As liquids; quench thirst.
- As sources of calories; foodstuffs.
- Dependence creates its own demand

• The different alcoholic beverages also carry a wide variety of symbolic meanings, positive and negative.



Who is at risk?

- Public-health concepts and general theories of vulnerability apply to harmful use of alcohol
- Various risk and protective factors have been identified
- Much alcohol is drunk either in high-risk situations or on heavy-drinking occasions, or both.
- And alcohol is a psychoactive dependence producing substance.



Contributing factors

- Upstream and downstream determinants
 - Alcohol has very little to do with alcohol related problems

- Alcohol exposure per se
 - Alcohol has a lot to do with alcohol related problems



The focus shapes the policy response



Policy responses



Different levels for policy action

- (Personal)
- Community
- Regional (sub-national)
- National
- Sub-regional
- Regional
- Global



Effective interventions

- regulating the marketing of alcoholic beverages,
- regulating and restricting the availability of alcohol;
- enactment of appropriate drink-driving policies;
- reducing the demand through taxation and pricing;
- raising awareness and support for policies;
- Risk reduction interventions at point of sale/consumption;
- providing easily accessible and affordable treatment;
- implementing screening programmes and brief interventions against hazardous and harmful use of alcohol.

Specific considerations

- Need for champions and enablers?
- Who are the key stakeholders and their power relations?
- What are the side effects and are they important?



The Italian scene

- Sub-national, national and sub-regional developments in Europe
- Commission Communication on an EU strategy on alcohol
- Framework for alcohol policy in the WHO European Region
- Global developments in WHO
- Developments in other regions which can feed into the European and Italian agenda



WHO governing structure

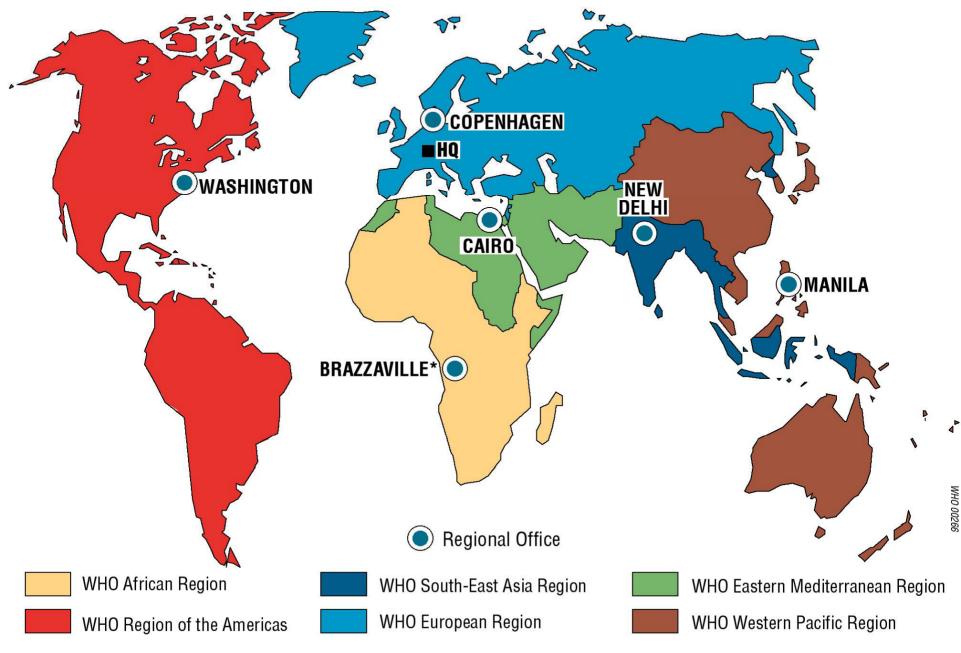
- UN specialized agency
- 193 Member States
- The World Health Assembly
- Executive Board
- 6 Regional Committees
- Consensus driven
- Mostly non-binding







WHO Regional Offices and the areas they serve



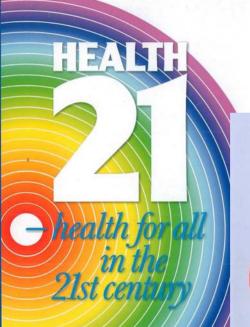
^{*}Office temporarily located in Harare, Zimbabwe

Health for all targets

The health policy for Europe

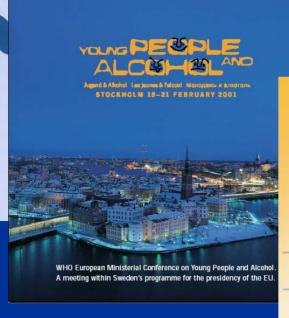
EAAP 1992 - 1999





EAAP 2000 - 2005









ALCOHOL



LALDER



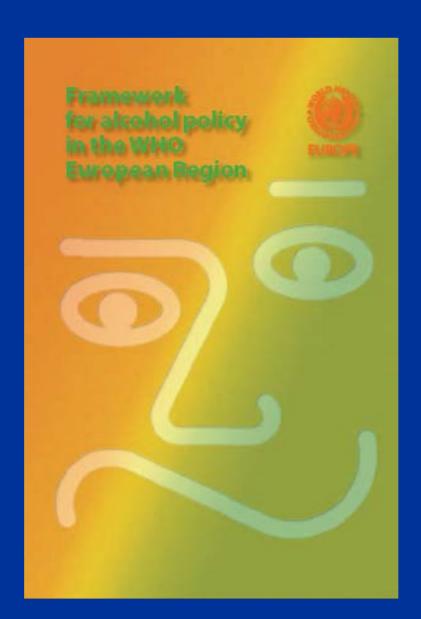








Framework for alcohol policy





Previous resolutions in the World Health Assembly (WHA)

- 1979: Development of the WHO Programme on alcohol related problems
- 1983: Alcohol consumption and related problems
- 1985-2004: Very little political activity (except for Europe)
- 2004: Health promotion and healthy lifestyles



WHA Resolution "Public-health problems caused by harmful use of alcohol"

- Initiated by a group of European countries
- Co-sponsored by more than 50 countries
- Adopted by all Member States after several rounds of discussions



WHO Secretariat Priority Areas for Implementation of the WHA Resolution

- Assessment of public health problems caused by harmful use of alcohol
- Reviewing evidence and developing recommendations on effective strategies and interventions
- Developing global and regional information systems on alcohol
- Collaboration with relevant stakeholders
- Constructing an appropriate framework for global activities to reduce alcohol-related harm
- Providing support to countries and regions



Progress in WHO Regions since adoption of the WHA resolution

- EURO: Framework for Alcohol Policy in the WHO European Region resolution adopted by the Regional Committee for Europe, 2005
- AMRO: First Pan American Conference on Alcohol Public Policies, 2005
- AFRO: Technical consultation on public health problems caused by harmful use of alcohol, May 2006
- SEARO: Resolution on public health problems caused by harmful use of alcohol adopted and policy document endorsed by the Regional Committee, August 2006
- EMRO: Resolution adopted by the Regional Committee (2006)
- WPRO: Regional strategy developed and endorsed by the Regional Committee (September 2006)



WHA60 in May

- Effective interventions and strategies to reduce alcohol related harm on the agenda
- Secretariat report on the item with a comprehensive assessment of public health problems caused by harmful use of alcohol.
- The deliberations among MS will decide the future for global alcohol policy development.



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More information

 WHO HQ: http://www.who.int/substance_abuse/en/

• WHO Regional Office for Europe: http://www.euro.who.int/alcoholdrugs

