

5th NATIONAL ALCOHOL CONFERENCE

Hotel Radisson Blue Olumpia, Tallinn, Estonia, 29 October 2013



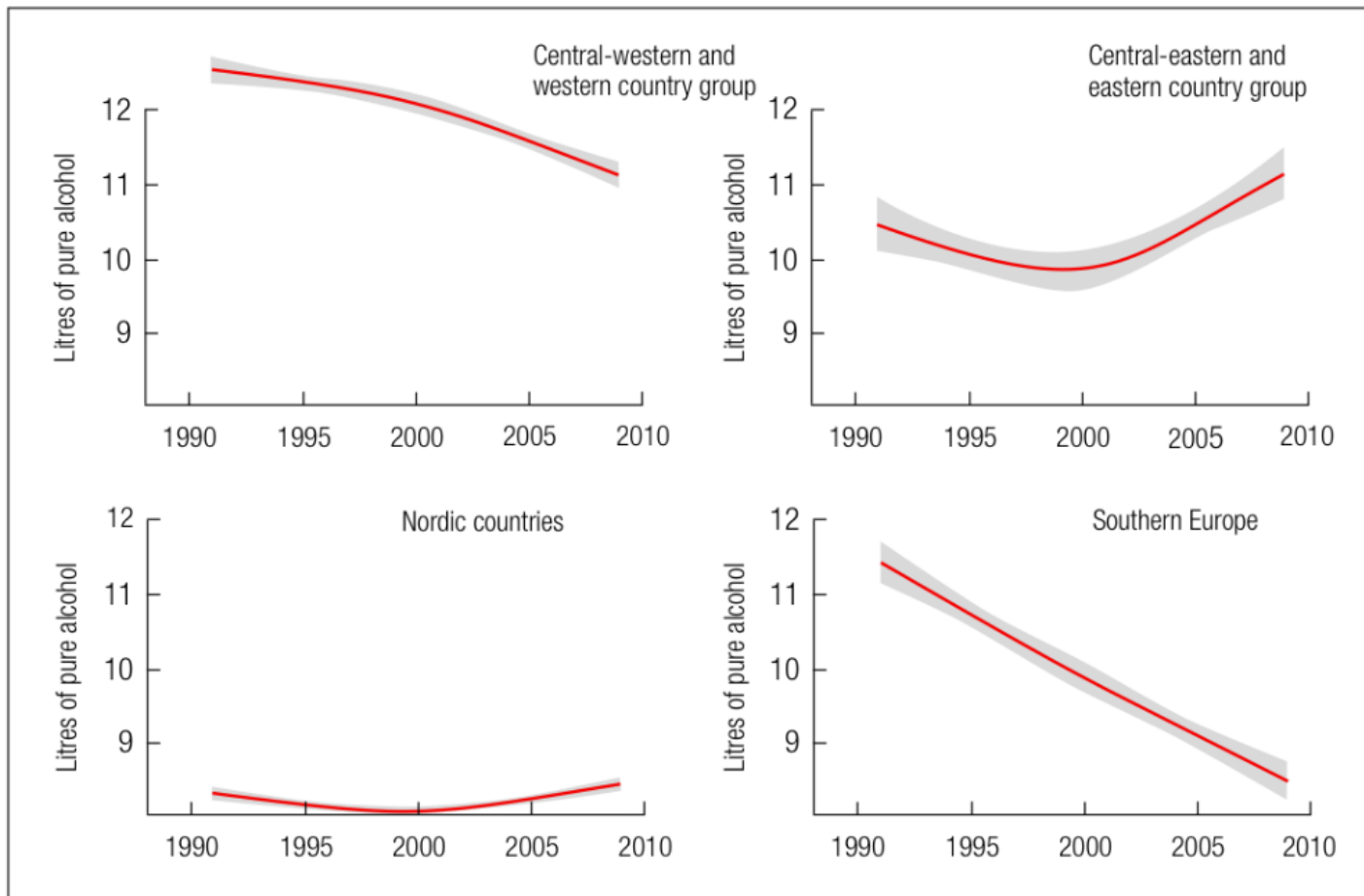
Recent trends in alcohol consumption and changes in alcohol policies

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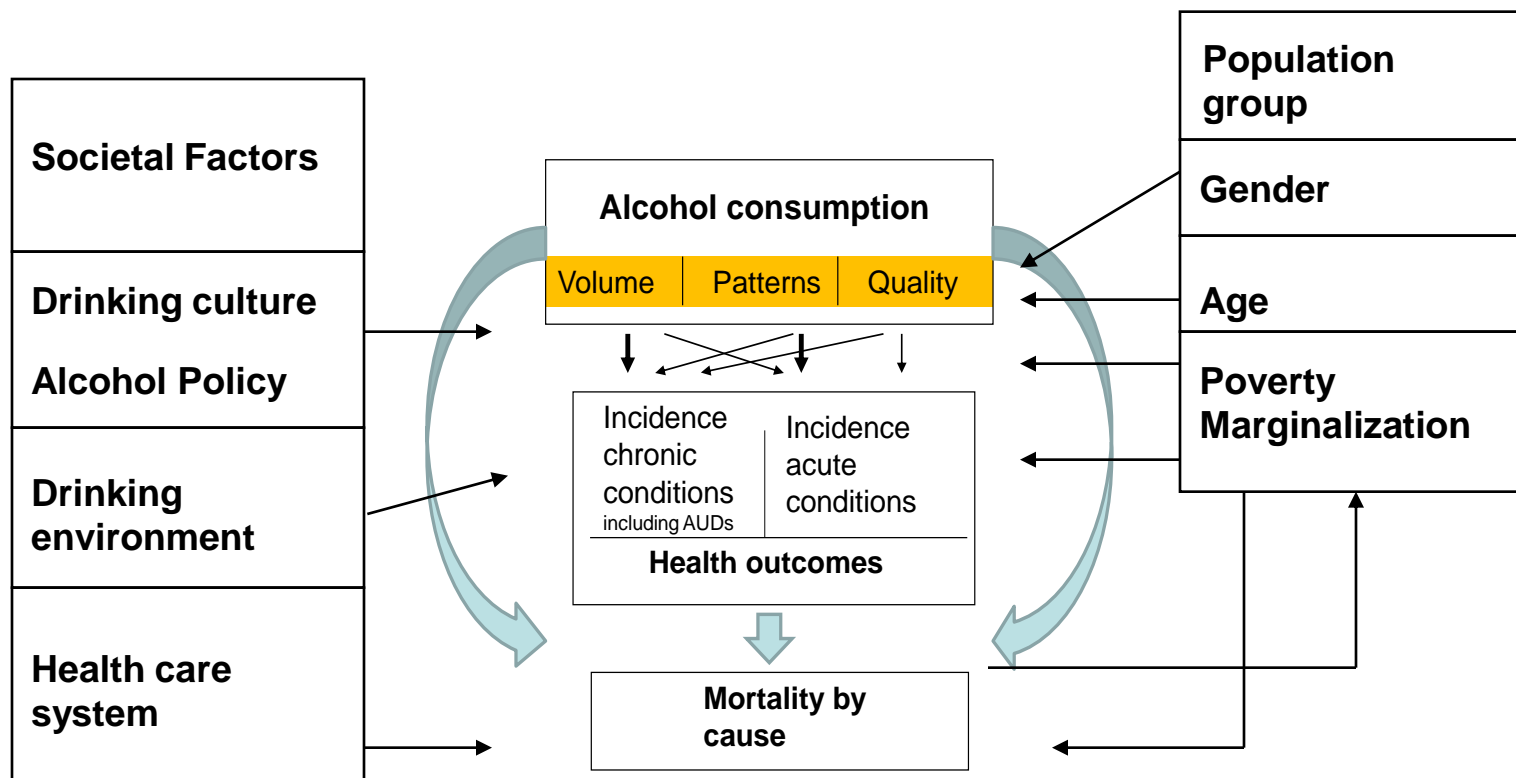


Consumption trends in Europe



^a The 95% confidence intervals are represented as shading.

Conceptual model for harmful use of alcohol



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,

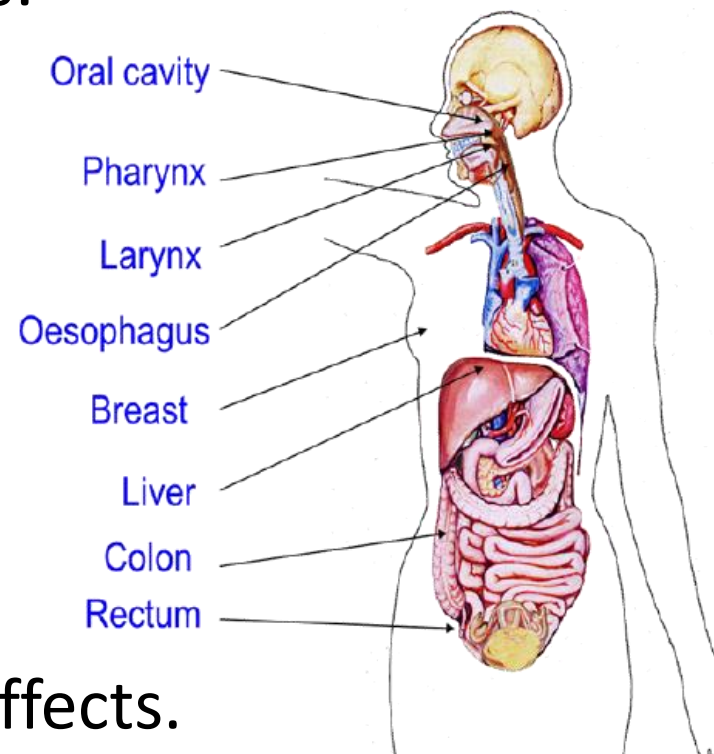
as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.

Impact on the drinker

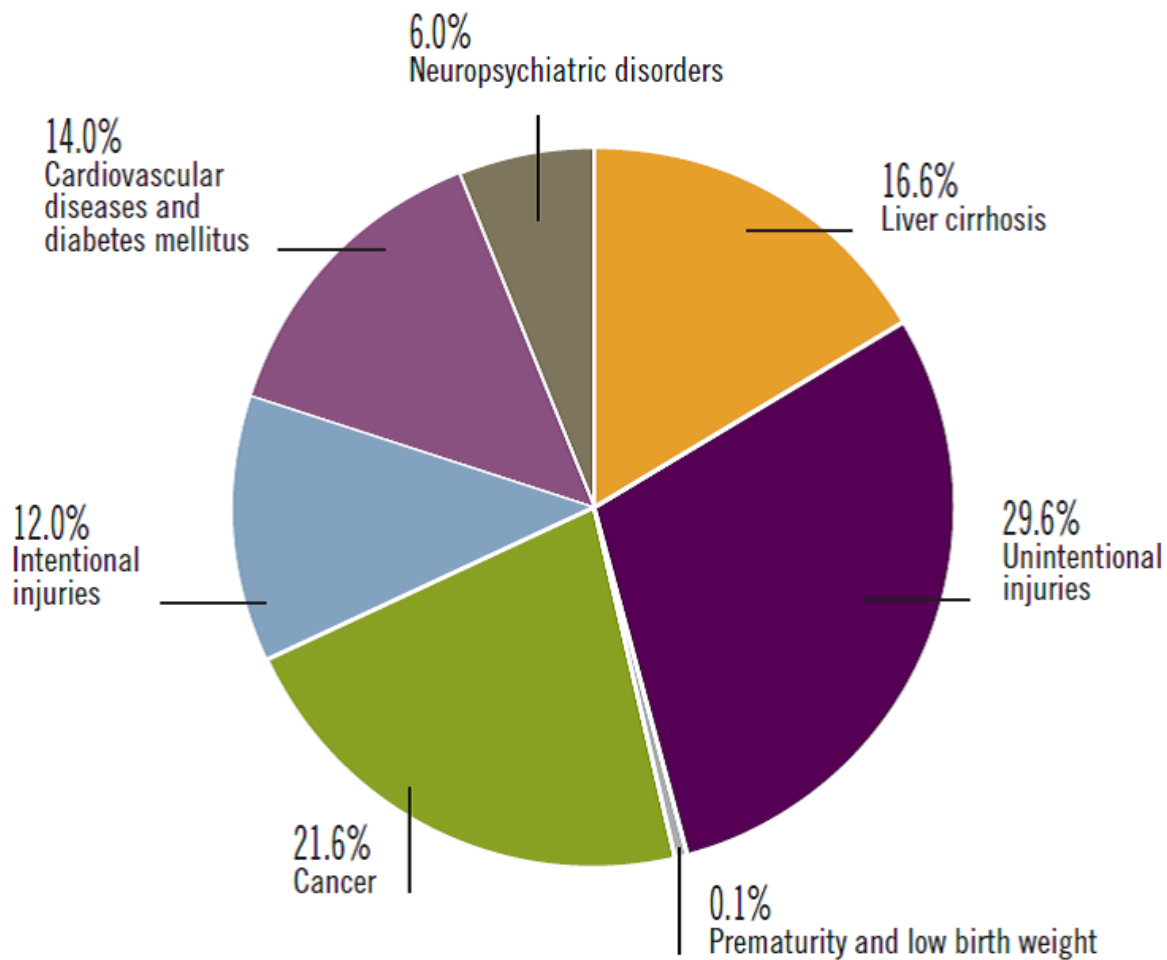
Alcohol can harm the drinker by its:

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

It seems to have some beneficial effects.



Global distributions of the 2.3 million alcohol-attributable deaths by disease or injury, 2004

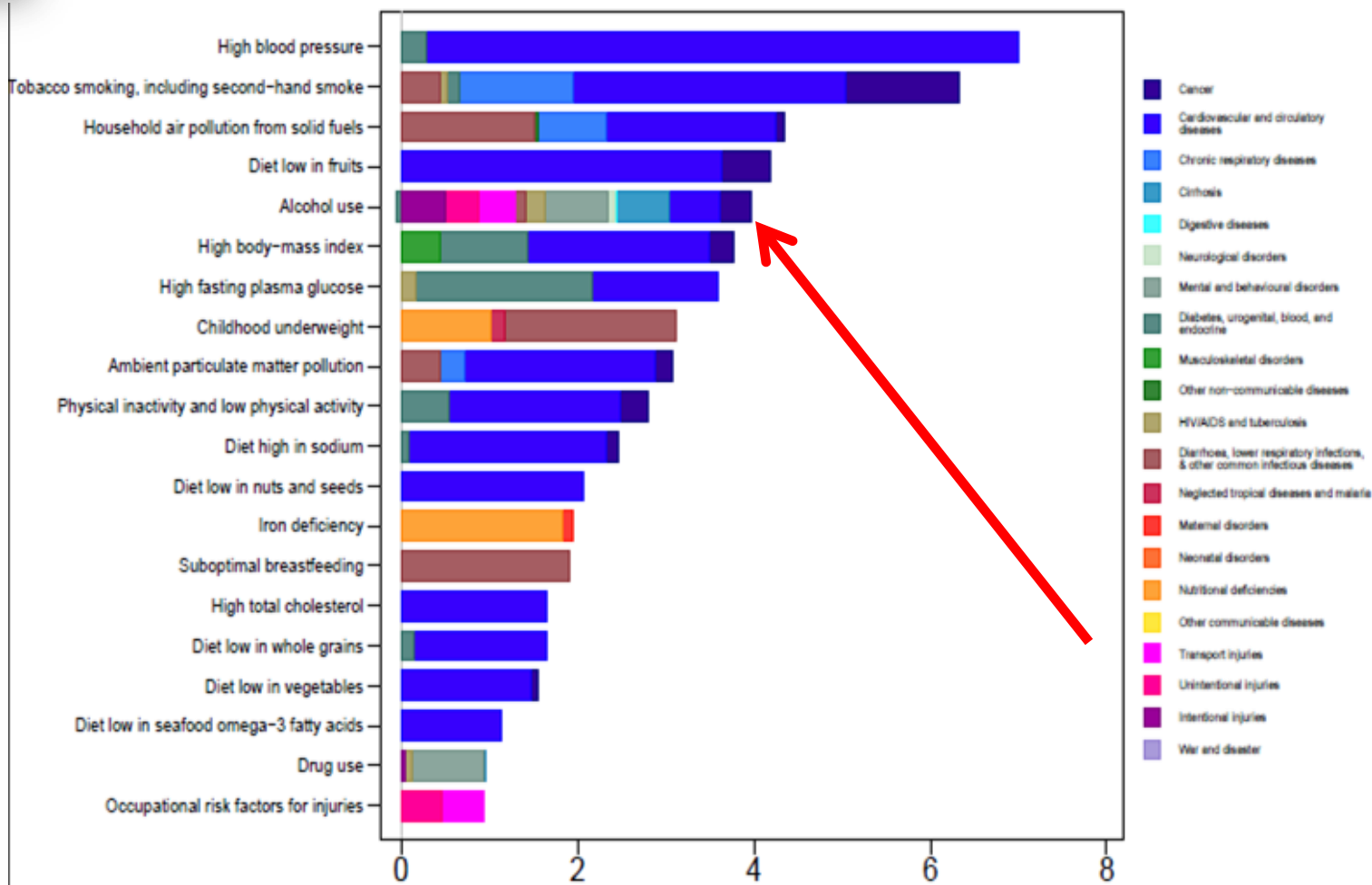


Impact on people other than the drinker

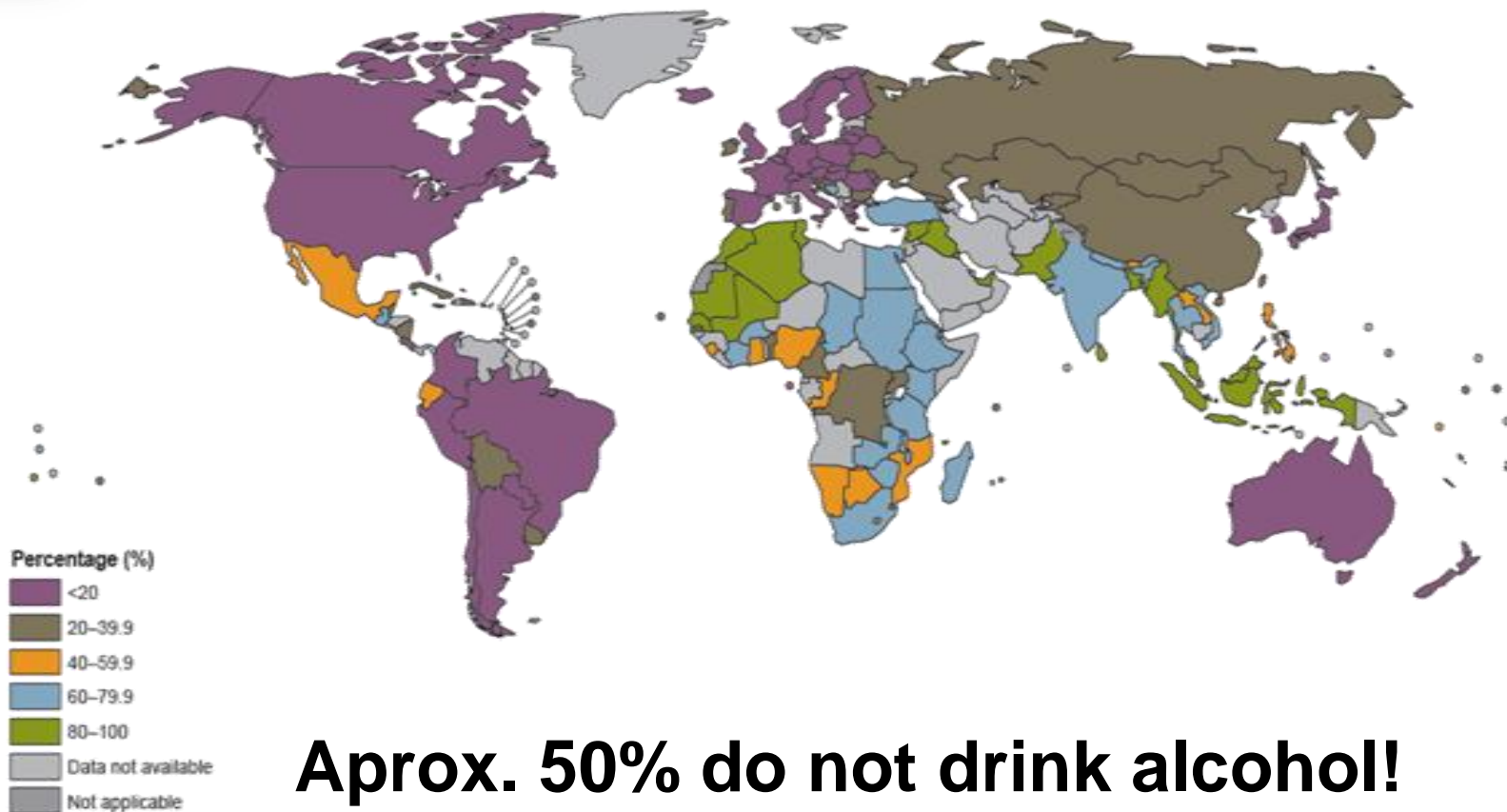
Alcohol can harm other than the drinker by:

- ✓ 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

2010 Global burden of disease



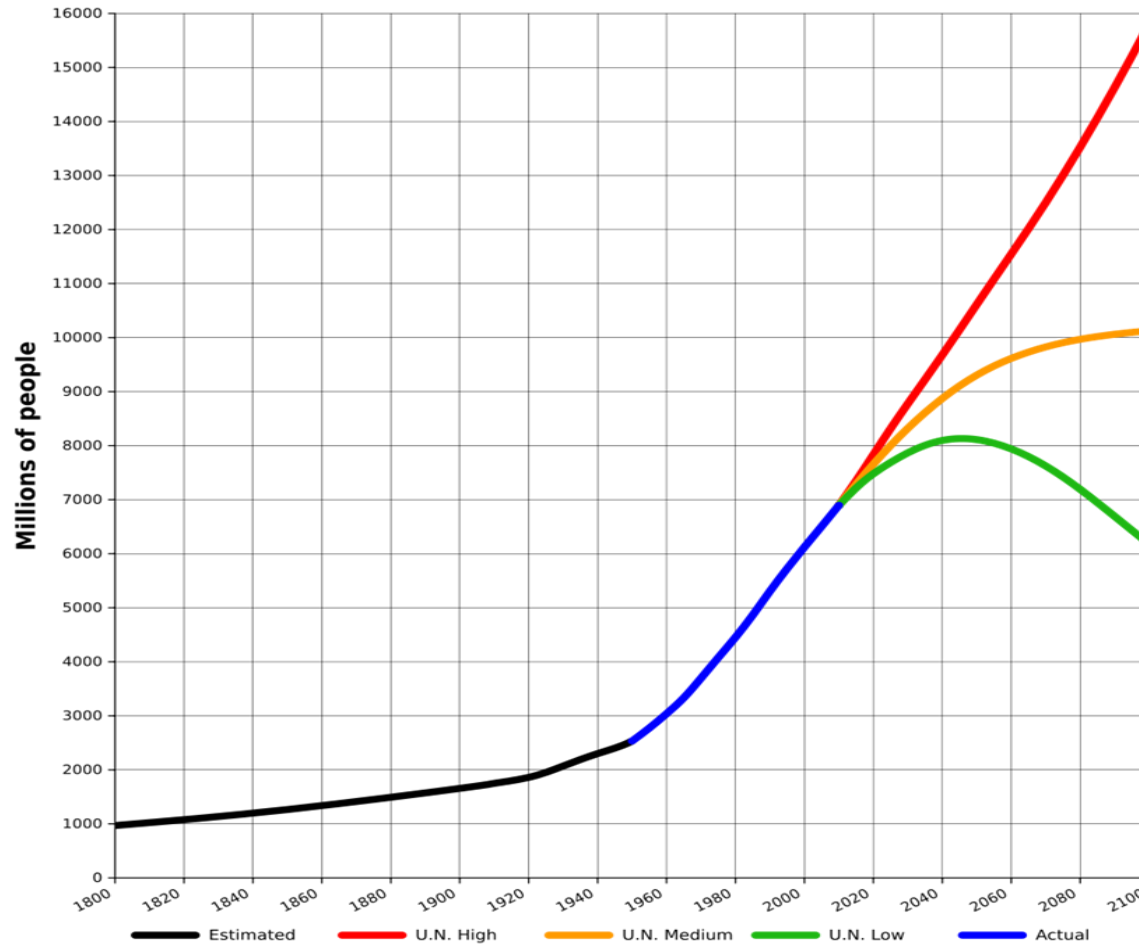
Lifetime prevalence of abstention (world) (WHO, 2011)



Aprox. 50% do not drink alcohol!

^a Best estimates for abstention rates in 2004 based on surveys carried out within the time period 1993-2009.

Population growth



Communication risks

- It is difficult to predict the risks of initiation of drinking in persons who never used alcoholic beverages
- Heavy episodic drinking (binge drinking) is detrimental to health irrespective of a disease or health condition under consideration
- Any recommendation on the levels of alcohol consumption should be based on assessment of individual risks, taking into consideration age, gender, health status and drinking history
- Reduction in levels of alcohol consumption and prevalence of heavy episodic drinking in populations will bring public health benefits

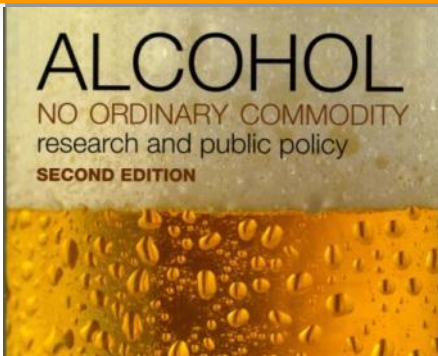
What actions are needed to reduce the harmful use of alcohol?

Global, regional and national actions on:

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

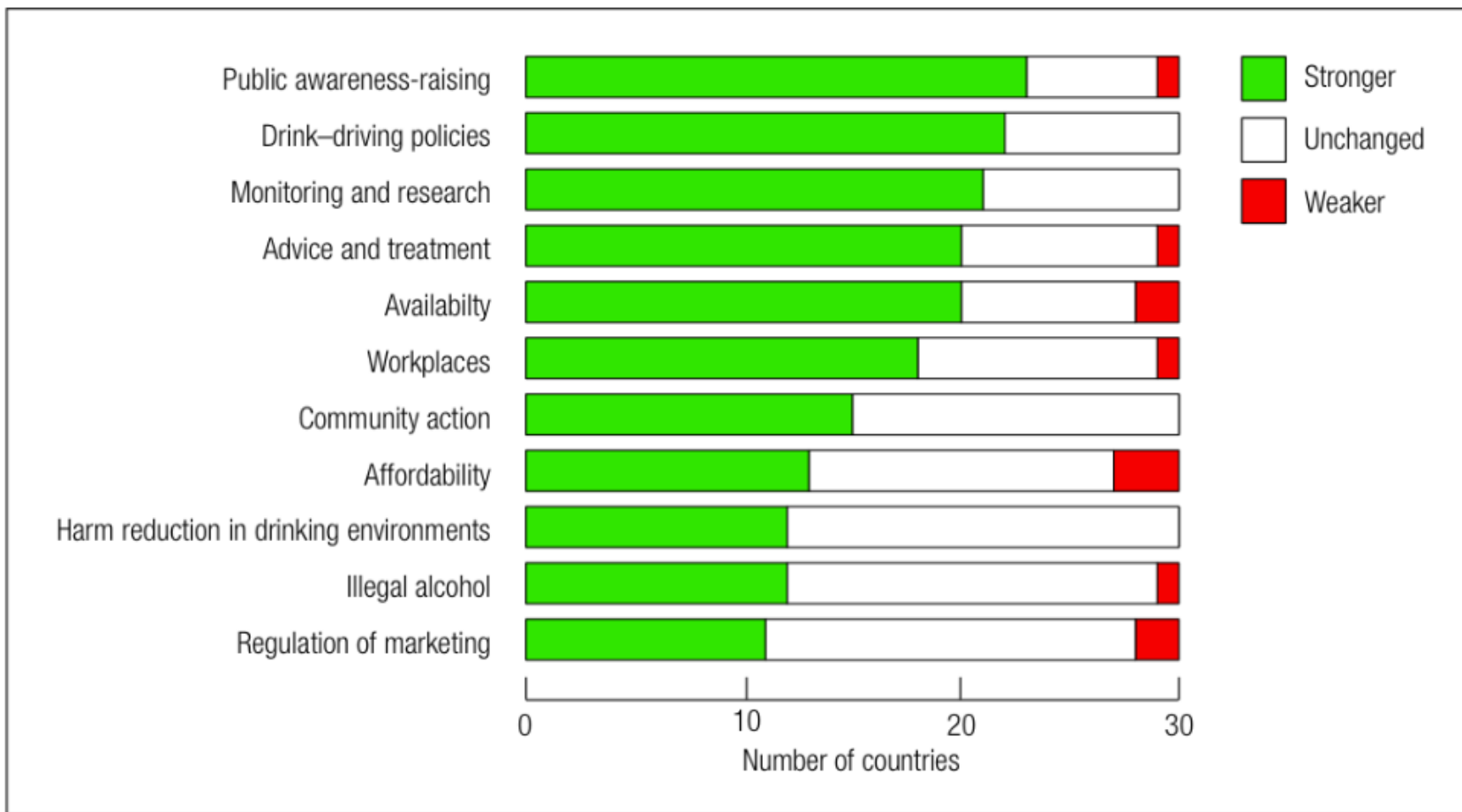
➤ Special attention needs to be given to reducing harm to people other than the drinker and to populations that are at particular risk from harmful use of alcohol.

Effective prevention policy measures exist



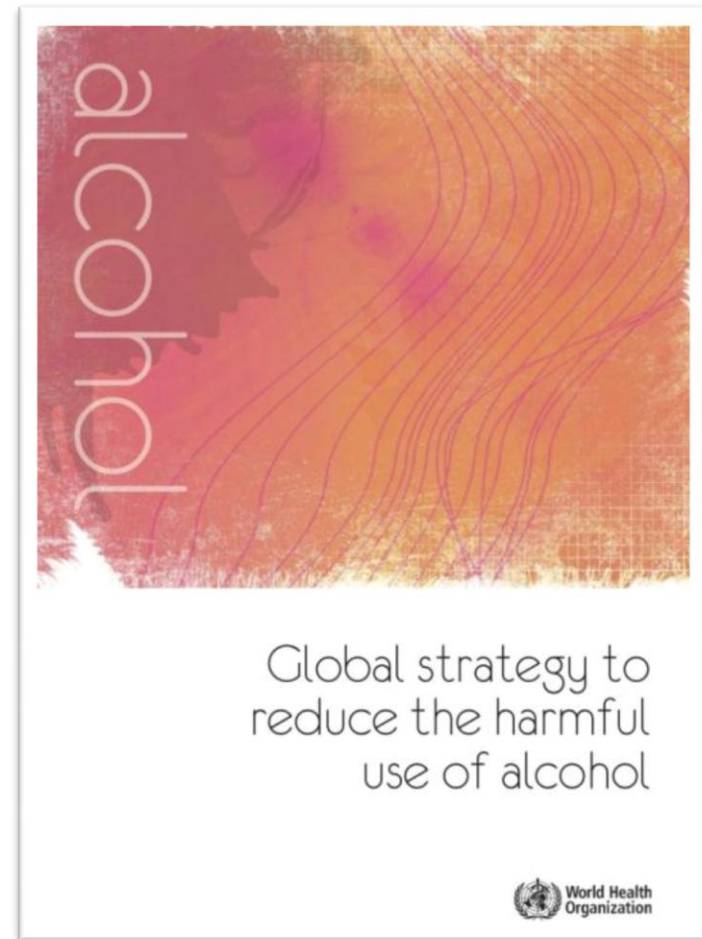
- Regulating and restricting availability of alcoholic beverages;
- Reducing demand through taxation and pricing mechanisms;
- Regulating the marketing of alcoholic beverages;
- Enacting appropriate drink-driving policies;
- Raising awareness and support for effective policies;
- Implementing screening programmes and brief interventions for hazardous and 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.

Civil society and GAS

- The Global Strategy highlights that civil society has an important role in warning about the impact of harmful use of alcohol on individuals, families and communities and in bringing additional commitment and resources for reducing alcohol-related harm.
- Nongovernmental organizations are especially encouraged to form wide networks and action groups to support implementation of the Global Strategy.

Alcohol industry and GAS

- Economic operators in alcohol production and trade are important players in their role as developers, producers, distributors, marketers and sellers of alcoholic beverages. They are especially encouraged to consider effective ways to prevent and reduce harmful use of alcohol within their core roles mentioned above, including self-regulatory actions and initiatives. They could also contribute by making available data on sales and consumption of alcohol beverages.
- the Secretariat will provide support to Member States by continuing its dialogue with the private sector on how they best can contribute to the reduction of alcohol-related harm. Appropriate consideration will be given to the commercial interests involved and their possible conflict with public health objectives.

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.

WHO Secretariat and alcohol industry

- The interaction between the WHO Secretariat and the alcohol industry has been limited to necessary information sharing, dialogue and consultations on ways that they could contribute to reduce the harmful use of alcohol without any engagement implying “partnership” or “collaboration”.
- The alcohol industry has never been directly engaged in the WHO process of alcohol strategy/policy development or implementation.

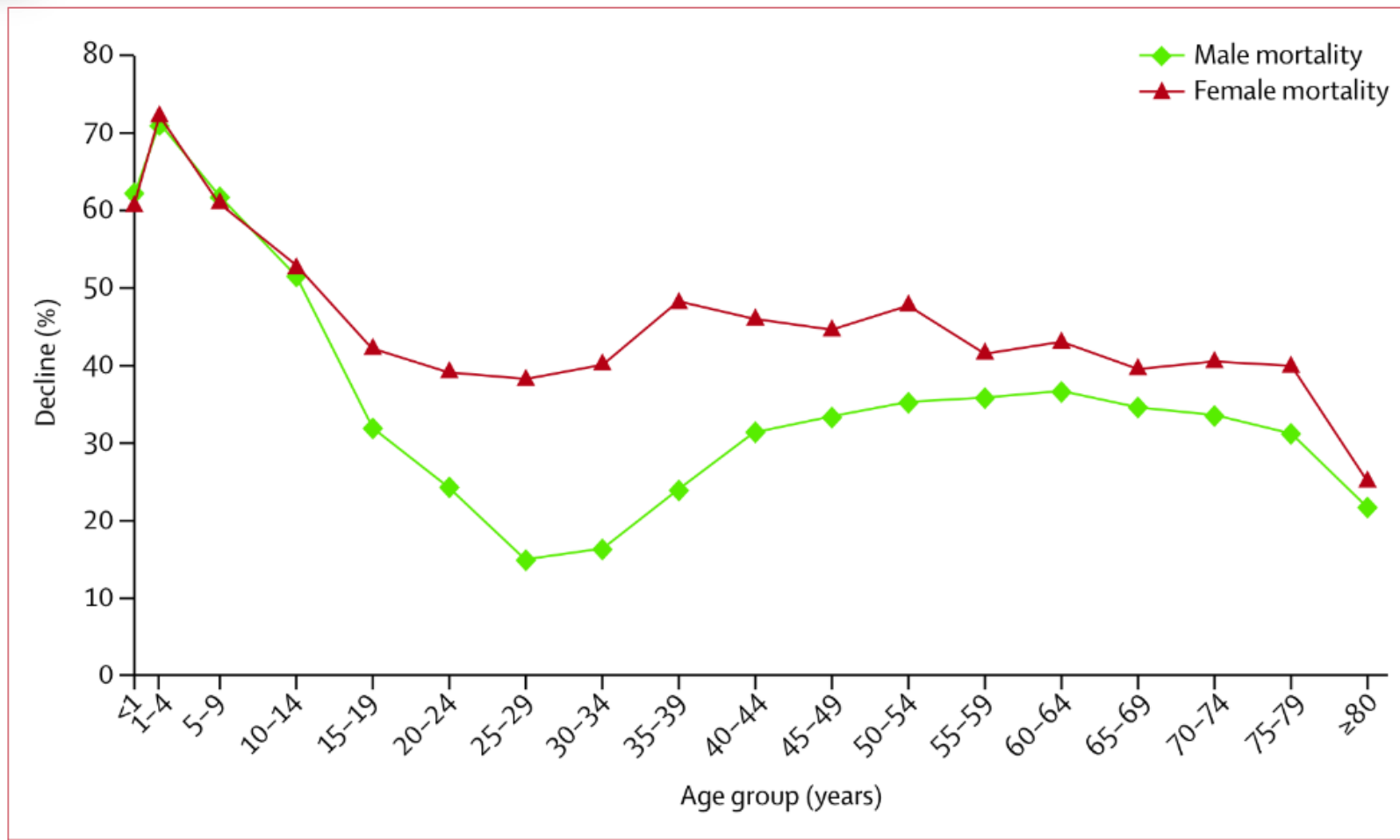
WHO and non-State actors

How can WHO work with the wide range of non-State actors that currently have a significant role in global health in ways that;

- benefit population health;
- advance WHO's objectives;
- contribute to better health governance;

and at the same time protect the Organization's decision-making, policy processes, and normative work from any vested interest?

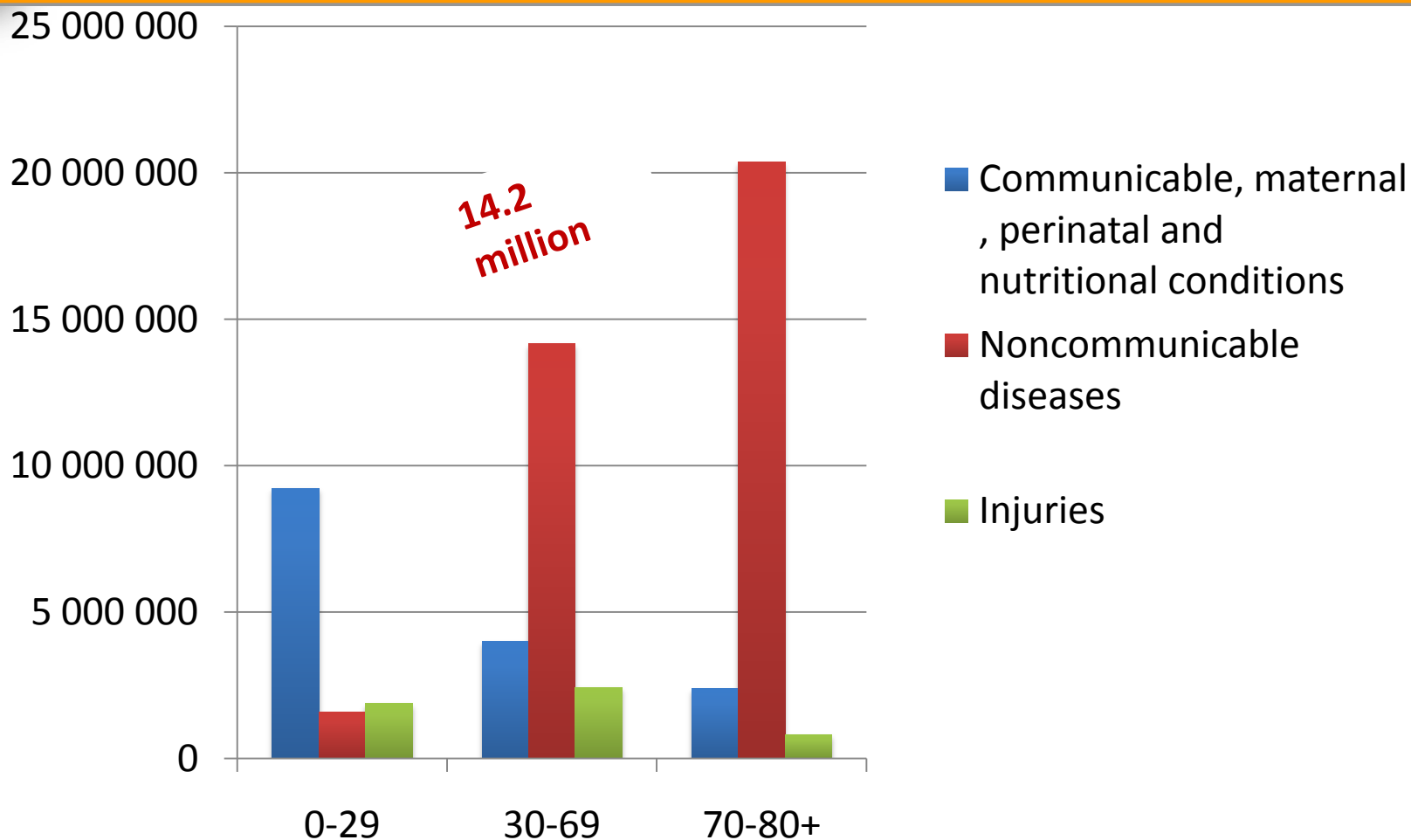
Decline in mortality rate, 1970 - 2010



The changing world of global health

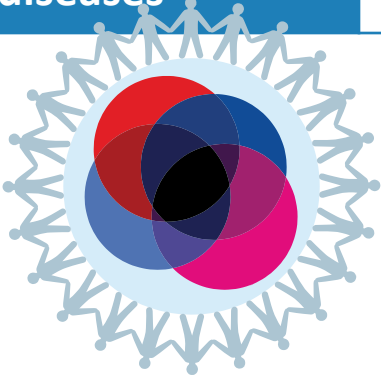
- Overall improvement in mortality across the world, with near stagnation in Eastern Europe and parts of sub-Saharan Africa
- Large declines in child mortality and in the burden for its key risk factors, leading to **larger share** of disease burden from NCDs
- Shifting burden of smoking from high-income to low-and-middle-income countries
- Worldwide rise in body weight and glycaemia; higher burden from overweight/obesity than undernutrition
- Massive harms from alcohol use in Eastern Europe and Latin America

The changing world of global health



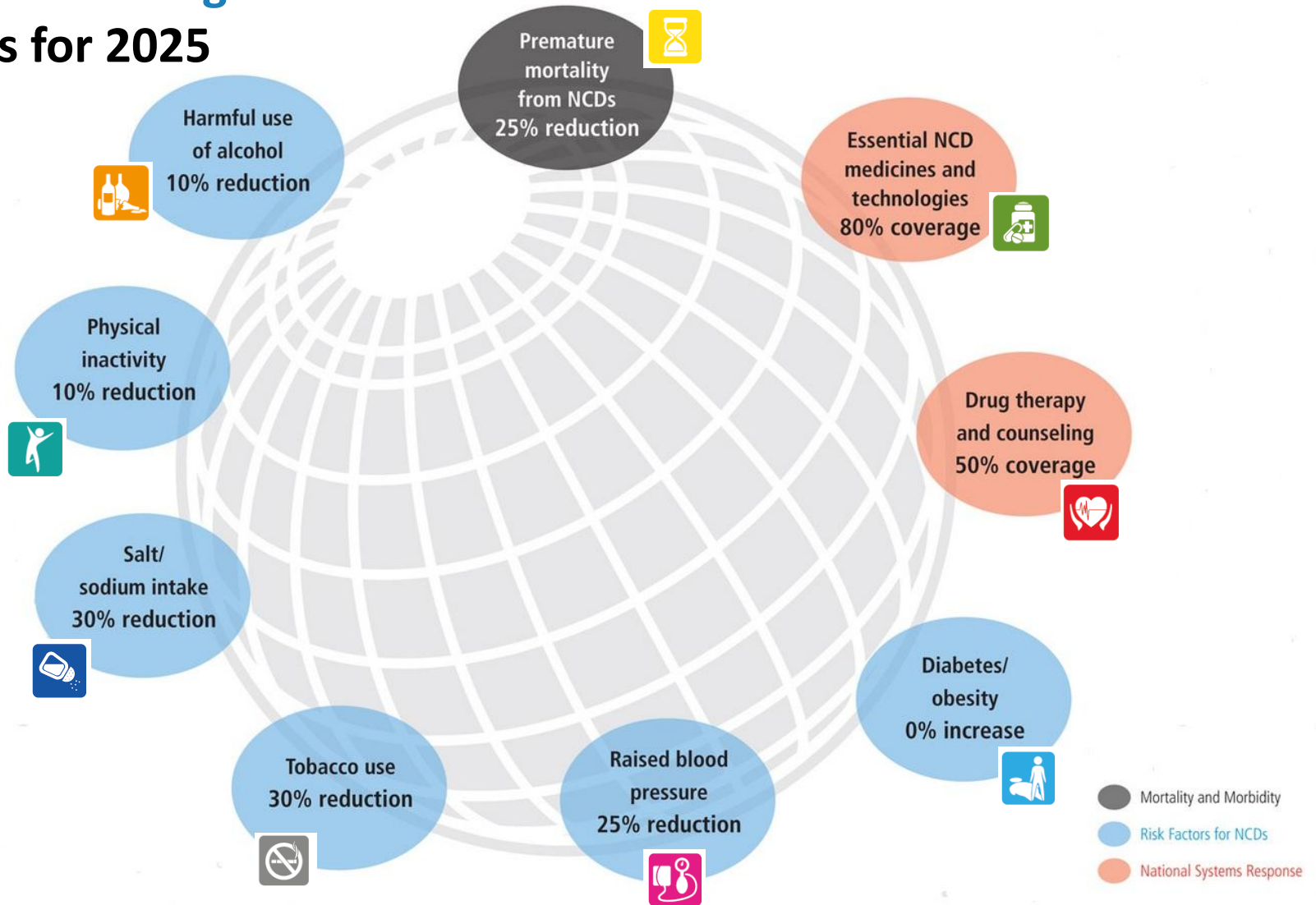
WHO NCD action plan and the UN Political Declaration on prevention and control of NCDs

	Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Cardiovascular diseases	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Cancers	✓	✓	✓	✓
Chronic lung diseases	✓			



Global Monitoring Framework

9 targets for 2025



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

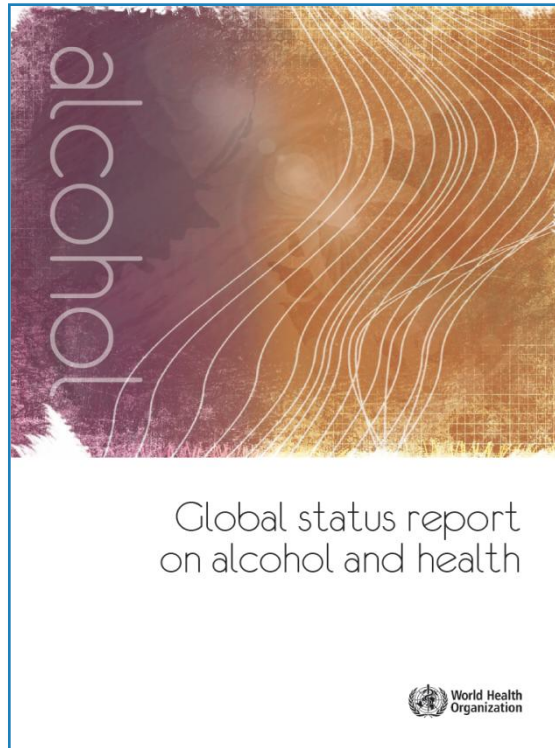
Production and dissemination of knowledge

- 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

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
- The process with WHO's engagement with non-State actors is an important development.
- Resources available are not corresponding to the demand for support and the magnitude of the problem.

WHO Global Monitoring Activities



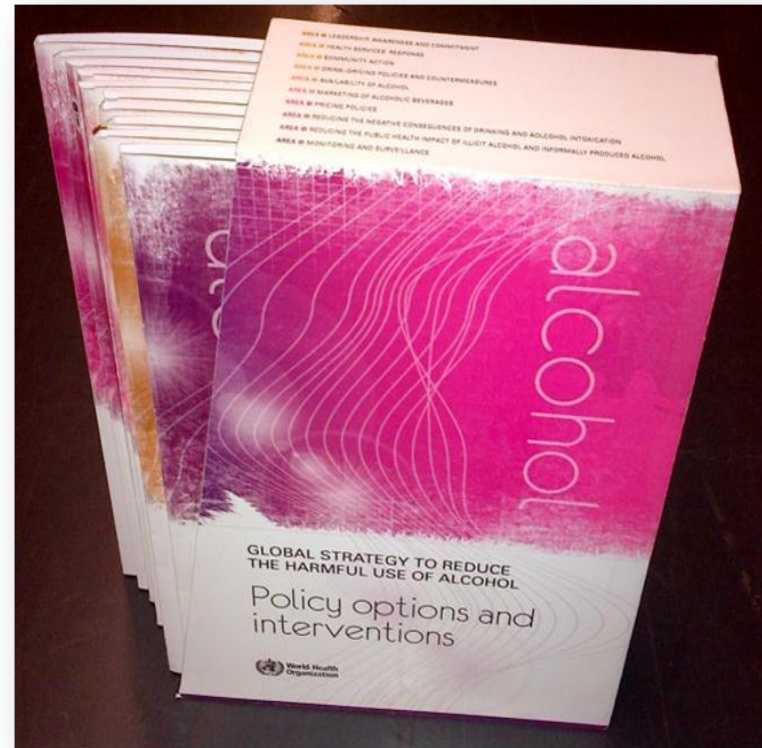
- GSR on alcohol and health (2011): Highly commended in the public health category in the British Medical Association (BMA) Book competition 2012
- Global Survey on Alcohol and Health 2012 completed and now country profiles are validated
- Additional component to improve estimates of unrecorded consumption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

Alcohol policy, responsibilities and roles at national level (WHO, 2010)

- All countries will benefit from having a national strategy and appropriate legal frameworks to reduce harmful use of alcohol, regardless of the level of resources in the country.
- Member States have a primary responsibility for formulating, implementing, monitoring and evaluating public policies to reduce the harmful use of alcohol.
- Health ministries have a crucial role in bringing together the other ministries and stakeholders needed for effective policy design and implementation.

Toolkit to support the implementation of the Global Strategy

- Covering each of 10 target areas
- Complemented by policy briefs for each area and training materials
- Technical resource materials for selected target areas
 - Pricing and taxation
 - Availability
 - Monitoring
- Will be launched in May 2014



Thank you for your attention

Further information at:

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