



## WHO Global strategy to reduce the harmful use of alcohol

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# 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,

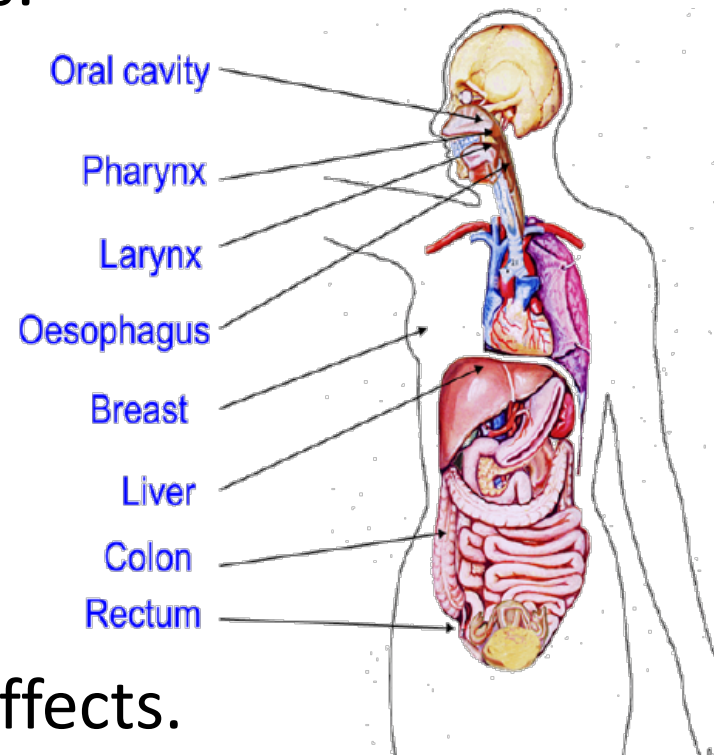
as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.

# 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.



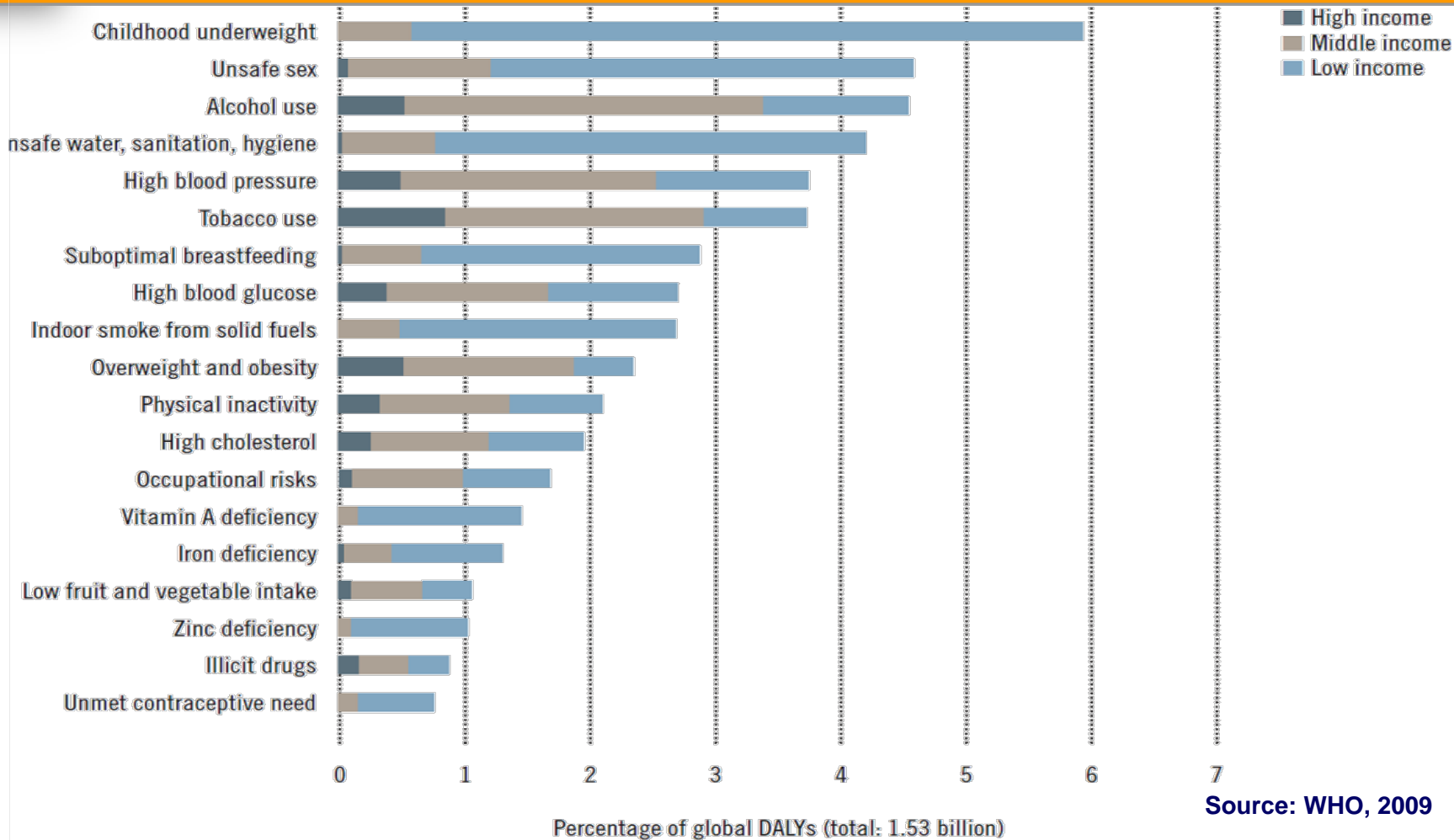
# Impact on people other than the drinker

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 and other resources in society

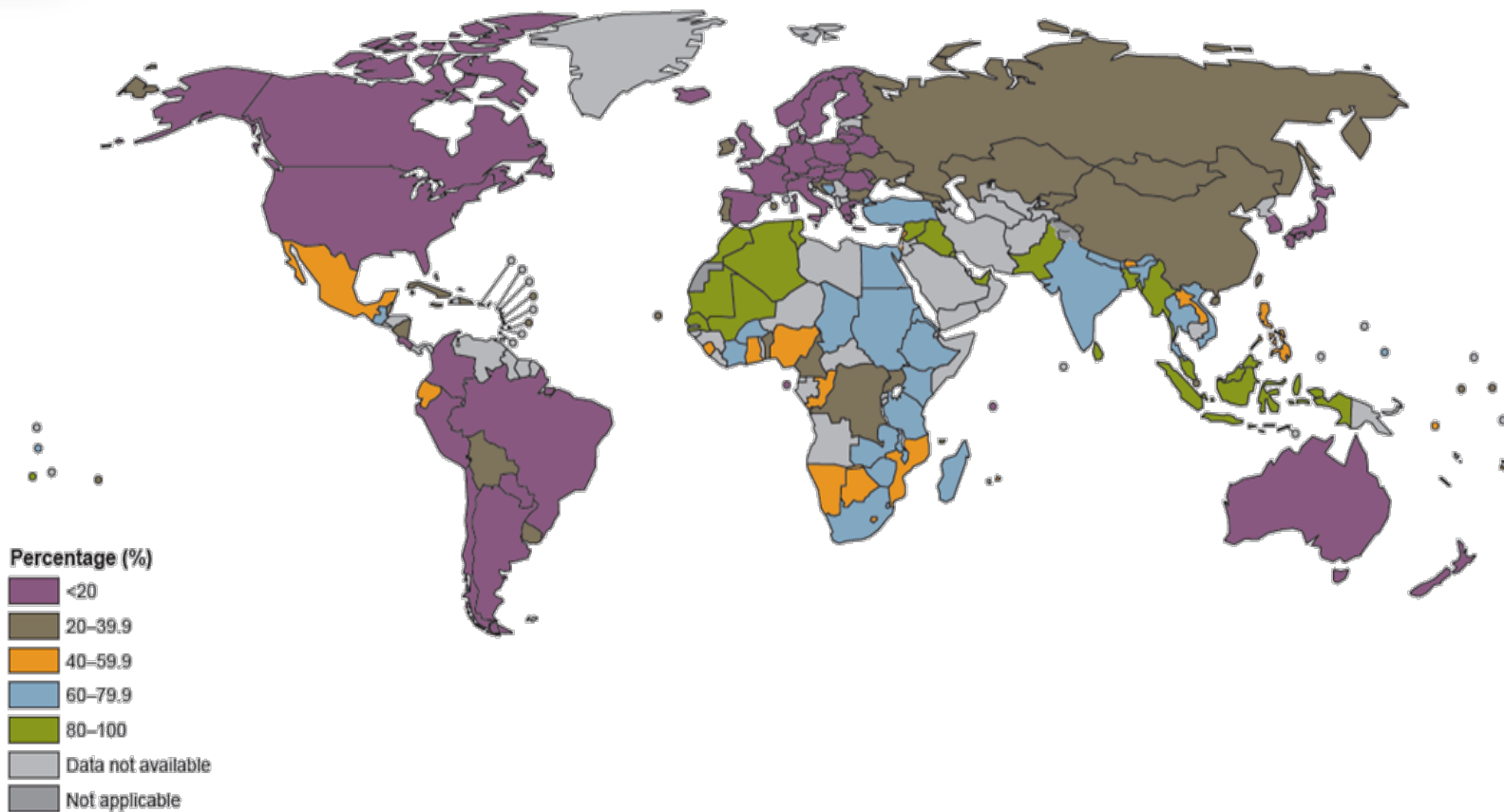
# Impact on the society at large

Global strategy to reduce the harmful use of alcohol



Source: WHO, 2009

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

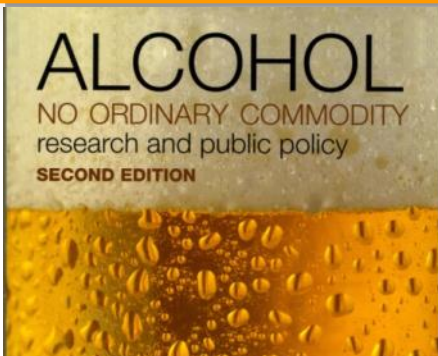


<sup>a</sup> Best estimates for abstention rates in 2004 based on surveys carried out within the time period 1993–2009.

# 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

# Effective prevention policy measures exist

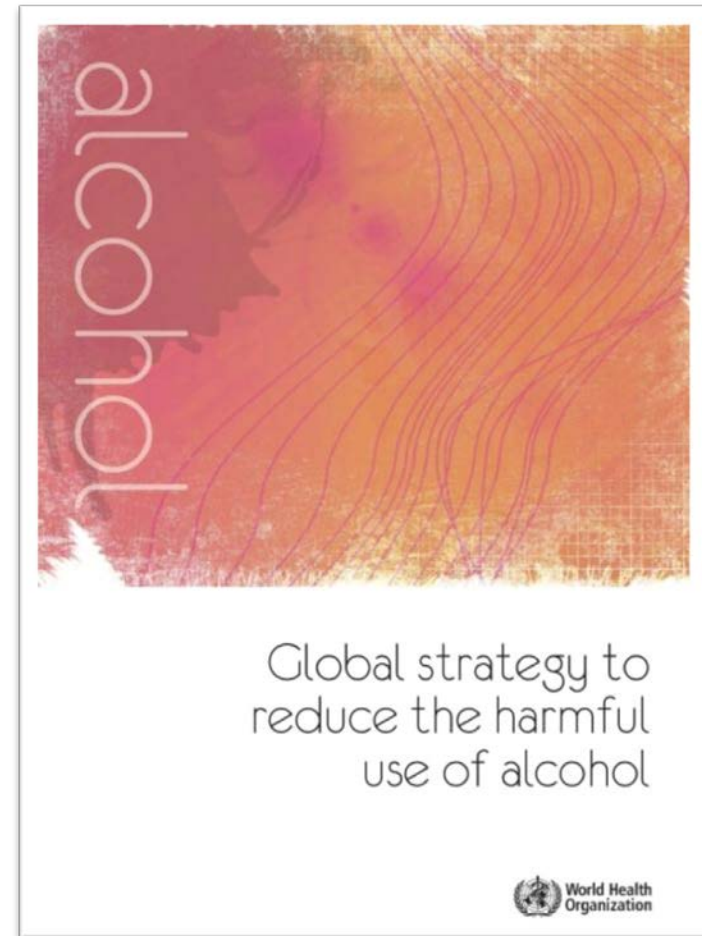


- Regulating and restricting availability of alcoholic beverages;
- Reducing demand through taxation and pricing mechanisms;
- Regulating the marketing of alcoholic beverages;
- Enacting appropriate drink-driving policies;
- Raising awareness and support for effective policies;
- Implementing screening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



# 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.



# GAS: five objectives

- (a) raised global **awareness** of the magnitude and nature of the health, social and economic problems caused by harmful use of alcohol, and increased **commitment** by governments to act to address the harmful use of alcohol;
- (b) **strengthened knowledge base** on the magnitude and determinants of alcohol-related harm and on effective interventions to reduce and prevent such harm;
- (c) **increased technical support to, and enhanced capacity of, Member States** for preventing the harmful use of alcohol and managing alcohol-use disorders and associated health conditions;
- (d) **strengthened partnerships and better coordination among stakeholders** and **increased mobilization of resources** required for appropriate and concerted action to prevent the harmful use of alcohol;
- (e) **improved systems for monitoring and surveillance** at different levels, and more effective dissemination and application of information for advocacy, policy development and evaluation purposes.

# 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.

# 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.

# Public health advocacy and partnership

- Global and regional networks of WHO national counterparts established.
  - First meeting of global network in February 2011, second meeting planned for 2<sup>nd</sup> trimester of 2014.
  - Meetings of the Coordinating Council in between global meetings.
- Co-hosting of the Global Alcohol Policy Conference in 2012 and co-sponsorship of this 2013 Global Alcohol Policy Conference.
- A series of policy briefs and facts sheets under development.
- Strengthened links with related areas like NCDs, mental health, injury and violence and communicable diseases.
- Continued consultations and meetings with NGOs, professional association, IGOs and with economic operators.



# 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; the big question

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;

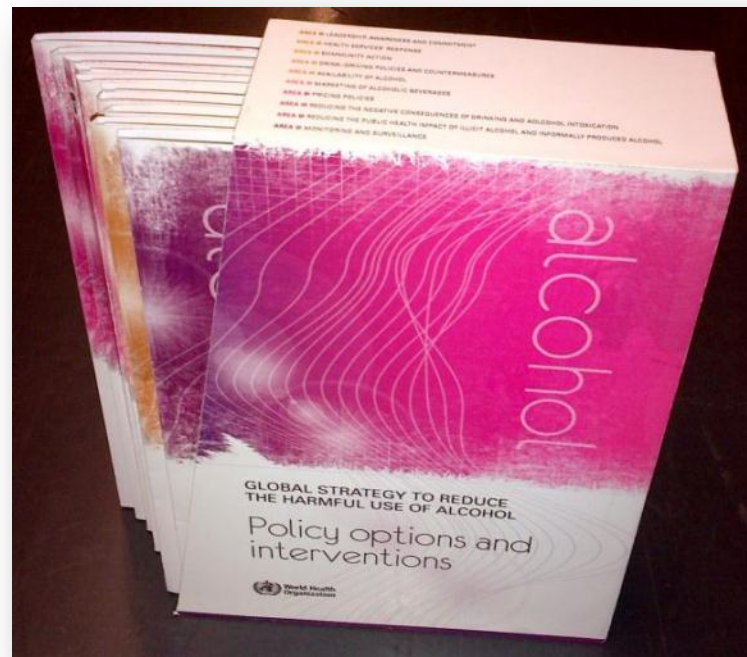
and at the same time protect the Organization's decision-making, policy processes, and normative work from any vested interest?

# Framework of engagement with non-State actors

- Informal consultation with Member States and non-State actors 17–18 October 2013. The consultation will inform the drafting of reform proposals to be submitted to the Executive Board at its 134th session in January 2014.
- The consultation is open to Member States and non-State actors who may participate in WHO or virtually via Webex. Registration requests should be sent by email to [nonstateactors@who.int](mailto:nonstateactors@who.int) by 10 October 2013.
- The outcomes of this process will guide WHO's interactions with non-State actors for years to come.

# Technical support and capacity building

- Development of technical tools and training material for the 10 different areas for alcohol policy development.
- In depth resource material for especially challenging areas.
- Regional capacity building workshops for training of national civil servants.
  - Two workshops held (AFR and SEAR/WPR)
- Direct technical support to selected countries.
- Continued implementation of the WHO AUDIT and ASSIST packages.
- Generic portal on alcohol and health developed
  - Implemented in four countries.



# Portal on Alcohol and Health

- Generic portal is developed by WHO in collaboration with four pilot countries and a Netherlands WHO Collaborating Center
- Program Drink-Less is fully computerized and based on evidence based online self help program in the Netherlands\*
- Program is easy to translate and to adapt to the needs of the member states
- Portals were launched in four pilot countries: Belarus, Brazil, India and Mexico on 6 December 2012



## Welcome!

This WHO Portal on Alcohol and Health is for demonstration purposes only. It is a **generic** template for adaptation and implementation in member states. It shows how adapted portals can provide alcohol-related information. It also contains a self-test and the anonymous Drink-Less programme for those who want to know more about the risks of drinking alcohol and/or are considering drinking less.

## Alcohol & You >

- [Did you know that...](#)
- [Test yourself](#)
- [Online self help program](#)
- [Need help?](#)
- [Family with an alcohol problem?](#)
- [Useful links](#)



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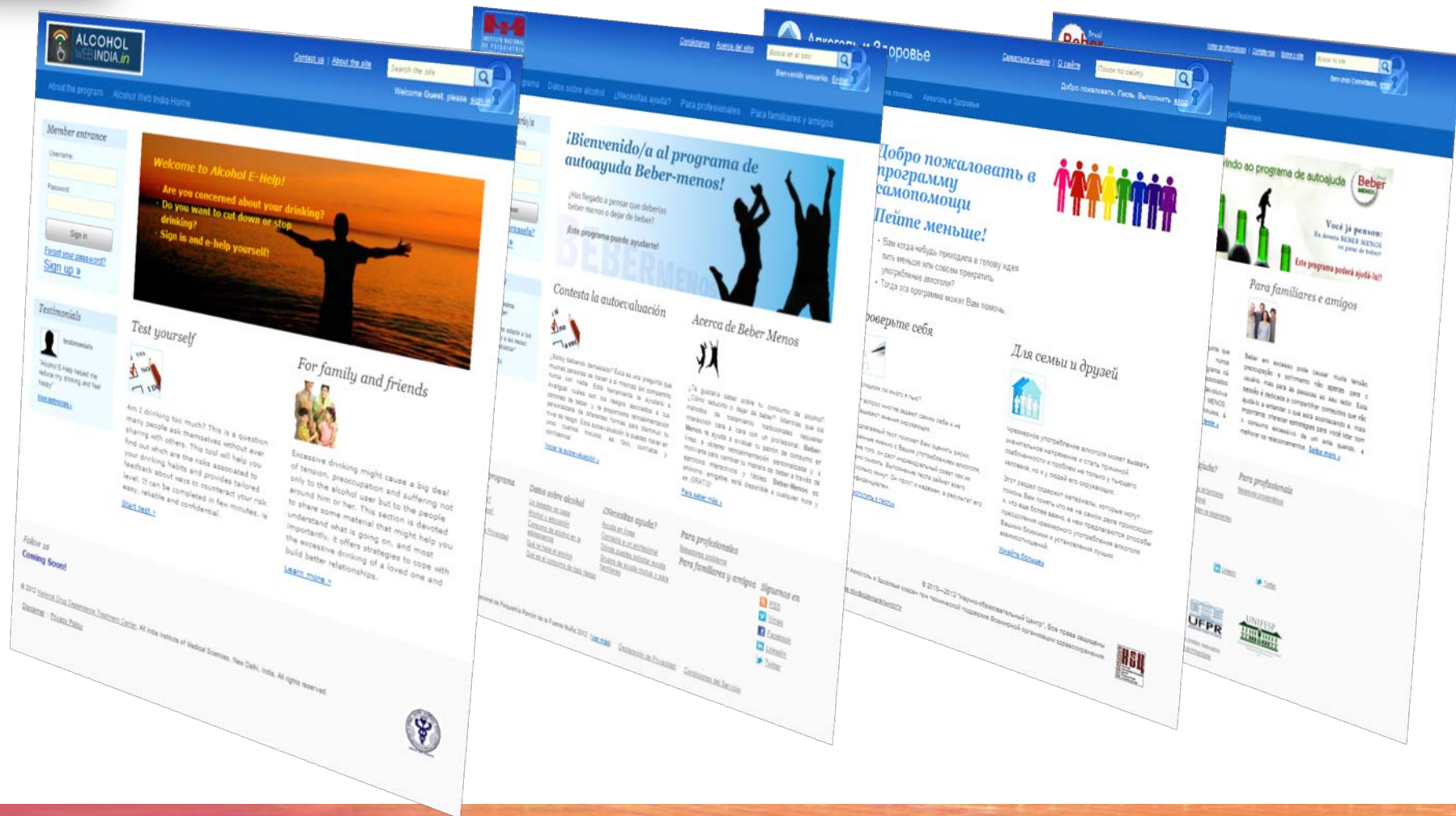
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# Gone live in four countries





# Future developments

- **Mobile version**
- **Better integration with social media**
- **Scaling up: more countries**
- **Extra functionalities (like harmful interaction of alcohol and medication)**
- **Other related topics, like smoking cessation**



# Production and dissemination of knowledge

- WHO Research initiative on Alcohol, Health and Development.
  - Global prevalence study on Fetal Alcohol Spectrum Disorder (FASD).
    - Implementation started in selected countries of Europe and Africa.
  - International study "Harm to others" together with Thai Health.
    - Implementation started in selected countries in South East Asia, Africa, the Americas and Western Pacific.
  - International research project on alcohol and infectious diseases.
    - To be developed and implemented in HIV/AIDS and TB high prevalence countries of Africa and Europe.
  - International research project on implementation of alcohol policies in low resource countries
    - Still pending
- Supporting production and dissemination of new estimates of alcohol-attributable burden.
  - Meeting of the WHO Reference Group on Alcohol Epidemiology, February 2013.
- Global Survey on Alcohol and Health 2012.
  - Web-based data collection finalized in collaboration with the regional offices.

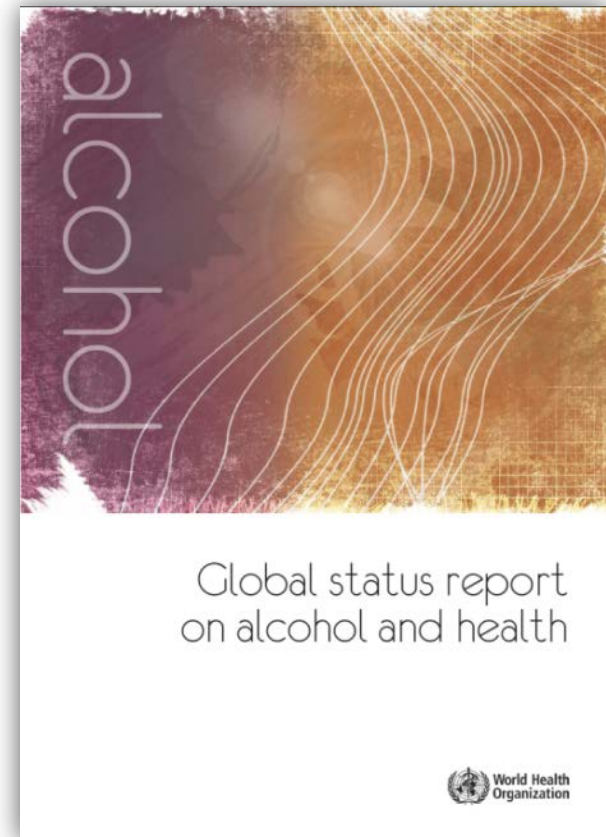
# Global Information System on Alcohol and Health (GISAH)

- There are over 200 indicators on GISAH.
- Data can be exported as EXCEL files.
- Definitions for each indicator are provided through a link to the WHO Indicator and Measurement Registry (IMR). This allows downloading of an Indicator booklet of GISAH indicators.
- Indicators can be highlighted on the theme page including interactive maps. Static maps are accessible in the Global Health Observatory Map Gallery.
- Country profiles can be downloaded from the theme page.

**<http://www.who.int/gho/alcohol>**

# Global Status Report on Alcohol and Health

- Continues series of global status reports on alcohol and health from WHO.
- Based on the data from the Global Information System on Alcohol and Health (GISAH) and the WHO global health estimates.
- Contains country profiles for WHO Member States.
- Last edition launched in 2011 and was highly commended in the public health category in the British Medical Association (BMA) Book competition 2012.
- Next edition planned for 2<sup>nd</sup> trimester 2014.



# Resource mobilization

- The resources available for implementation of GAS at all levels continue to be inadequate in the face of the magnitude of alcohol-attributable disease and social burden and continued resource mobilization is crucial.
- A few donors have provided enough resources to secure the minimum momentum of the implementation of GAS this biennium.
- There is no dedicated staff at country level, and human resources are currently unavailable at WHO global and regional levels for coordination of large scale country level projects.

# 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

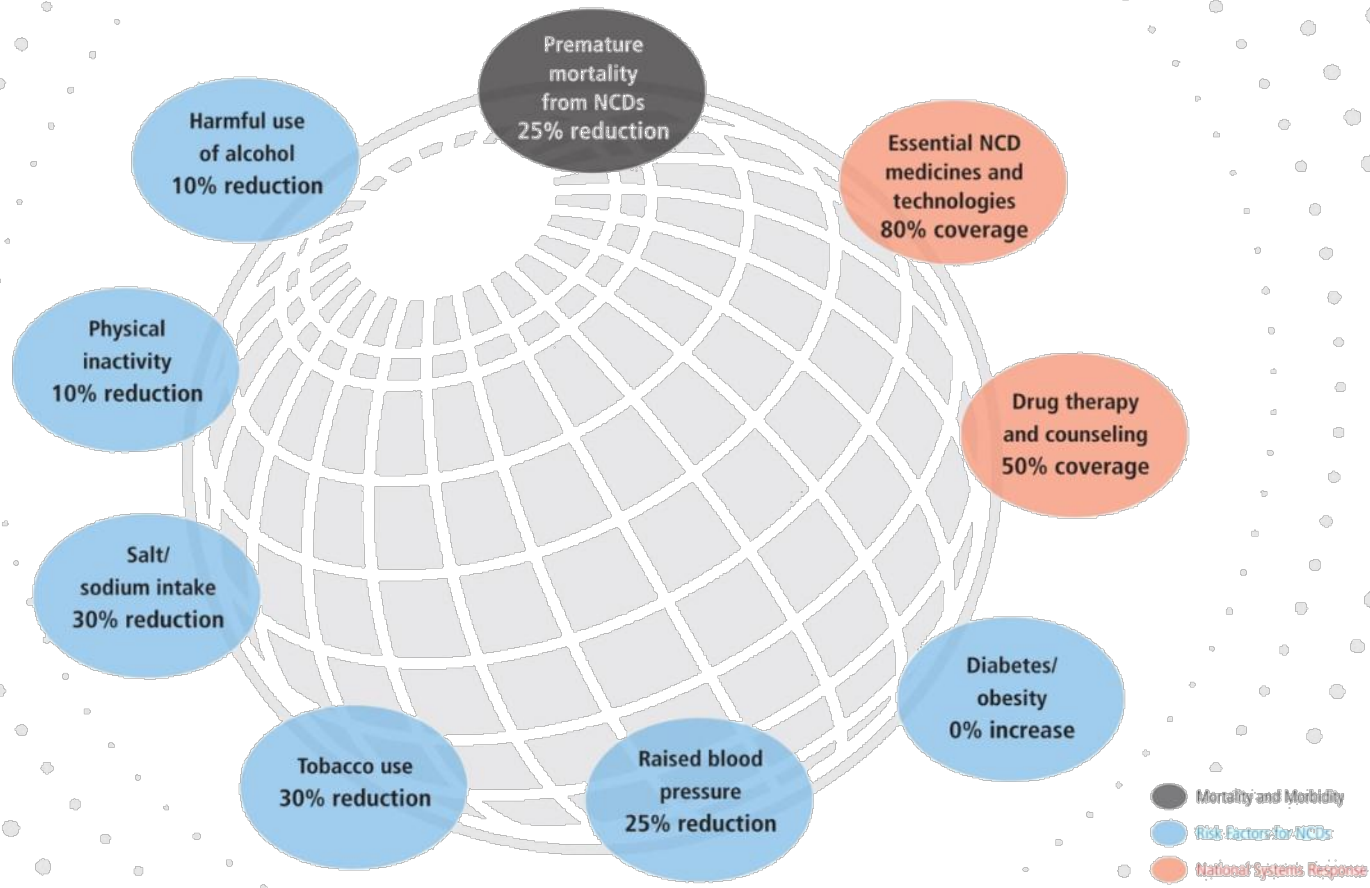
# WHO NCD action plan and the UN Political Declaration on prevention and control of NCDs

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



# NCD monitoring framework

## Set of 9 voluntary global NCD targets for 2025





# But keep in mind...

- Harmful use of 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

# Conclusions I

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

# Conclusions II

- The theme for GAPC2012 was “From Global Alcohol Strategy to National and Local Action”
- The theme for GAPC2013 is “Alcohol, Civil Society and Public Health: From Local and National Action to Global Change”
- These are perfectly complementary themes!

***Thank you for your attention***

Further information at:

[http://www.who.int/substance\\_abuse/](http://www.who.int/substance_abuse/)