
Alcohol in a global perspective

How can we reduce the burden?

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Harmful use of alcohol

- Public health consequences
- Contributing factors
- Policy responses



Public health consequences

- Harm to the drinker
- Harm to others
- Aggregate effects

- Positive health and social effects?

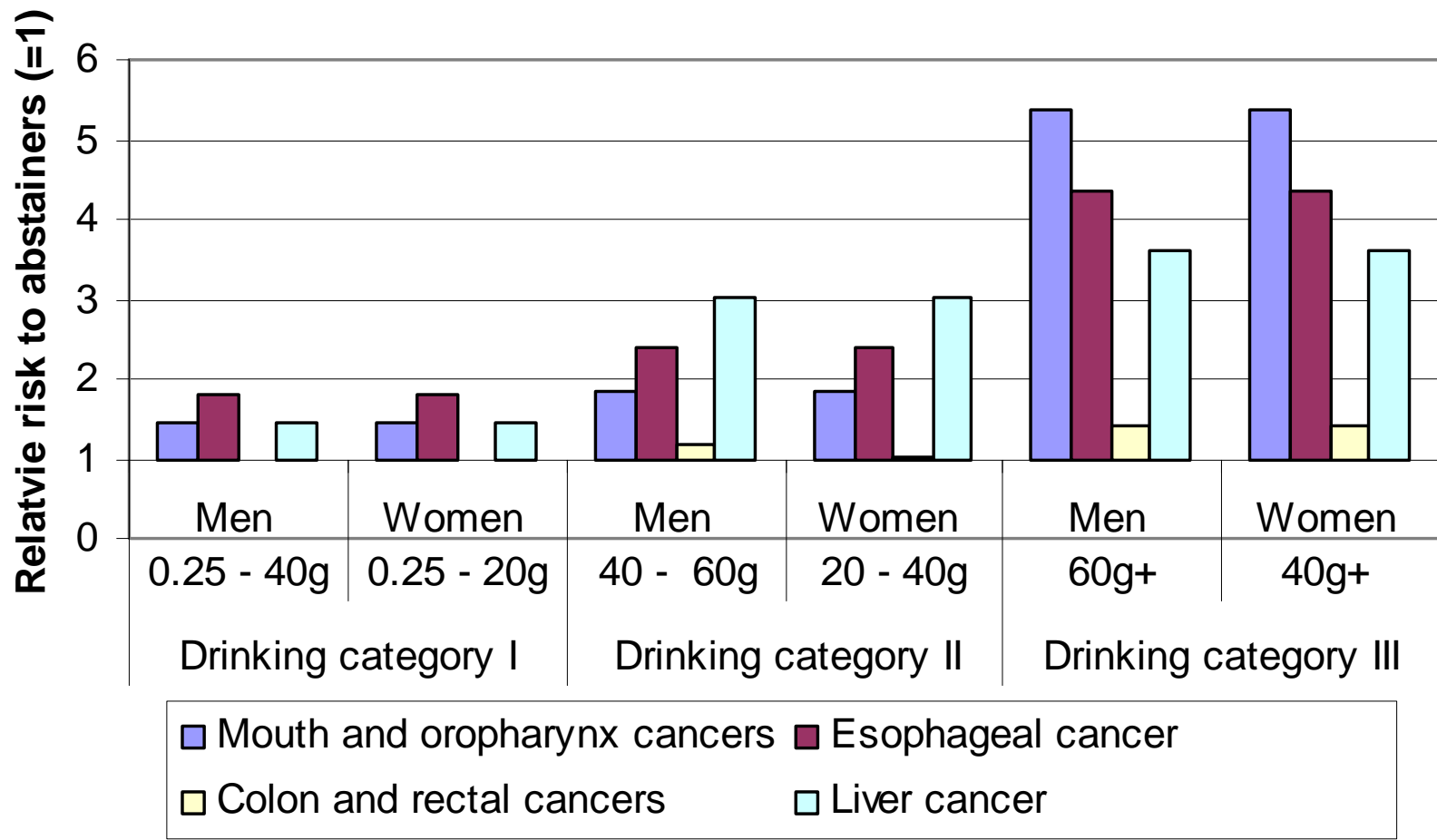


Harmful effects of alcohol

- Direct toxic effects. These toxic effects are primarily on the health of the drinker, and the harms involved are primarily chronic diseases.
- Alcohol is a cause of intoxication, which is strongly implicated in injuries and acute social problems.
- Alcohol is a potentially dependence-producing substance



Harm to the drinker; cancer



Global economic burden

- \$40-105bn for health
- \$55-210bn for premature mortality
- \$30-65bn for absenteeism,
- \$0-80bn for unemployment,
- \$30-85bn for criminal justice systems
- \$30-55bn for drinking driving costs
- Totals \$200bn and \$650bn in 2002, equivalent to 0.6-2.0% of global GDP
- But many methodological problems!



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

■ = Major NCD risk factors

High Mortality Developing Countries

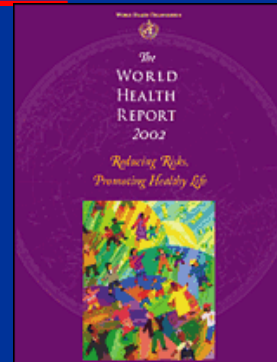
- 1 Underweight
- 2 Unsafe sex
- 3 Unsafe water
- 4 Indoor smoke
- 5 Zinc deficiency
- 6 Iron deficiency
- 7 Vitamin A deficiency
- 8 Blood pressure
- 9 Tobacco
- 10 Cholesterol
- 11 Alcohol
- 12 Low fruit & veg intake

Low Mortality Developing Countries

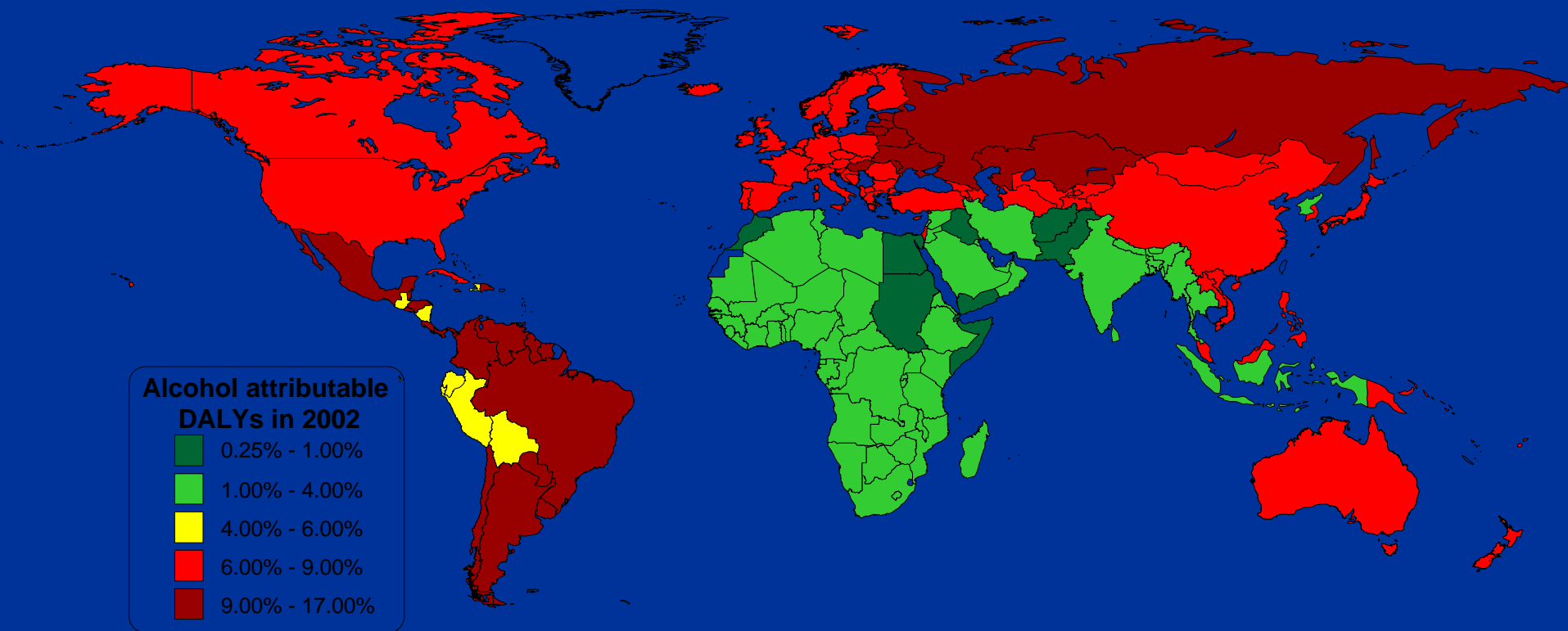
- Alcohol
- Blood pressure
- Tobacco
- Underweight
- Body mass index
- Cholesterol
- Low fruit & veg intake
- Indoor smoke - solid fuels
- Iron deficiency
- Unsafe water
- Unsafe sex
- Lead exposure

Developed Countries

- Tobacco
- Blood pressure
- Alcohol
- Cholesterol
- Body mass index
- Low fruit & veg. intake
- Physical inactivity
- Illicit drugs
- Unsafe sex
- Iron deficiency
- Lead exposure
- Childhood sexual abuse



Alcohol-attributable global burden of disease 2002



Distribution

- Neuropsychiatric disorders (34.4%)
- Unintentional injuries like road traffic crashes, burns, drowning and falls (25.5%)
- Intentional injuries (11%),
- Cirrhosis of the liver (10.2%),
- Cardiovascular diseases (9.8%)
- Cancer (9%)



Important to note

- In general, it is common for poorer people to be harmed more than richer people by a given amount of drinking. Measures to prevent alcohol-related harm in the population as a whole are thus likely to reduce health inequalities.
- There is commonly a considerable burden of stigma in the wake of heavy drinking, whatever the society's attitude may be to drinking in general. The burden of stigma is usually greater for the poor heavy drinker.



Alcohol and development

- Two barracks of Uganda Police Force in Kampala District:
 - 19.2% met criteria for alcohol use disorder,
 - 26.0% met criteria for alcohol use problems

Source: Ovuga E et al. Burden of alcohol use in the Uganda Police in Kampala District. *Afr Health Sci.* 2006 Mar;6(1):14-20.

- High-Risk sexual behaviour in Botswana:
 - Alcohol use is associated with multiple risks for HIV transmission among both men and women. The findings of this study underscore the need to integrate alcohol abuse and HIV prevention efforts in Botswana and elsewhere.

Source: Weiser et.al: A Population-Based Study on Alcohol and High-Risk Sexual Behaviors in Botswana. *PLoS Medicine* Vol. 3, No. 10, e392 doi:10.1371/journal.pmed.0030392



Alcohol and development

- Intimate partner violence in eastern Uganda
 - Intimate partner violence is common in eastern Uganda and is related to gender inequality, multiple partners, alcohol, and poverty
- Source: Karamagi et.al. Intimate partner violence against women in eastern Uganda: implications for HIV prevention. BMC Public Health. 2006 Nov 20;6:284.
- ART uptake and alcohol use
 - Hazardous alcohol use alone and combined with IDU was associated with decreased ART uptake, adherence, and viral suppression. Interventions targeting alcohol use may improve HIV outcomes in individuals with hazardous alcohol use. (US urban cohort).
- Source: Chander et.al: Hazardous Alcohol Use: A Risk Factor for Non-Adherence and Lack of Suppression in HIV Infection. J Acquir Immune Defic Syndr. 2006 Dec 1;43(4):411-7



Conclusions

- The WHO Global Burden of Disease studies have demonstrated that alcohol consumption is a source of great harm to health, both in developing and in developed countries.
- We know in general that much social harm and harm to others than the drinker results from alcohol consumption, but this is not easy to quantify.
- Improving the measurement of alcohol's role in infectious diseases and in social harm is an important and urgent research task.



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**



Social determinants to health

- Commission report expected next year
- Harmful use of alcohol is one component we look into.
- Seeking researchers urgently!

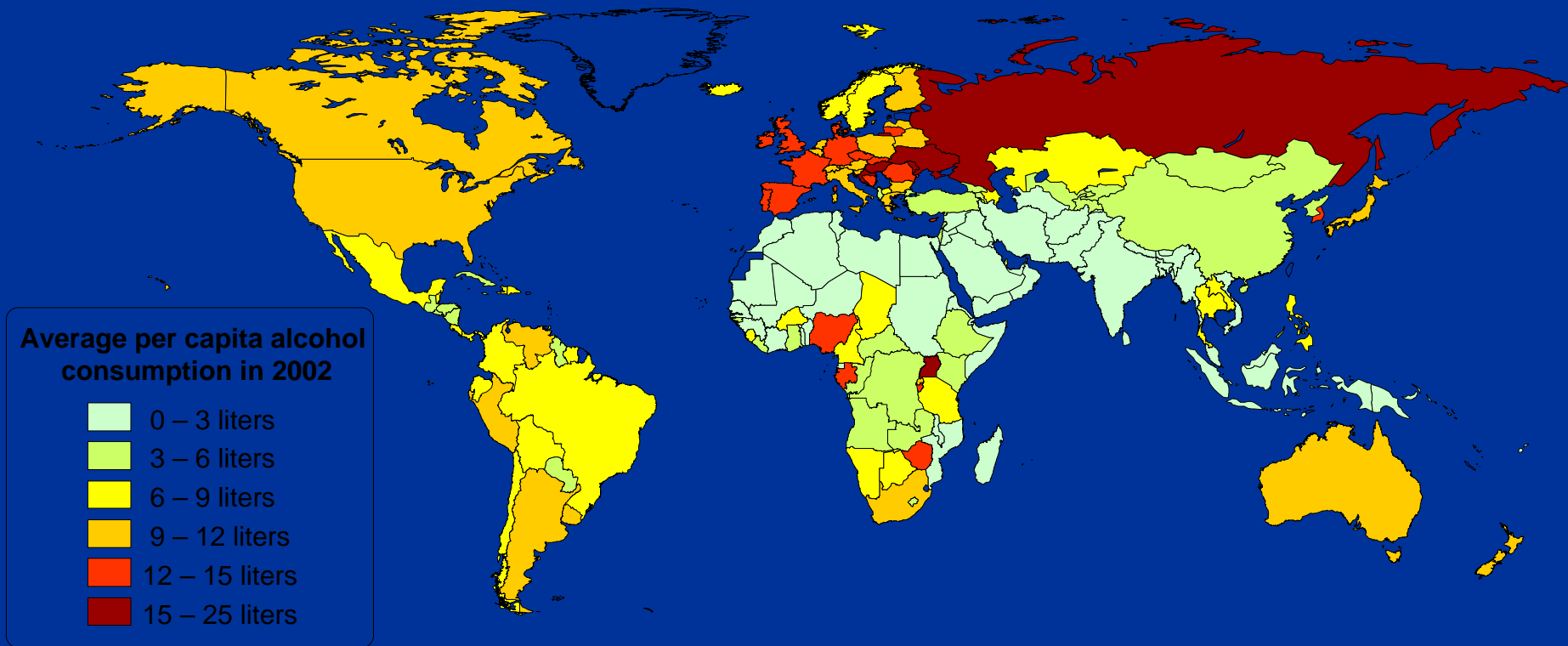


Alcohol exposure and alcohol related problems

- Level of consumption
- Drinking pattern
- Abstinence rates



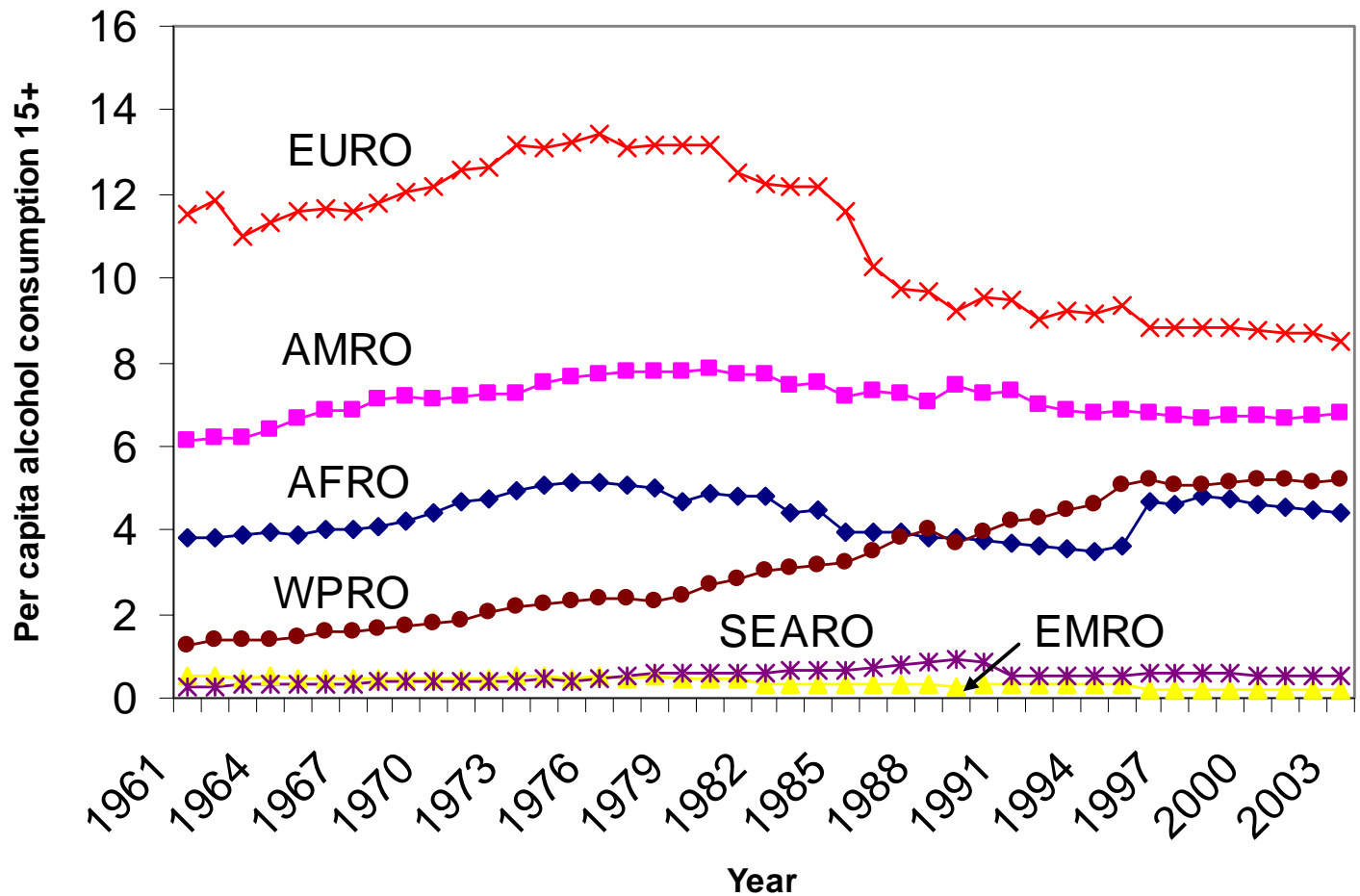
Adult per capita consumption in liter pure alcohol 2002



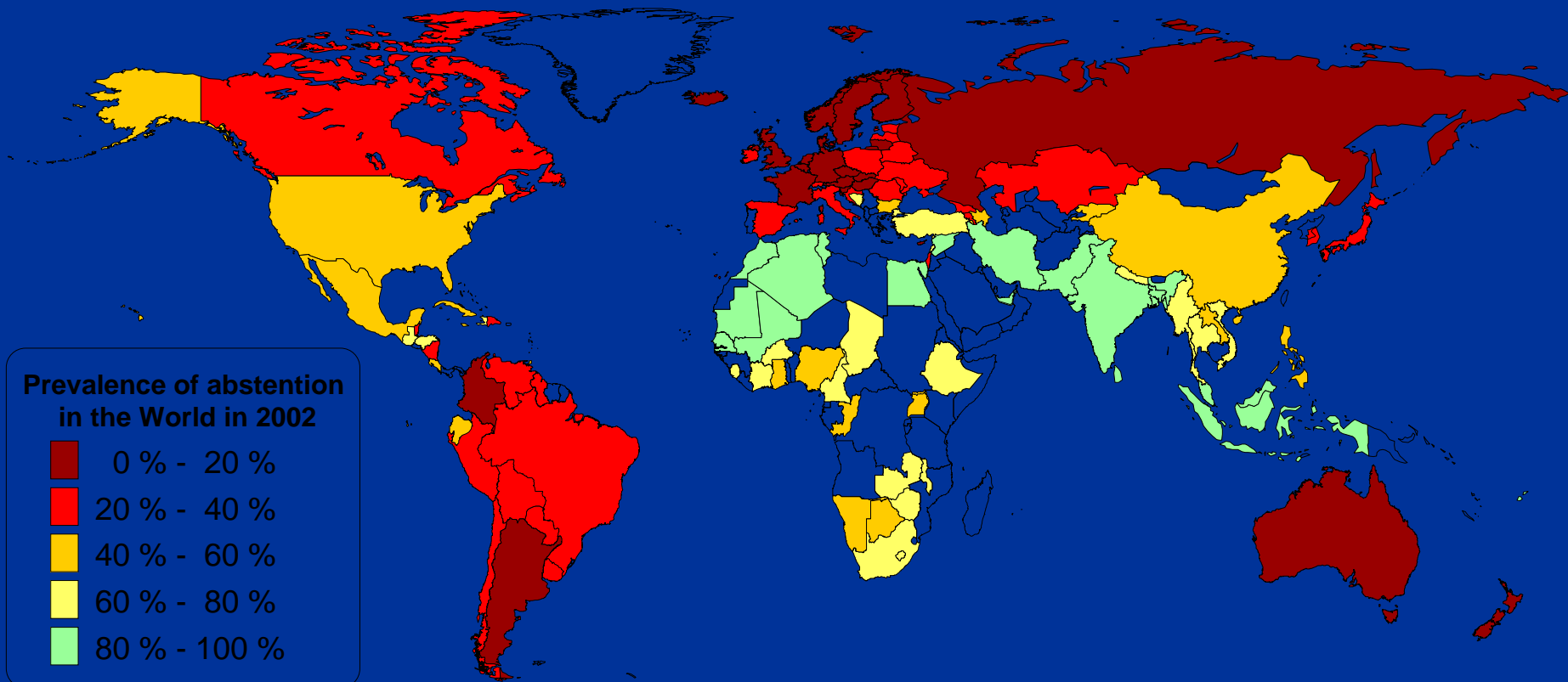
Source: Global Alcohol Database



Over time....



Prevalence of abstinence in 2002



Source: Global Alcohol Database

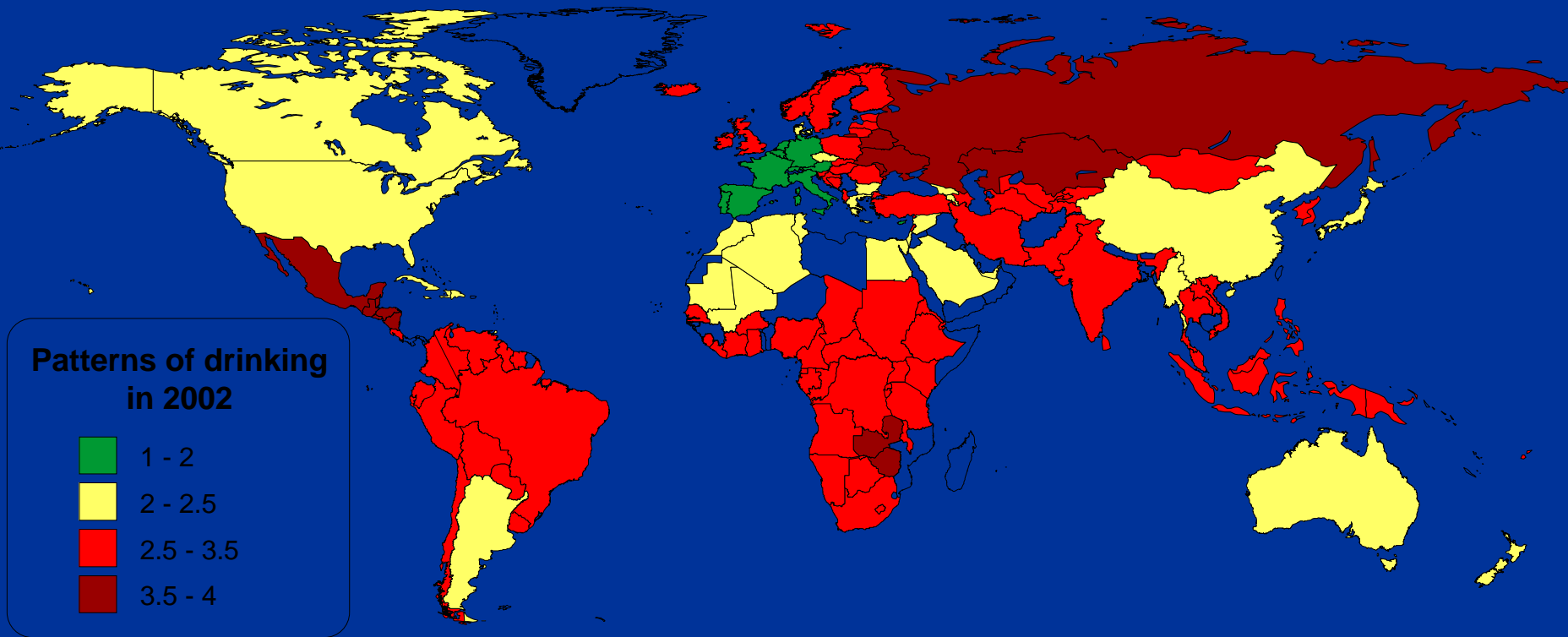


Important to note

- Abstaining from alcohol altogether is commoner among the poor than among the rich in most countries, and is generally commoner in poor regions than in richer regions of the world.
- It is likely that rates of abstention will decline with increasing affluence. Other things being equal, rates of alcohol-related problems are likely to rise with decreases in rates of abstaining.



Patterns of drinking in 2002



**Patterns of drinking
in 2002**

Green	1 - 2
Yellow	2 - 2.5
Red	2.5 - 3.5
Dark Red	3.5 - 4

1= least detrimental and 4=most detrimental

Source: Global Alcohol Database



Conclusions

- During the process of development and moving into the market economy, there are likely to be substantial increases in alcohol consumption, and in the harm from drinking.
- If developing societies are to avoid this, there is an urgent need to set public health safeguards and controls in place as preventive measures.



Effective interventions



Proven 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.



Community-based actions

Of particular importance in

- settings where consumption of alcohol produced informally or illegally is high,
- where social consequences like public drunkenness, maltreatment of children, violence against intimate partners and sexual violence are common.



Gold standard test for interventions:

- Replicability
- Sustainability
- Scalability
- Political feasibility
- Economic feasibility
- Technical feasibility



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?



Important to note

- There is a substantial research literature establishing preventive policies and measures which are effective in holding down rates of alcohol-related problems, as well as the ineffectiveness of some other policies and measures.
- However, few of these studies were carried out in developing societies, and thus the literature does not directly address some circumstances in those societies, and does not cover some measures relevant there.



Conclusions

- There is an urgent need for a program of strategically-chosen demonstration projects on alcohol policy initiatives, with full evaluation, in the context of developing societies.
- The projects and the evaluations should pay close attention to measuring differences in effects by social class and other social differentiations.



The response



Different levels for policy action

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



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



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 51 countries
- Adopted by all Member States after several rounds of discussions



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.



What is needed?

- Increased awareness of - and willingness to - include alcohol prevention and treatment as an integral part of the development agenda
- Global and regional guidance to reduce alcohol related harm and funding of such a initiatives
- Political and technical activities at national and local levels
- Concrete demonstration projects in selected developing countries



More information

- WHO HQ:
http://www.who.int/substance_abuse/en/
- WHO Regional Office for Europe:
<http://www.euro.who.int/alcoholdrugs>

