

## **Strategies to reduce the harmful use of alcohol**

### **Report by the Secretariat**

1. Harmful use of alcohol<sup>1</sup> is one of the main factors contributing to premature deaths and avoidable disease burden worldwide and has a major impact on public health. Although there are regional, national and local differences in levels, patterns and context of drinking, in 2002 the harmful use of alcohol was estimated to cause about 2.3 million premature deaths worldwide (3.7% of global mortality) and to be responsible for 4.4% of the global burden of disease, even when protective effects of low and moderate alcohol consumption on morbidity and mortality have been taken into consideration.
2. Harmful use of alcohol encompasses several aspects of drinking. One is the volume drunk over time. The strongest drinking-related predictor of many chronic illnesses is the cumulated amount of alcohol consumed over a period of years. Other factors include the pattern of drinking, in particular occasional or regular drinking to intoxication; the drinking context, which may increase the risks of intentional and unintentional injuries and of transmission of certain infectious diseases; and the quality of the alcoholic beverage or its contamination with toxic substances such as methanol.
3. Harmful drinking is a major avoidable risk factor for neuropsychiatric disorders and other noncommunicable diseases such as cardiovascular diseases, cirrhosis of the liver and various cancers. For some diseases, such as breast cancer, there is no evidence of a threshold effect in the relationship between the risk and level of alcohol consumption. A significant proportion of the disease burden attributable to harmful drinking is determined by unintentional and intentional injuries, including those due to road traffic crashes, and suicides. Fatal alcohol-attributable injuries tend to occur in relatively young people. Some vulnerable or at-risk groups and individuals have increased susceptibility to the toxic, psychoactive and dependence-producing properties of alcohol.
4. Public health problems caused by harmful use of alcohol are considerable in countries with different levels of development and effectiveness of health systems. Globally, among 20 selected risk factors to health, harmful use of alcohol is the leading cause of death and disability in developing countries with low mortality, the third among the leading risk factors in developed countries, after tobacco and blood pressure, and eleventh in developing countries with high mortality rates. Awareness is growing of the impact of harmful use of alcohol on the burden of infectious diseases, including sexually-transmitted infections and HIV infection, through association with unsafe sexual behaviour and interference with effective treatment regimens and procedures.

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<sup>1</sup> In line with resolution WHA58.26 and in the context of the phrase “harmful use of alcohol”, in this document the word harmful refers only to the negative public health effects of consumption of alcoholic beverages without prejudice to religious beliefs and cultural norms in any way.

5. Harmful drinking among young people and women is an increasing concern across many countries. Drinking to intoxication and heavy episodic drinking are frequent among adolescents and young adults, and the negative impact of alcohol use is greater in younger age groups of both sexes. The range of prenatal damage includes fetal alcohol syndrome and various physical defects and neurobiological deficits that impair development and social functioning. Harmful drinking affects not only those who drink, but also others and has consequences for society. There is growing evidence on alcohol's contribution to acute injuries associated with violence and traffic crashes involving pedestrians. The public health impact of alcohol-related road crashes could become even more marked with the rapid growth in the number of cars in many parts of the world. Fatal mass poisonings following the drinking of illegally or informally produced alcoholic beverages have been reported from several countries, but globally the public health impact of consuming non-commercially produced alcoholic beverages remains to be determined.

6. Harmful drinking is associated with numerous social consequences, such as crimes, violence, unemployment and absenteeism. It generates health-care and societal costs. Notwithstanding methodological problems of measurement, it represents an enormous social and economic burden: the global cost of the harmful use of alcohol in 2002 has been estimated to be between US\$ 210 000 million and US\$ 665 000 million. The health and social consequences tend to hurt less advantaged social groups most and contribute to disparities in health between and within countries.

7. The burden attributable to alcohol is to a large extent avoidable, and there is much evidence for the effectiveness, including cost-effectiveness, of different strategies and interventions to reduce alcohol-related harm. Since 2005 the Secretariat has strengthened its work in this area at global and regional levels, and undertaken a broad and extensive consultation process involving all WHO regions, Member States and other stakeholders on public health impact of harmful use of alcohol. Furthermore, the Expert Committee on Problems Related to Alcohol Consumption<sup>1</sup> has reviewed the available evidence on the scale of the problem and the effectiveness of different policy options, and made recommendations that have implications for WHO's programmes.<sup>2</sup> The Sixtieth World Health Assembly discussed evidence-based strategies and interventions to reduce alcohol-related harm<sup>3</sup> and an appropriate frame for global activities, and decided that an item entitled "Strategies to reduce the harmful use of alcohol" and related documents discussed at the Health Assembly should be included in the agenda of the Executive Board at its 122nd session, and requested the Director-General, in the interim, to continue her work on this matter.<sup>4</sup> As part of the Secretariat's work on this matter and pursuant to the Health Assembly's decision, an informal consultation for Member States was organized (Geneva, 3 December 2007).

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<sup>1</sup> WHO Technical Report Series No. 944, 2007.

<sup>2</sup> See document EB121/10.

<sup>3</sup> Document WHASS1/2006–WHA60/2007/REC/3, summary record of the seventh meeting (section 3), eighth meeting and fourteenth meeting (section 2) of Committee A at the Sixtieth World Health Assembly, in press.

<sup>4</sup> Decision WHA60(10).

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## STRATEGIES AND POLICY ELEMENT OPTIONS TO REDUCE ALCOHOL RELATED HARM<sup>1</sup>

8. The public health problems caused by the harmful use of alcohol are multidimensional and complex, with significant differences in consumption levels, drinking patterns and drinking contexts between countries and regions. Various strategies and policy element options can be chosen, depending on regional circumstances, public health problems and needs of individual countries. Priority areas for action should focus on prevention of harmful drinking and should be based on the best available evidence. To be effective, strategies and policy element options should address levels, patterns and context of alcohol consumption through a combination of measures that target the population at large, vulnerable groups, such as young people and pregnant women, affected individuals and particular problems such as drink-driving and alcohol-related violence. Alcohol policies or action plans to reduce alcohol-related harm should take into account several major issues, such as the strength of evidence, cultural sensitivity, adaptation to local needs, and contexts, ensuring a sustainable and intersectoral approach, and provision for adequate monitoring and evaluation.

9. **Raising awareness and political commitment.** The actions needed to reduce harmful use of alcohol call for sustained and determined efforts by all relevant partners, as appropriate. Written alcohol policies or strategies can facilitate and clarify the contributions and division of responsibilities of the different partners who must be involved at different levels. An action plan at country and, when appropriate, subnational and municipal levels with clear objectives, strategies and targets is required. Regular reports on the harmful use of alcohol at international, national, regional and local levels need to be available to policy-makers, stakeholders and a wide public audience. Building a strong base of public awareness and support can also help to secure the necessary continuity and sustainability of alcohol policies.

10. **Health-sector response.** Health-sector preventive measures against hazardous and harmful alcohol consumption, such as screening and brief interventions, have proven to be effective and cost-effective in reducing alcohol consumption and alcohol-related harm. Early identification and effective treatment in health-care settings of alcohol-use disorders, also in patients with co-morbid conditions, can reduce associated morbidity and mortality and improve the well-being of affected individuals and their families. Treatment is most effective when supported by sound policies and health systems and integrated within a broader preventive strategy. Health-care providers should concentrate on clients' health improvement and satisfaction through evidence-based and cost-effective interventions, and governments, in improving health systems, should take into consideration services for alcohol-use disorders and interventions for hazardous and harmful use of alcohol. As the main providers of health care, the many millions of health workers worldwide can contribute substantially to reducing and preventing harmful use of alcohol.

11. **Community action to reduce the harmful use of alcohol.** Community-based action, with appropriate engagement of different stakeholders, can effectively reduce the harmful use of alcohol. Community actions are particularly important in settings where unrecorded alcohol consumption is high and/or where social consequences such as public drunkenness, mistreatment of children, violence against intimate partners and sexual violence are prevalent. Community actions can increase recognition of alcohol-related harm at the community level, reduce the acceptability of public

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<sup>1</sup> These strategies and policy element options were highlighted during the consultation process organized by the Secretariat; the list is not exhaustive and some policy element options might not be applicable in all Member States (that is, those with a total ban on alcohol).

drunkenness, bolster other policy measures at the community level, enhance partnerships and networks of community agencies and nongovernmental organizations, provide care and support for affected individuals and their families, and mobilize the community against the selling and consumption of illicit and potentially contaminated alcohol.

12. **Drink-driving policies and countermeasures.** Strategies that aim to reduce the harm associated with drink-driving can be broadly classified as follows:

- deterrence, or direct measures that aim to reduce the likelihood of drink-driving occurring
- indirect measures that aim to reduce the likelihood of drink-driving by reducing alcohol consumption
- measures that create a safer driving environment in order to reduce the consequences and level of severity associated with impaired driver crashes.

A substantial body of research evidence exists that introducing a low limit for blood alcohol concentration reduces the harm. Young drivers are at particular risk of death from alcohol-related traffic crashes, and many countries have lowered this limit for new and/or young drivers. The success of legislation as a deterrent, and reducing the incidence of drink-driving and its consequences, largely depends on its enforcement and the severity of penalties imposed on those caught driving over the limit. Consistent enforcement by police departments using random, targeted or selective breath-testing is essential and should be supported by sustained publicity and awareness campaigns.

13. **Addressing the availability of alcohol.** Regulating production and distribution of alcoholic beverages is an effective strategy to reduce harmful use of alcohol and in particular to protect young people and other vulnerable groups. Many countries have some restrictions on the sale of alcohol. These restrictions cover the age of consumers, the type of retail establishments that can sell alcoholic beverages, and licensing, with limits on hours and days of sale and regulations on vendors and the density of outlets. However, in some developing countries the informal markets are the main source of alcohol and formal controls on sale may be of less relevance until a better system for controls and enforcement is in place.

14. **Addressing marketing of alcoholic beverages.** Young people who have chosen to drink alcoholic beverages and who drink regularly are an important market segment for alcohol producers. It is very difficult to target young adult consumers without exposing cohorts of adolescents under the legal age to the same marketing practices. Controls or partial bans on volume, placement and content of alcohol advertising are important parts of a strategy, and research results underline the need for such controls or bans, in particular to protect adolescents and young people from pressure to start drinking. Marketing practices that appeal to children and adolescents could be seen as particular policy concerns.

15. **Pricing policies.** Price is an important determinant of alcohol consumption and, in many contexts, of the extent of alcohol-related problems. Considerable evidence has accumulated to support the use of tax changes as a means of influencing price. High tax rates may not be the first choice of policy in countries where alcohol-related problems are less important or there is a considerable informal market, and interventions directed at particular subpopulations may be more cost-effective. Even in such countries, decreases in prices of alcoholic beverages or an increase in disposable income without appropriate adjustment in those prices could counteract such policies. A particular concern emerges when alcoholic drinks are cheaper than non-alcoholic alternatives such as bottled water. It is

also worth keeping in mind that tax is only one component of the price of alcoholic beverages and tax changes may not always be reflected in changes in the retail price. Similarly, vendors or manufacturers may attempt to encourage demand by price promotions.

16. **Harm reduction.** Directly focusing on reducing the negative consequences of drinking and alcohol intoxication can be an effective strategy in specific contexts. A range of interventions to reduce alcohol-related harm in and around licensed premises has been developed. Interventions that focus on changing the night-life environment can reduce the harmful consequences of drinking in and around these settings, without necessarily altering overall consumption levels. The impact of these measures is greatly enhanced when there is active and ongoing enforcement of laws and regulations prohibiting sale of alcohol to intoxicated customers and policing of the streets at night. The evidence base for harm-reduction approaches, however, is not yet as well established as that for regulating the availability and demand for alcohol beverages.

17. **Reducing the public health impact of illegally and informally produced alcohol.** From a public health perspective, illegally and informally produced alcohol can create an additional negative health effect if the beverage contains methanol or other contaminants and its production and distribution are under less control than legally produced and sold alcohol. Evidence for the effectiveness of measures to counteract the public health impact of the consumption of illegally produced alcohol is weak, but points towards a combination of community mobilization and enforcement and control. The feasibility and effectiveness of countermeasures will be influenced by the fact that the purchasing power of those who buy informally produced alcohol often is extremely low.

## A WAY FORWARD

18. National policies and action plans with defined objectives and targets have to be developed, implemented and reinforced by appropriate national institutional frameworks. National efforts can produce better results when they are supported by regional and global awareness campaigns, advocacy, research and capacity building. Public health objectives should be paramount in defining and consolidating appropriate responses at different levels. Joint appropriate and coordinated actions of different agencies and stakeholders are needed in raising awareness and political commitment to reduce public health problems caused by harmful use of alcohol.

19. Adequate mechanisms for assessment, reporting and evaluation are necessary for monitoring progress at different levels and strengthening the evidence base for strategies that reduce alcohol-related harm in different cultural contexts. An important element is surveillance of alcohol-related harm coupled with the improvement of global and regional information systems on alcohol and health and the development of relevant technical tools, based on comparable data and agreed definitions. Regularly-produced status reports on alcohol consumption and related harm could be valuable for monitoring harmful use of alcohol and policy responses worldwide.

20. The capacity of national institutions to undertake situation assessments and prepare, implement and evaluate strategies and programmes to reduce public health problems caused by harmful use of alcohol can be strengthened, when required, by appropriate technical support and relevant technical tools. Special efforts are needed to formulate a comprehensive health-care sector response to alcohol-related problems, with particular emphasis on primary health care interventions.

21. Compiling and disseminating good practices for reducing the harmful use of alcohol at community and national levels can facilitate development of adequate and effective responses. Further international research on alcohol-related harm and on the effectiveness and cost-effectiveness of different strategies is needed, particularly in low-income and middle-income countries, in order to strengthen the evidence base regarding different cultural contexts. Also, research on the impact of the harmful use of alcohol on HIV-related mortality and morbidity, the public health impact of the consumption of illegally or informally produced alcoholic beverages and the interaction with other psychoactive substances used is especially important.

22. Reducing the public health problems caused by the harmful use of alcohol at the international level requires coordination and appropriate participation of different international stakeholders. Leadership is needed for building consensus around values and appropriate strategies and interventions. WHO is in a strong position to play a significant role in developing and supporting a global framework to complement regional and national actions to reduce the harmful use of alcohol.

23. The Executive Board at its 122nd session in January 2008 discussed an earlier version of this report and adapted resolution EB122.R2.

#### **ACTION BY THE HEALTH ASSEMBLY**

24. The Health Assembly is invited to consider the draft resolution contained in resolution EB122.R2.

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