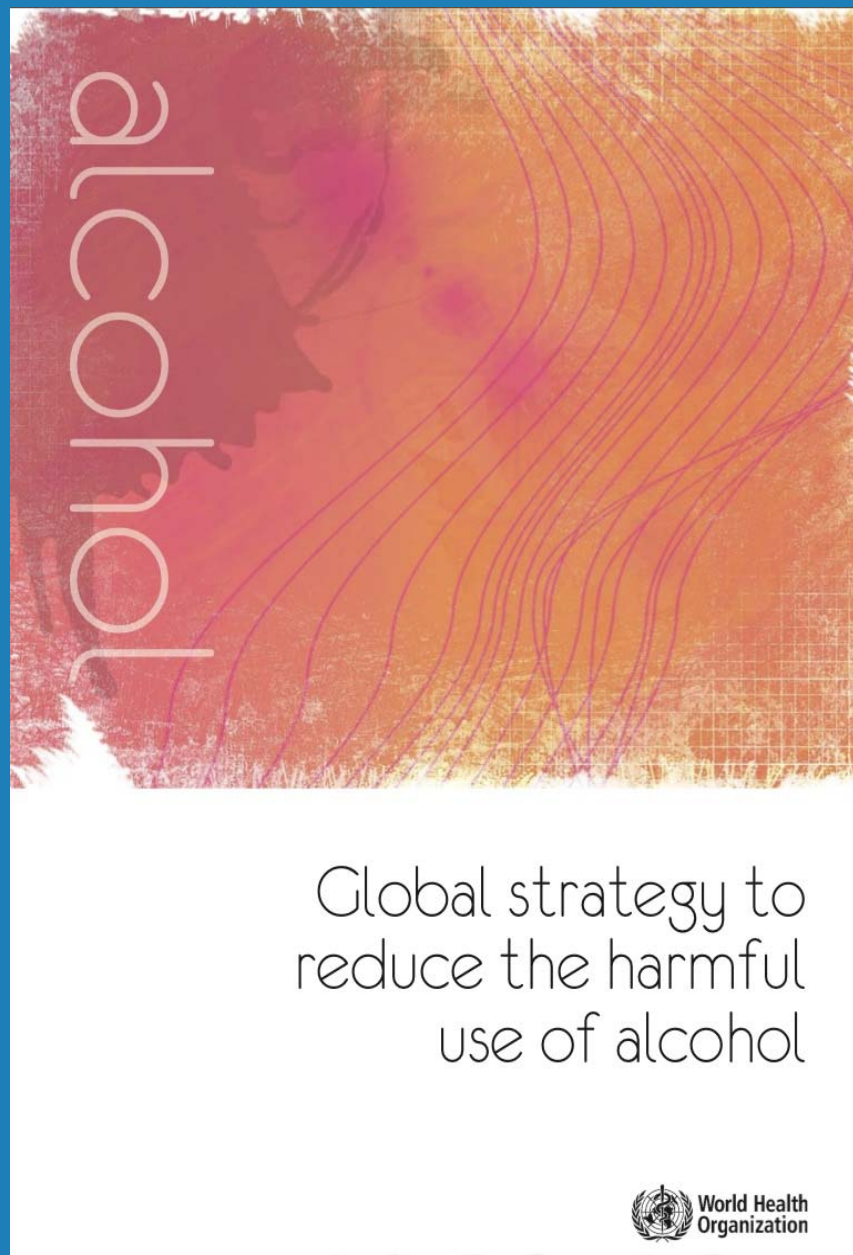


# The WHO global strategy to reduce the harmful use of alcohol

**NORDISK RUSMIDDELSEMINAR**  
**REYKJAVIK, ICELAND**  
**26 AUGUST 2010**



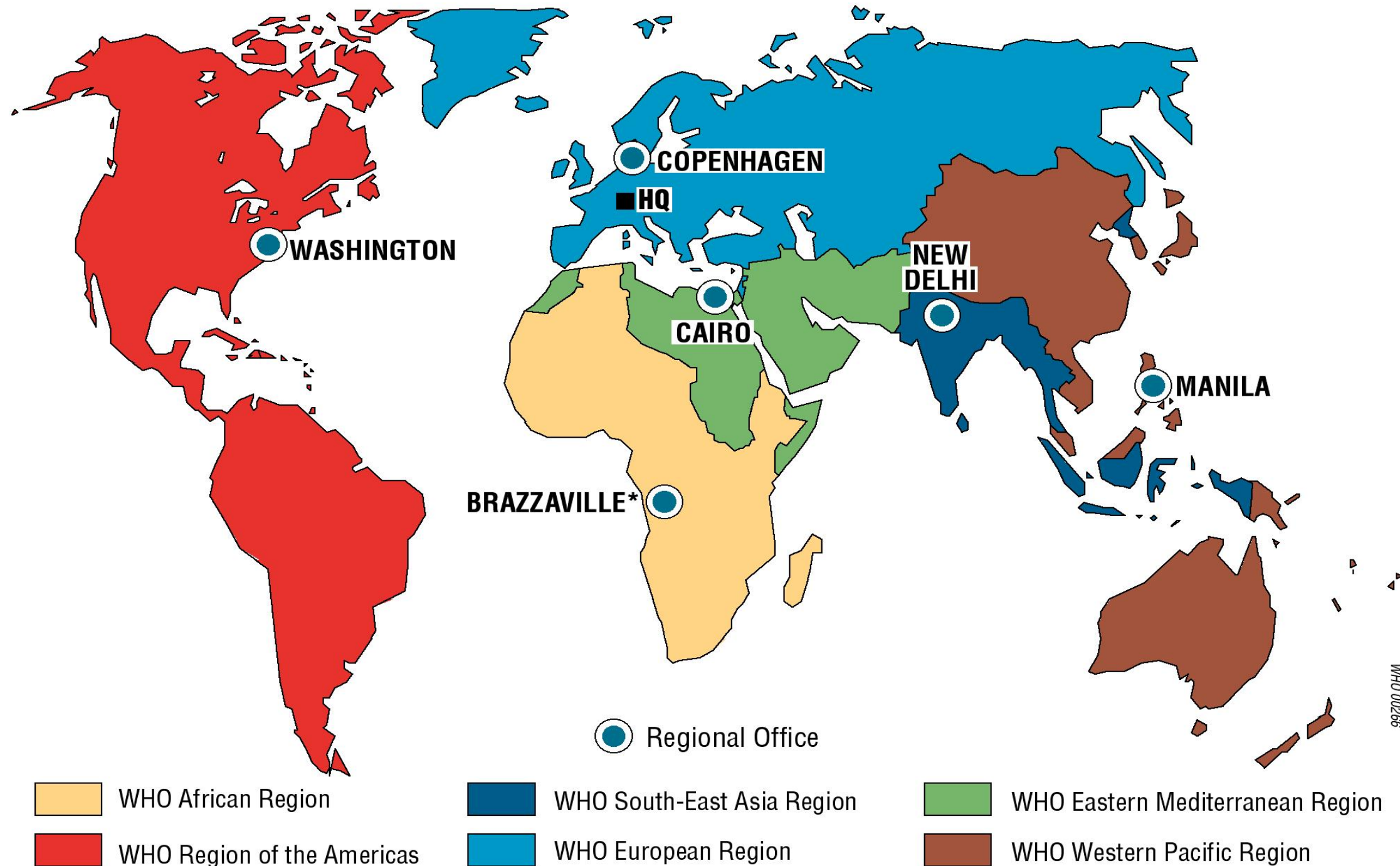
# WHO governing structure

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



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# WHO Regional Offices and the areas they serve



\*Office temporarily located in Harare, Zimbabwe

# The WHO global strategy to reduce the harmful use of alcohol endorsed by the 63rd WHA resolution



*“...the global strategy for reducing the harmful use of alcohol is a true breakthrough. This strategy gives you a large and flexible menu of evidence-based policy options for addressing a problem that damages health in rich and poor countries alike. The strategy sends a powerful message: countries are willing to work together to take a tough stand against the harmful use of alcohol.”*



**Dr Margaret Chan**  
**Director-General**  
**World Health Organization**  
*Closing speech at WHA63*



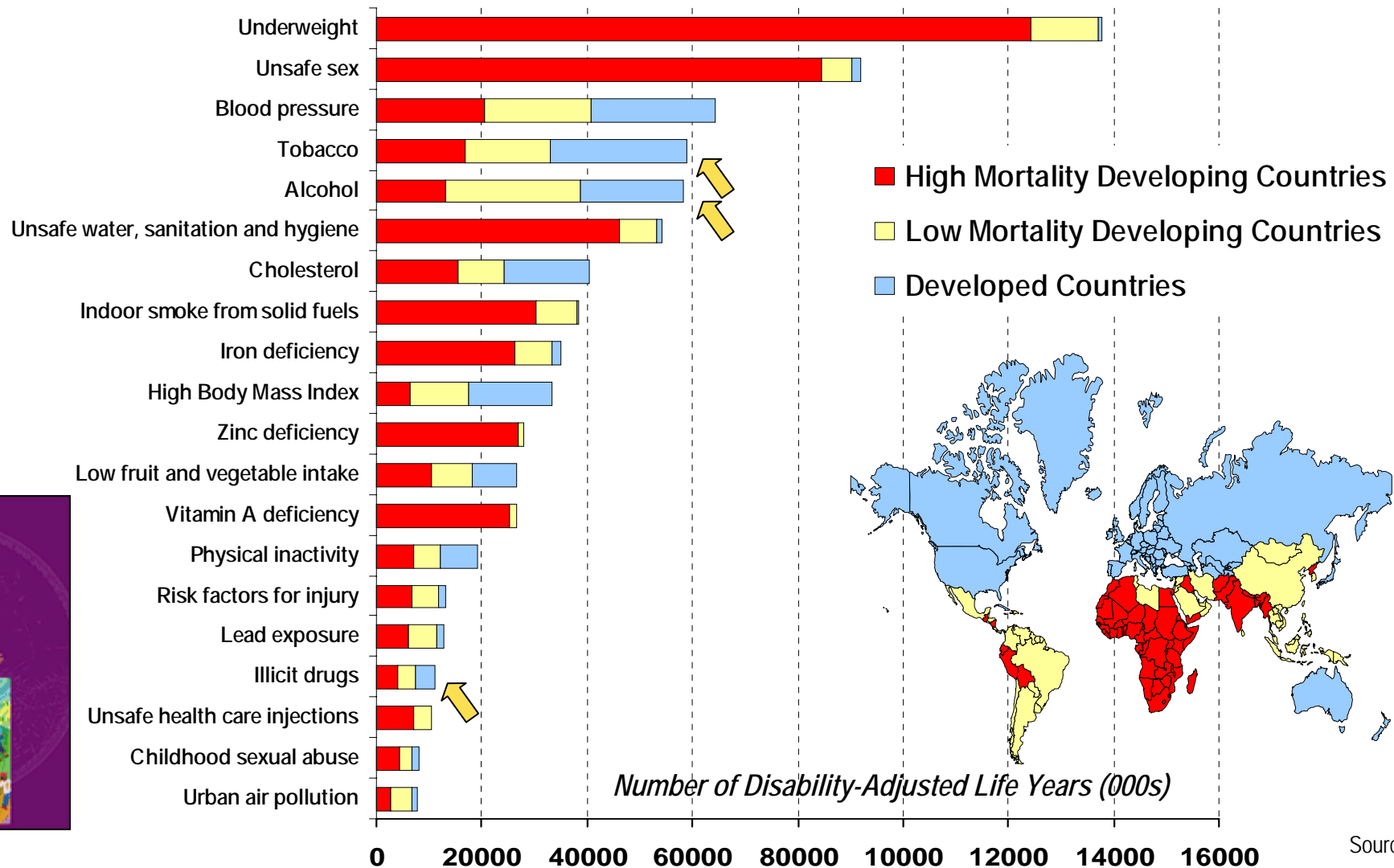
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# Three alcohol "waves" in WHO (globally)

- Early 1950s
  - Three expert committee and sub committee meetings, but no political decisions.
- Early 1980s
  - One expert committee meeting and two WHA resolutions. The wave continued in the WHO European Region.
- Current "wave" (from 2000)
  - One expert committee meeting (2006), three WHA resolutions (2005, 2008 and 2010), a global strategy and separate agenda item on 4 WHAs (2005, 2007, 2008 and 2010). In addition increased activities in all six WHO regions.



# Disease burden (DALYs) in 2000 attributable to selected leading risk factors (world)



Source: WHR, 2002

# Measuring Disease Burden in Global Burden of Disease (GBD) project

*Years of life lost (YLLs)* take into account the age at which deaths occur by giving greater weight to deaths occurring at younger ages and lower weight to deaths occurring at older ages.

*Disability Adjusted Life Year (DALY)* - an integrated indicator that shows the number of life years that are lost due to premature deaths or cases of disability occurring in a particular year. DALYs for a disease or health condition are calculated as the sum of the YLLs because of premature mortality in the population and the years lived with a disability (YLDs) for incident cases of the health condition.

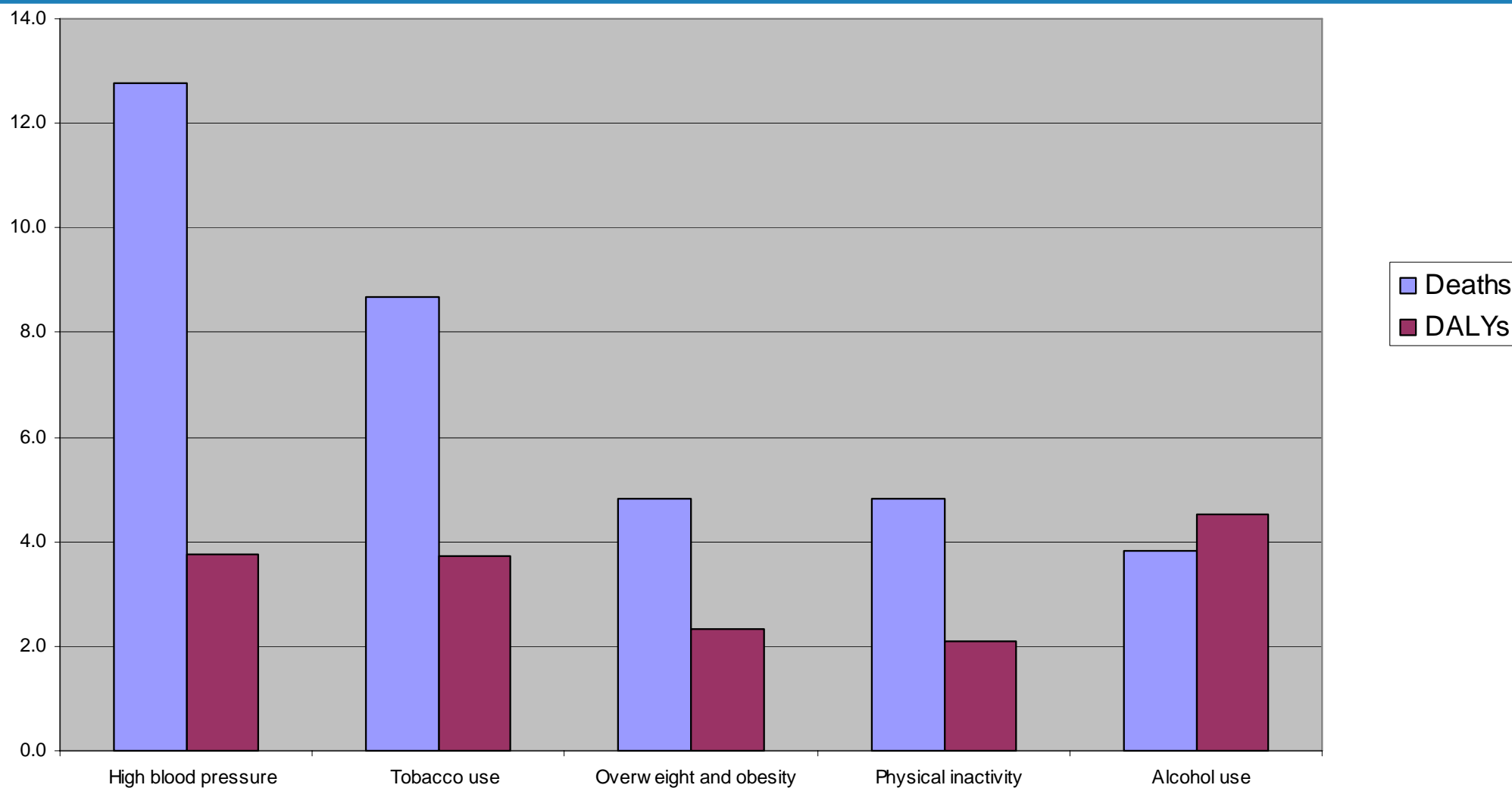


# Deaths attributable to alcohol consumption (WHO, 2009)

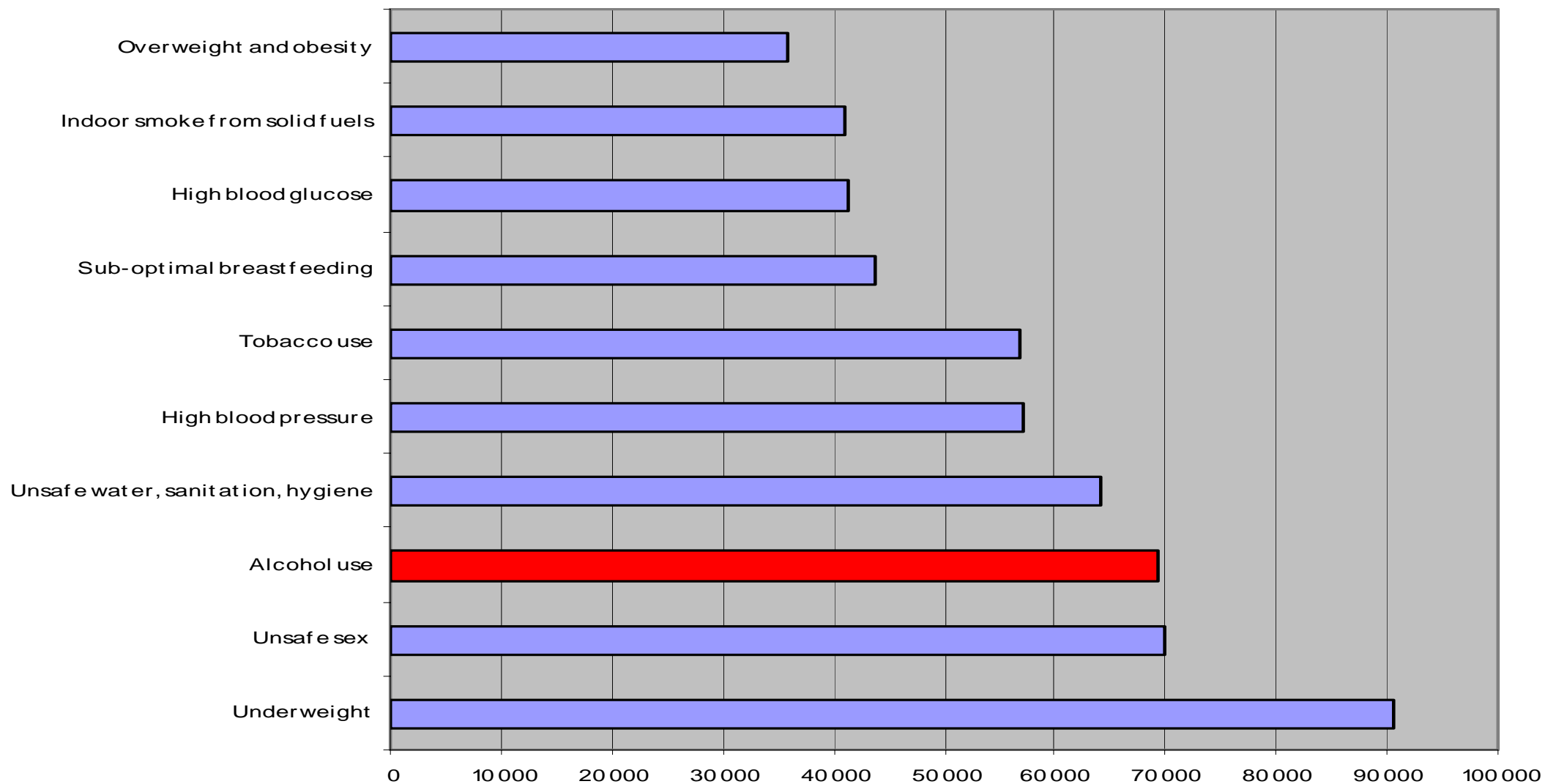
- In 2004 estimated 2.5 million people died worldwide of alcohol-related causes
  - 320 000 young people between 15 and 29 years of age
- The 2.5 million deaths accounted for 3.8% of global mortality in all age groups
  - 6.2% in men
  - 1.1% in women
- Leading disease categories for alcohol-attributable deaths
  - Unintentional and intentional injuries
  - Cancers
  - Cardiovascular diseases
  - Liver cirrhosis



# Different perspectives

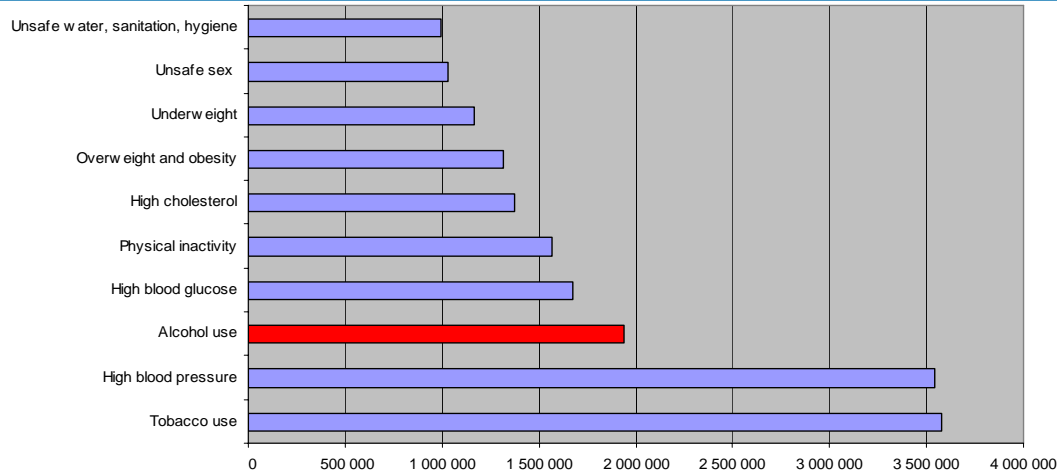


# DALYs (000) lost in the world due to different risk factors in 2004 (WHO, 2009)

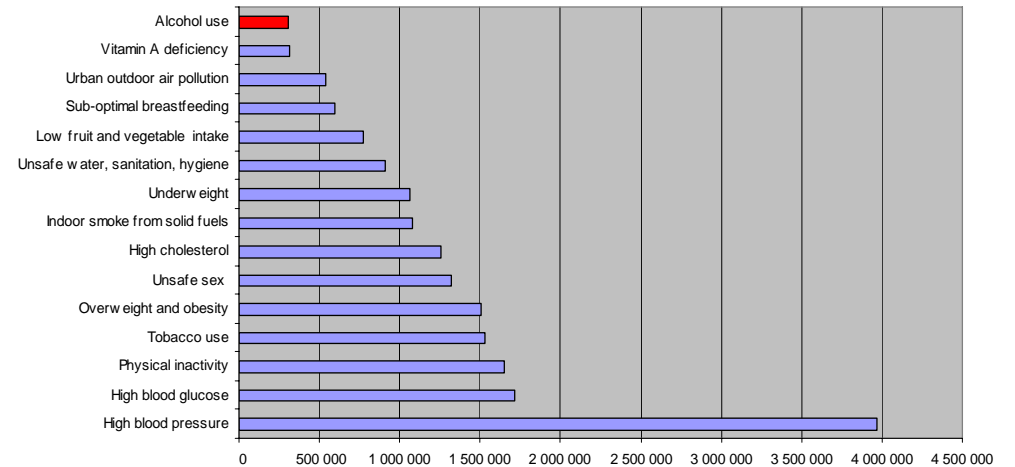


# Huge variations in deaths in different sub-groups in the world in 2004

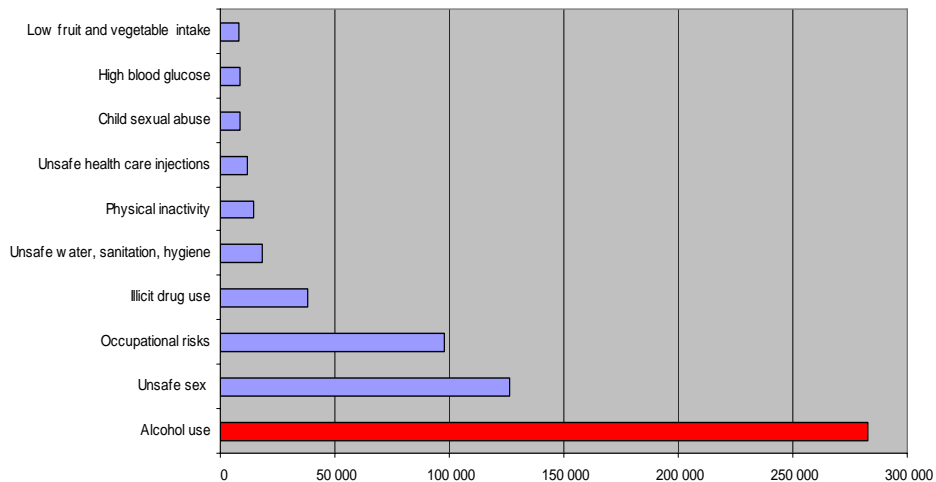
Male total deaths



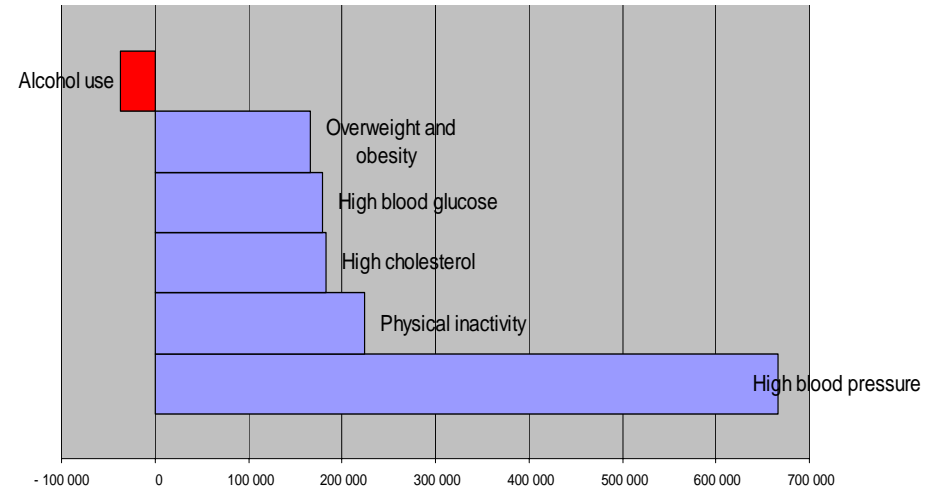
Total deaths females



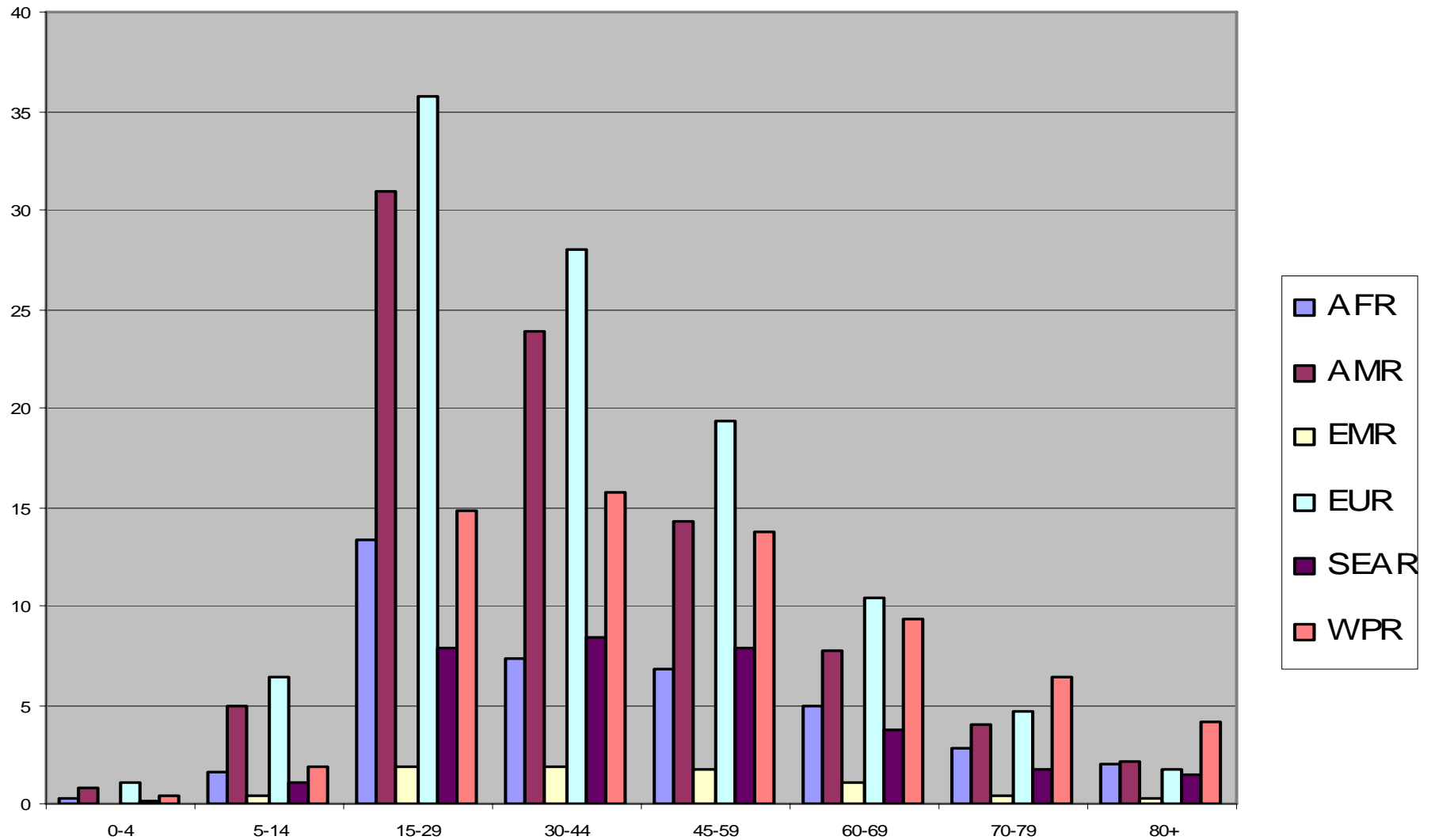
Total deaths males 15-29 in the world



Total female deaths 80+ in Europe

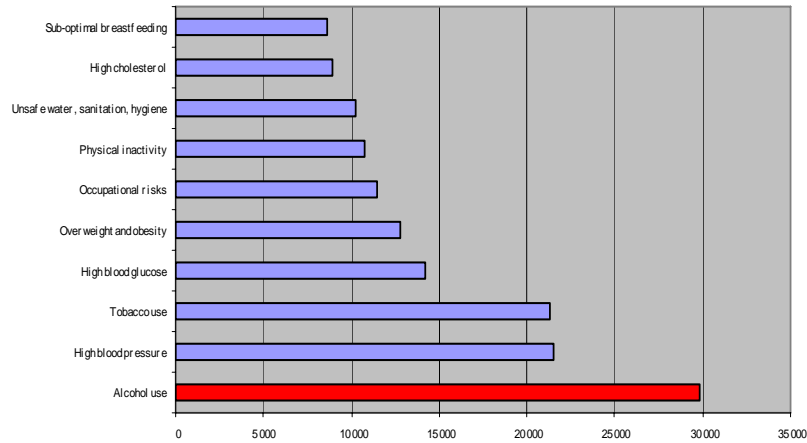


# Population attributable fractions (%) for total male deaths by age groups and regions

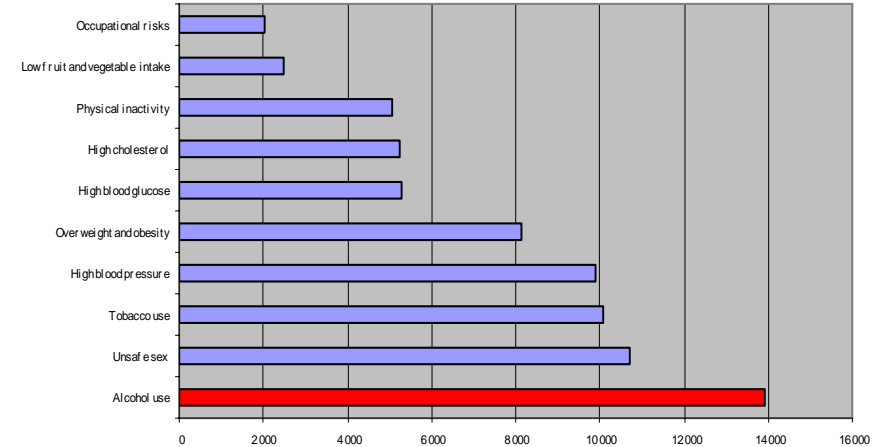


# Disease burden attributable to different risk factors in World Bank income groups

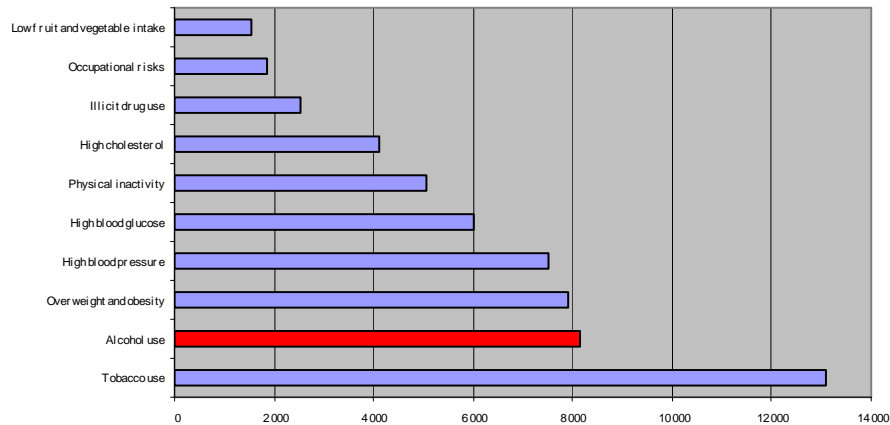
LOWER MIDDLE INCOME



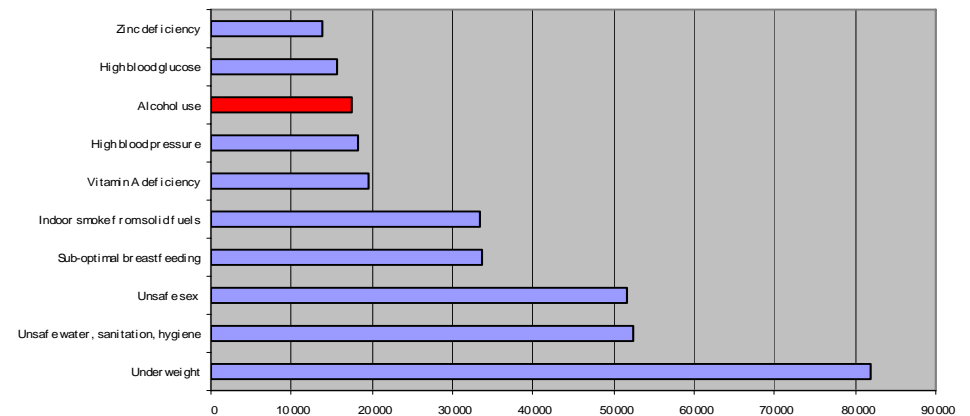
UPPER MIDDLE INCOME



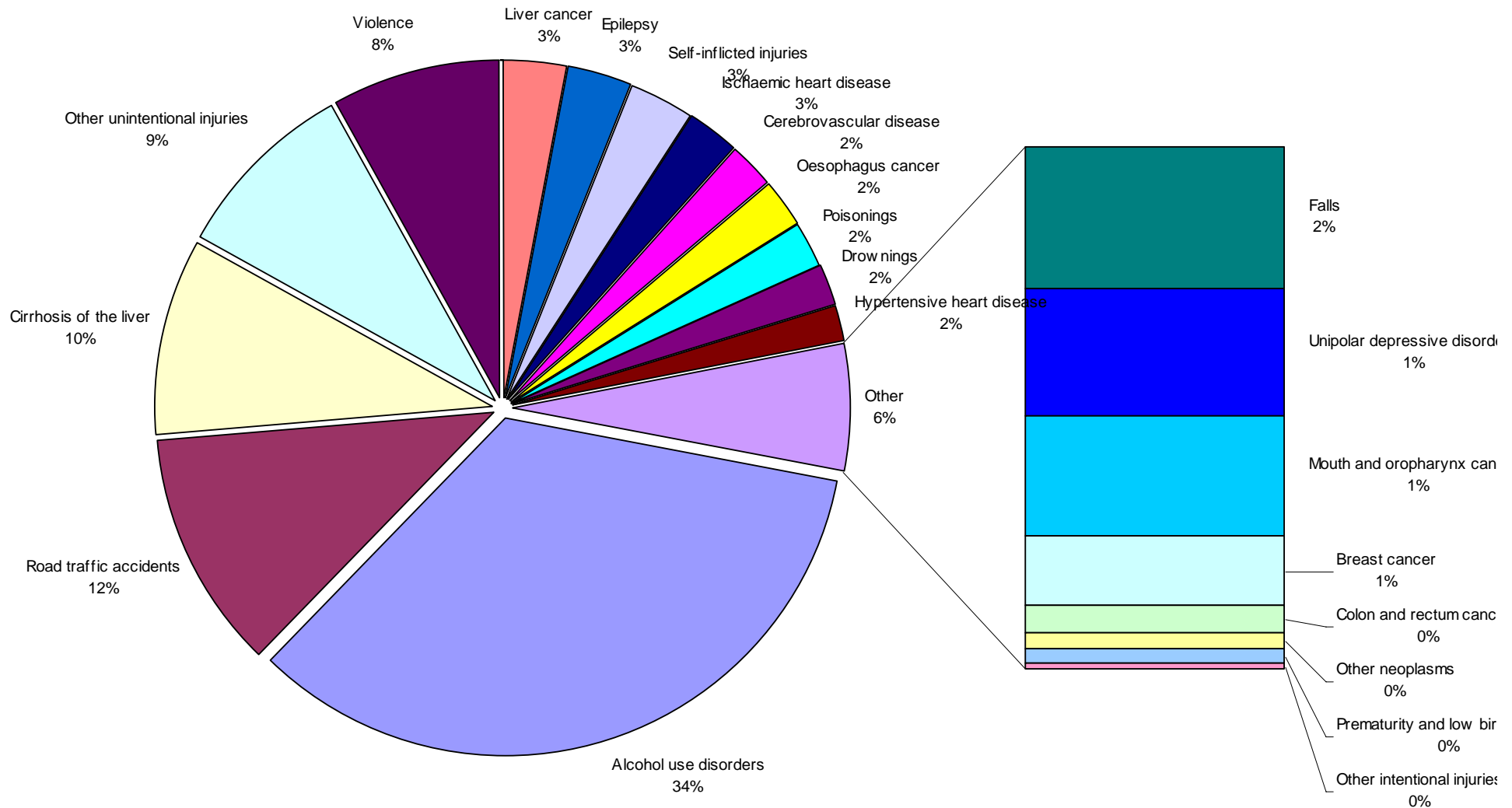
HIGH INCOME



LOW INCOME



# Alcohol-attributable DALYs by disease or injury for the year 2004



# Alcohol and infectious diseases: an overlooked causal linkage?

- Sufficient evidence for establishing causal relationship between heavy alcohol exposure and incidence and clinical course of tuberculosis (TB).
- No sufficient evidence for incidence of HIV/AIDS, though impact of heavy alcohol use on adherence to treatment regimens is well documented.

(Parry, Rehm, Poznyak & Room, *Addiction*, 2008, 104, 331–332)

# Prevalence of abstinence from drinking in the world 2004

(Data source: WHO Global Information System on Alcohol and Health )

- Globally 45% of the world population never used alcoholic beverages
  - 35% of men
  - 55% of women
- Estimates for past 12 month abstinence rates in WHO regions
  - AFRO – 70.8%
  - EMRO – 96.5%
  - EURO – 31.2%
  - Americas – 41.7%
  - South-East Asia – 89.3%
  - Western Pacific – 43.7%



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# Process leading to the resolution of alcohol at the World Health Assembly 2008

- **WHA57.16 May (2004):** Health promotion and healthy lifestyles
- **WHA58 (May 2005):** Resolution "Public health problems caused by harmful use of alcohol".
- **WHA60 (May 2007):** Report of the Secretariat on strategies to reduce harmful use of alcohol with global assessment of public health problems caused by harmful use of alcohol and discussions on a draft resolution.
- **Informal consultation (December 2007)** with Member States on strategies on reduce harmful use of alcohol – 9 policy areas for action identified.
- **EB122 (January 2008):** Considered a report from the Secretariat and a draft resolution proposed by Kenya and Rwanda calling for a global strategy to reduce the harmful use of alcohol and recommended WHA 61 to adopt a resolution.



# WHA61.4 Resolution "Strategies to reduce the harmful use of alcohol" (2008)

REQUESTS the Director-General:

- (1) to prepare a draft global strategy to reduce harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options, taking into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities;



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# Process for implementing the WHA 61.4 resolution and preparing a draft global strategy

## Stage I. Broad consultation process (October – December 2008)

- Web-based consultation (WHO public hearings) with Member States and other stakeholders on ways of reducing harmful use of alcohol (3 October 2008 - 15 November 2008)
- Consultation with economic operators on ways they could contribute to reducing harmful use of alcohol (6 November 2008)
- Consultation with NGOs and health professionals on ways they could contribute to reducing harmful use of alcohol (24-25 November 2008)
- Consultation with Intergovernmental Organizations on ways they could contribute to reducing harmful use of alcohol (8 September 2009)



# Process for implementing the WHA 61.4 resolution and preparing a draft global strategy

## Stage II. Draft strategy development (December 2008 – November 2009)

- Discussion paper "Towards a global strategy to reduce the harmful use of alcohol" (December 2008)
- Regional technical consultations with Member States in 6 WHO regions
- Working document for developing a draft global strategy to reduce harmful use of alcohol and feedback on the working document from Member States
- Development of a draft global strategy and its submission to the Sixty-third World Health Assembly through the 126<sup>th</sup> meeting of the Executive Board.



# 126<sup>th</sup> Executive Board Meeting

(January 2010)

Discussions on the draft global strategy were pursued in an open-ended informal working group (co-chaired by Cuba and Sweden) during the Board session, and consensus was reached on a revised text. The Board adopted resolution EB126.R11 where it recommends the World Health Assembly to endorse the draft global strategy.



# 63<sup>rd</sup> World Health Assembly (17-21 May, 2010)

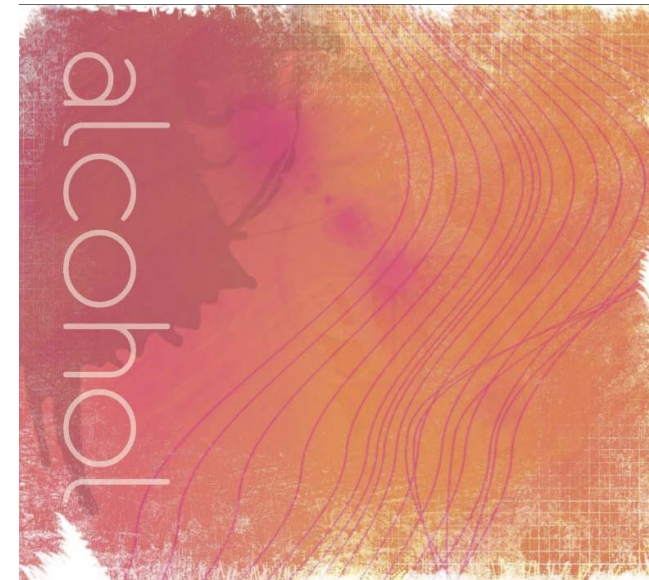
**Endorsed the  
Global strategy  
to reduce the  
harmful use of  
alcohol in the  
WHA resolution  
63.13**



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# Global strategy to reduce the harmful use of alcohol: content

- Setting the scene
- Challenges and opportunities
- Aims and objectives
- Guiding principles
- National policies and measures
- Policy options and interventions
- Global action: key roles and components
- Implementing the strategy



Global strategy to  
reduce the harmful  
use of alcohol



# Setting the scene: defining "harmful use of alcohol"

In the context of this strategy, the concept of the 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.



# WHO Global Strategy: challenges and opportunities

- Increasing global action and international cooperation
- Ensuring intersectoral action
- According appropriate attention
- Balancing different interests
- Focusing on equity
- Considering the "context" in recommending actions
- Strengthening information.



# WHO Global Strategy: National policies and measures

- Member States have a primary responsibility for formulating, implementing, monitoring and evaluating public policies to reduce the harmful use of alcohol. Such policies require a wide range of public health-oriented strategies for prevention and treatment.
- 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.
- Sustained political commitment, effective coordination, sustainable funding and appropriate engagement of subnational governments as well as from civil society and economic operators are essential for success.
- Health ministries have a crucial role in bringing together the other ministries and stakeholders needed for effective policy design and implementation.



# WHO Global Strategy: Priority areas

## Priority areas for national action:

- Leadership, awareness and commitment
- Health services' response
- Community action
- Drink-driving policies and countermeasures
- Availability of alcohol
- Marketing of alcoholic beverages
- Pricing policies
- Reducing the negative consequences of drinking and alcohol intoxication
- Reducing the public health impact of illicit alcohol and informally produced alcohol
- 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



# WHO Global Strategy:

## Monitoring progress and reporting mechanisms

- For monitoring progress, the strategy requires appropriate mechanisms at different levels for assessment, reporting and re-programming.
- WHO's Global Survey on Alcohol and Health and the Global Information System on Alcohol and Health will be important parts of the reporting and monitoring mechanisms. The data-collecting tools of the latter will be adjusted to include the relevant reporting on the process and outcomes of implementation of the strategy at the national level.
- Regular meetings of global and regional networks of national counterparts offer a mechanism for technical discussion of the implementation of the global strategy at different levels. In addition to taking stock of the process, these meetings could include detailed discussions of priority areas and topics relevant to implementation.



# Next steps

- Establishing the global network of WHO counterparts for implementation of the global strategy to reduce the harmful use of alcohol and development, in collaboration with Member States, implementation mechanisms.
- Release of the WHO Global Status Report on Alcohol and Health (2010)
- Consultations with NGOs and other stakeholders on their contributions (roles and responsibilities) to the implementation of the global strategy
- Resource mobilization to ensure effective implementation at all levels
- Implementation activities for other priority areas of WHO global action (advocacy and partnerships, capacity building, production and dissemination of new knowledge, monitoring and evaluation).



# WHO International Research Project on Alcohol and Development

- Fetal Alcohol Spectrum Disorders (FASD)
- Harm to others ("collateral damage")
- Implementation of effective alcohol policies in the context of development
- Alcohol and Infectious Diseases
  - TB
  - HIV



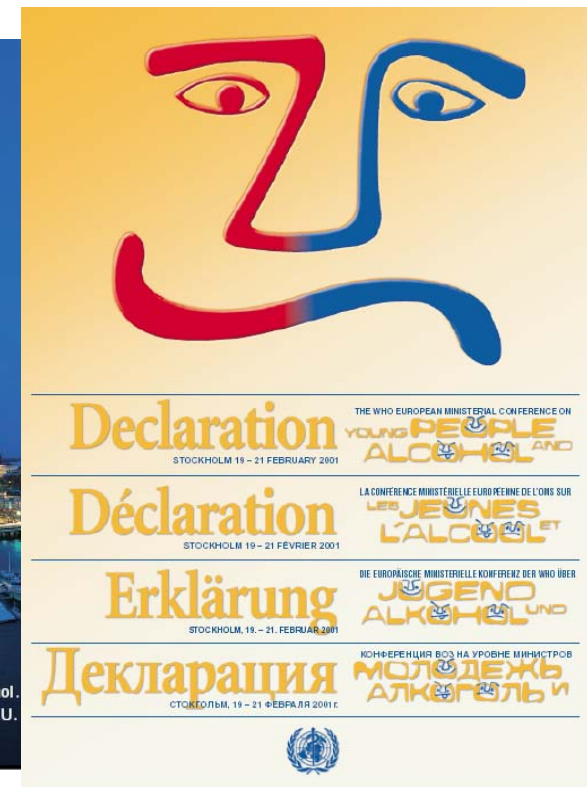
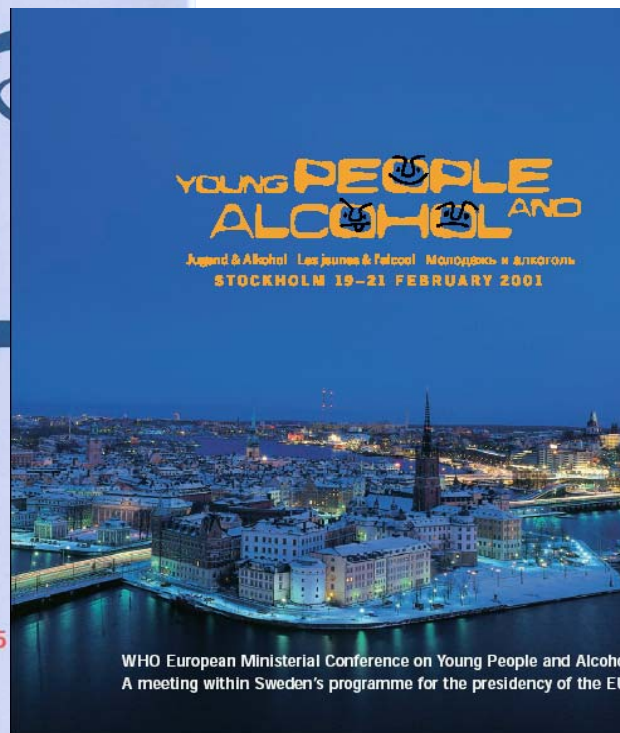
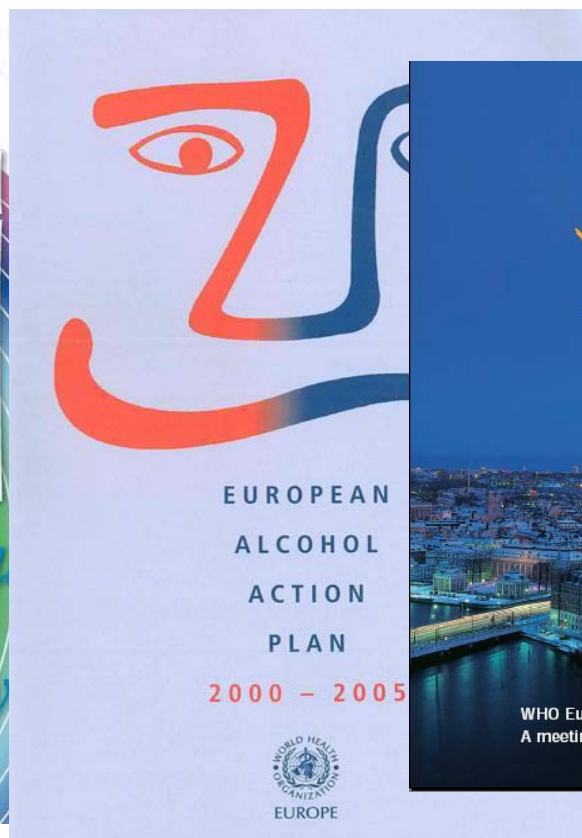
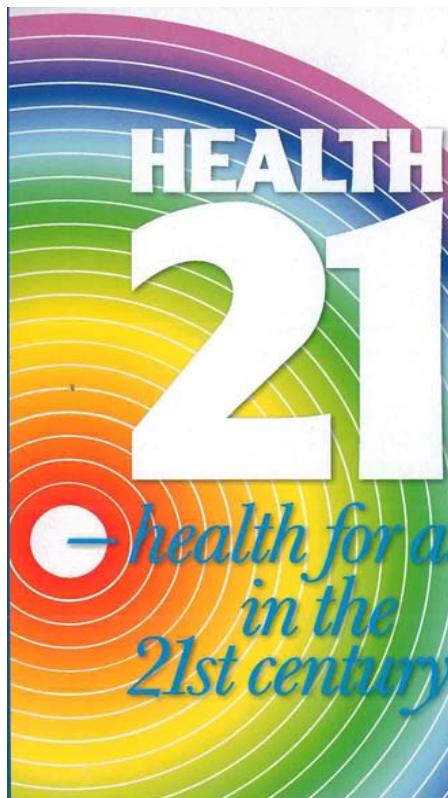
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# The European scene



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# EAAP 2000 - 2005



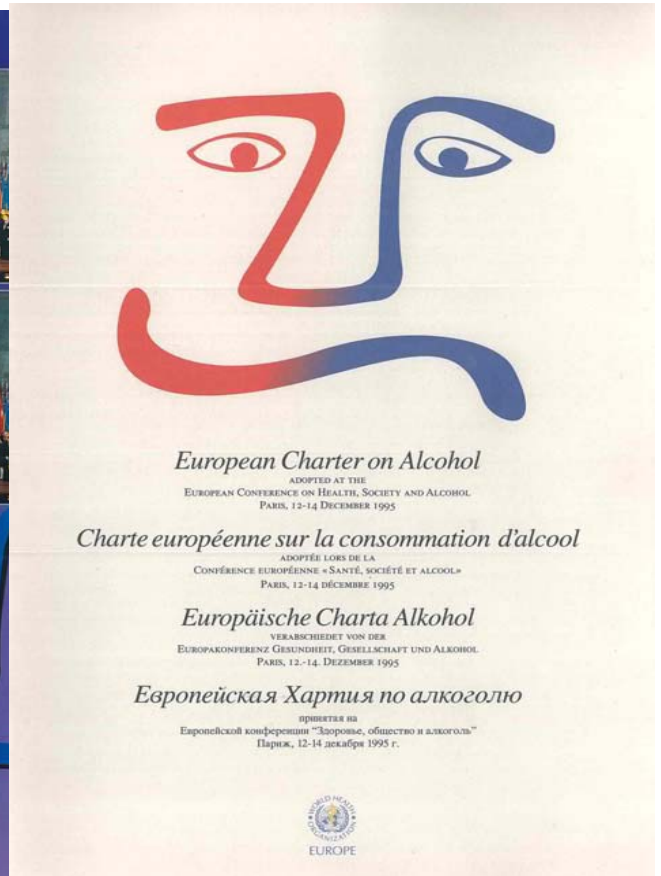
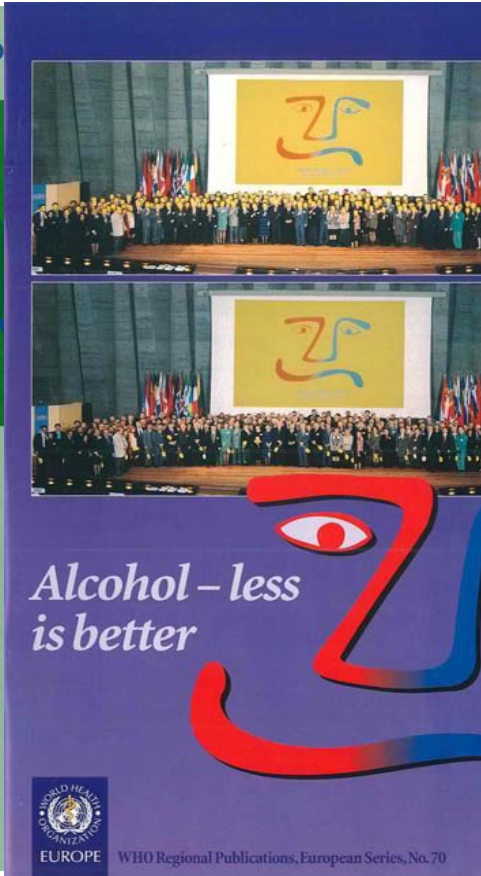
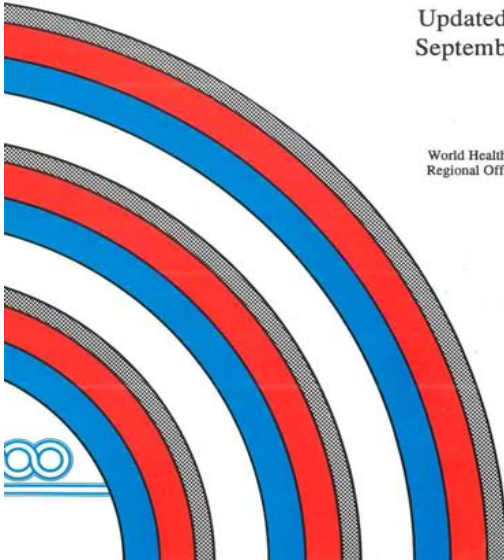
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# EAAP 1992 - 1999

Health for all target  
The health policy for Europe

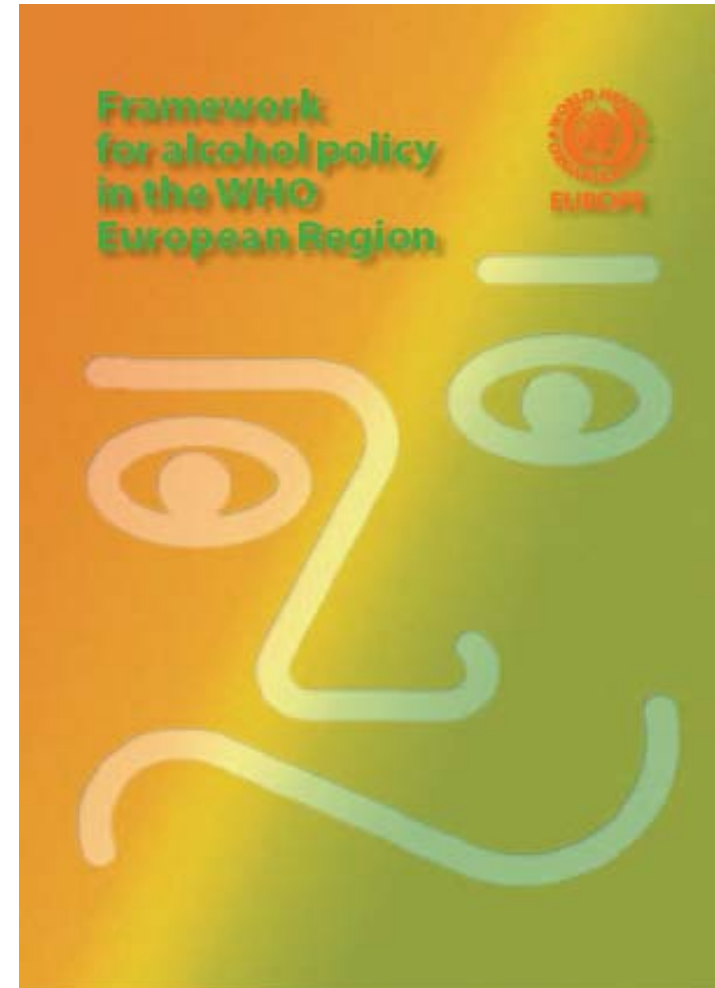
Updated  
September

World Health  
Regional Office

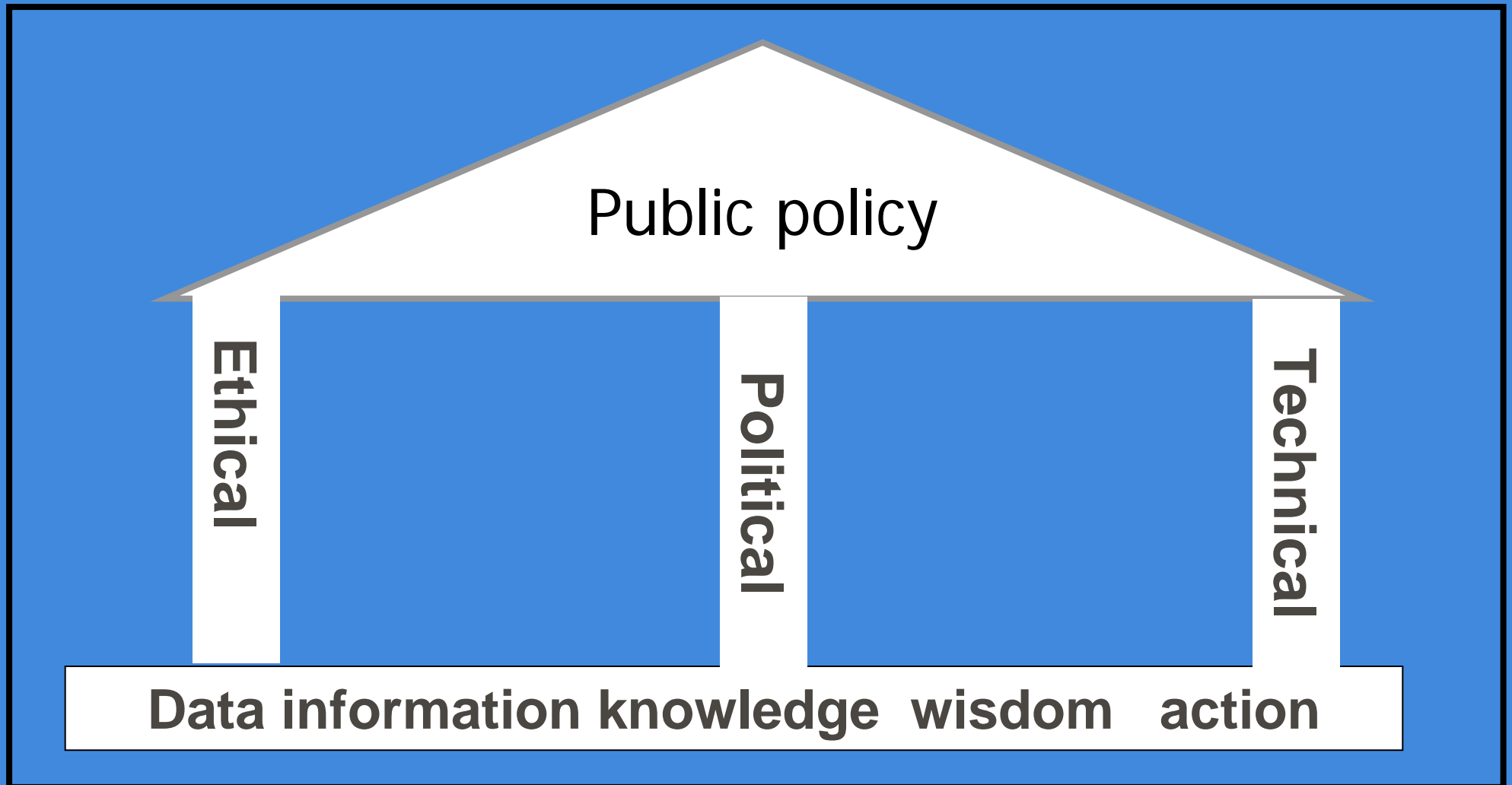


## 2005 - current

- Framework for alcohol policy in the WHO European Region
- Council conclusions and the Commission Communication on an EU strategy on alcohol
- Global developments in WHO
- Developments in other regions which can feed into the European agenda



# Sources and pillars of public policy



# Conclusion – "a going concern"

- Harmful use of alcohol should be a "going concern" at local, national, regional and global levels with political and professional attention and allocation of resource in line with the magnitude of the problem.
- The global strategy is a unique opportunity to establish a global fundament for such a going concern
- The strategy is not perfect for anyone, but the alternative of not having a strategy now, will mean that we will have to wait for a fourth wave; nobody knows when it will come and how strong that will be.



# WHO Department of Mental Health and Substance Abuse Management of Substance Abuse

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Further information at

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



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