



**First Global Ministerial Conference on Healthy Lifestyles and
Noncommunicable Disease Control
(Moscow, 28-29 April 2011)**

**POLICY BRIEF
HARMFUL USE OF ALCOHOL**

**Thursday, 28 April 2011
16:30-18:00 | Roundtable 3
(Press Hall, Tower 1)**

Aim:

- Focus on the development implementation of national policies on the harmful use of alcohol. Participants will discuss:
 - ❖ Interventions that work
 - ❖ How to ensure linkages/integration of alcohol policy into the NCD frameworks
 - ❖ How to maximize the synergies of implementation of the 'Action Plan for the Global Strategy for the Prevention and Control of NCDs' and the 'Global Strategy to Reduce the Harmful Use of Alcohol' at national levels

Key messages:

- Addressing the harmful use of alcohol is one of the key components of NCD prevention and control
- There are cost-effective interventions and "best buys" that all countries should consider

The following question will be addressed:

- How can action by public health leaders change lives in the decade to come?

Context

The strong linkages between alcohol consumption and noncommunicable diseases (NCDs) are well-known and reflected in medical nomenclature with such diagnostic categories as alcoholic liver disease, alcoholic cardiomyopathy, alcoholic gastritis, and alcohol-induced pancreatitis. Furthermore, alcohol consumption is causally associated to more than 200 diseases and health conditions. Harmful use of alcohol is one of the key four preventable risk factors for major NCDs. Alcohol is the world's third largest risk factor for disease burden. It is the leading risk factor in the Western Pacific and the Americas and the second largest in Europe.

New dimensions

While in high-income countries people are increasingly protected from harmful use of alcohol by comprehensive laws and regulations, the population in low- and middle-income countries is at



higher risk of its effects. The alcohol-attributable burden of disease is steadily growing in low- and middle-income countries. This trend is particularly alarming in countries where the epidemic of NCDs is also increasing rapidly.

Though low-risk patterns of alcohol consumption could be associated with reduced incidence and mortality from ischaemic heart disease and type II diabetes, heavy drinking occasions negate all beneficial effects and have a clear negative impact on NCD-related morbidity and mortality in populations.

As a preventable risk factor for NCDs, and a contributing factor to poverty and child development in affected families, the harmful use of alcohol is increasingly recognized as a major threat to development in low- and middle-income countries with high or increasing levels of alcohol consumption. Moreover, recent evidence indicates strong association of harmful use of alcohol with such infectious diseases as tuberculosis and HIV/AIDS, thus, increasing the double burden of disease.

New developments

The WHO 'Global Strategy to Reduce the Harmful Use of Alcohol', endorsed by the World Health Assembly in May 2010, provides the global policy framework and implementation platform to address harmful use of alcohol in global efforts on NCD prevention and control.

The 'Meeting of WHO national counterparts on implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Geneva, 8-11 February 2011)' established mechanisms to implement plans for action at the global level.

New evidence

The following strategies and interventions have the **highest level of effectiveness** to prevent harmful use of alcohol:

- Increasing excise taxes on alcoholic beverages

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While in high-income countries people are increasingly protected from harmful use of alcohol by comprehensive laws and regulations, the population in low- and middle-income countries is at higher risk of its effects.

Effective measures to reduce the harmful use of alcohol are:

- Increasing excise taxes on alcoholic beverages
- Restricting physical availability of alcoholic beverages
- Drinking and driving countermeasures
- Legal restrictions on marketing
- Treatment of alcohol use disorders and brief interventions for hazardous and harmful drinking



- Regulating physical availability of alcoholic beverages, including minimum legal purchase age, restrictions on outlet density and time of sale, governmental monopoly of retail sales
- Drink-driving countermeasures such as lowered blood alcohol concentration limits and "zero tolerance" for young drivers, random breath testing and sobriety check points
- Legal restrictions on marketing of alcoholic beverages
- Treatment of alcohol use disorders and brief interventions for hazardous and harmful drinking.

The currently available scientific evidence on cost-effectiveness of different policy options prioritize three policy measures, which are, therefore, **best buys**:

- Increasing alcoholic beverage excise taxes
- Restricting access to alcoholic beverages
- Comprehensive advertising bans.

Getting to scale

The challenge to the implementation of these effective strategies is to ensure mobilization of political will and sustainable multisectoral action to ensure the necessary resources and establish appropriate monitoring and evaluation mechanisms.

Accelerating progress

Effective NCD prevention and control strategies should address the harmful use of alcohol. The round table will make a compelling case for action. It will stress that reducing harmful use of alcohol entails effective population-based measures and adequate health services responses, including early identification of people at risk and subsequent interventions. Increased efforts are needed to strengthen the integration of NCDs and alcohol related policy and programme activities at all levels.

France: an example of restrictions on alcohol advertising and marketing

La Loi Évin (formally *Loi n°91-32 du 10 janvier 1991 relative à la lutte contre le tabagisme et l'alcoolisme*) is the French alcohol and tobacco policy law. This policy bans the advertising of all alcoholic beverages containing over 1.2 % alcohol by volume on television or in cinemas, and prohibits sponsorship of sports or cultural events by alcohol companies. *Loi Évin* also prohibits the targeting of young people and controls the content of alcohol advertisements. Messages and images should only refer to the characteristics of the products and a health warning must be included in each advertisement. In 2008, this legislation was extended to apply to alcohol advertising on the Internet and in newspaper and magazine editorials. Alcohol advertising is only permitted in the press for adults, on billboards, on radio channels (under certain conditions) and at some special events or places. There are significant monetary sanctions for infringements of the law, which have ensured its implementation.



Uniting around a common agenda

The 'Global Strategy to Reduce the Harmful Use of Alcohol' and World Health Assembly resolutions WHA63.13, WHA61.4 and WHA58.26, as well as the regional and sub-regional policy frameworks and action plans, provide the necessary implementation platforms for reducing the harmful use of alcohol.

Partners' focus

This round table is expected to highlight the key role that national governments can play in reducing the harmful use of alcohol. The role of other partners and stakeholders will be discussed in terms of their potential specific contributions in the framework of NCD prevention and control.

Acknowledgements

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ПЕРВАЯ ГЛОБАЛЬНАЯ МИНИСТЕРСКАЯ КОНФЕРЕНЦИЯ ПО
**ЗДОРОВОМУ ОБРАЗУ ЖИЗНИ И
НЕИНФЕКЦИОННЫМ ЗАБОЛЕВАНИЯМ**



Unless specified otherwise, the data contained in this discussion paper is based on the 2004 update on the 'Global burden of disease'. Additional information is available at www.who.int/research.

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