IOGT International welcomes the opportunity to contribute our expertise to the process of developing a menu of policy options and cost-effective interventions to support Member States in promoting mental health and well-being.

Alcohol and the mental ill-health burden

Alcohol use is a key risk factor for mental health conditions. The WHO Global Alcohol Status Report 2018 says: “Alcohol use disorders (code 6C40), including alcohol dependence and harmful patterns of alcohol use, are quite common (and largely untreated) mental health conditions associated with significant morbidity and mortality. A broad range of alcohol-related social and interpersonal problems are often directly linked to alcohol intoxication.”

In fact, the ICD-11 lists 11 four-digit diagnostic categories for mental health conditions caused by alcohol.

1. Single episode of harmful use of alcohol
2. Harmful pattern of use of alcohol
3. Alcohol dependence
4. Alcohol intoxication
5. Alcohol withdrawal
6. Alcohol-induced delirium
7. Alcohol-induced psychotic disorder
8. Other alcohol-induced disorders (mood, anxiety)
9. Dementia due to use of alcohol  
10. Amnestic disorder due to use of alcohol  
11. Other specified disorders due to use of alcohol

These mental health conditions range in their severity and duration from short-term acute alcohol intoxication to life-long disabling conditions such as dementia due to the use of alcohol.

Alcohol consumption and alcohol use disorders (AUDs) are also associated with increased risk of suicides.

The WHO mental health action plan 2013–2020 acknowledges the role of alcohol use as a risk factor for mental health conditions and a high level of comorbidity of severe mental disorders with alcohol and other substance use disorders, and reinforces the synergies in implementation of the mental health action plan and the Global strategy to reduce the harmful use of alcohol.

It says on page 7: "Many risk factors such as low socioeconomic status, alcohol use and stress are common to both mental disorders and other non-communicable diseases. There is also substantial concurrence of mental disorders and substance use disorders. Taken together, mental, neurological and substance use disorders exact a high toll, accounting for 13% of the total global burden of disease in the year 2004."

Globally, at least 283 million people aged 15+ years suffer from an alcohol use disorder. That equals 5.1% of all adults worldwide, according to the WHO Global Alcohol Status Report, 2018. But health systems are insufficiently equipped to adequately deal with only this specific type of alcohol harm.

- Ca. 1 in 5 patients in the UK hospital system use alcohol heavily, and one in 10 are alcohol-dependent

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IOGT International is the premier global interlocutor for evidence-based policy measures and community-based interventions to prevent and reduce harm caused by alcohol and other drugs.

LIFE SET FREE

Web-Based Consultation
Discussion Paper Dated September 2, 2019

Develop a menu of policy options and cost-effective interventions to support Member States in implementing the commitments to promote mental health and well-being

- Only 14% of countries indicated treatment coverage of more than 40% (not even every second AUD person)
- 28% of countries have very limited or close to zero treatment coverage
- Most countries (40%) do not even know the level of treatment coverage, according to the WHO Global Alcohol Status Report, 2018.

The past 12-months prevalence of AUDs was the highest in the European Region and in the Region of the Americas:

- Europe: 66.2 million people aged 15+ years, representing 8.8% of the population of that age group
- Americas: 63.3 million, representing 8.2% of the population aged 15 years and older

Alcohol dependence (the most severe form of AUD) occurred in 2.6% of people of aged 15+ years in 2016.

- Americas: 4.1% prevalence of alcohol dependence
- Europe: 3.7% prevalence of alcohol dependence

Alcohol policy menu of options to promote mental health and well-being

Mental health promotion and prevention should be conducted in a coordinated and multisectoral approach combining universal and targeted interventions for:

- promoting mental health and preventing mental disorders;
- reducing stigmatization, discrimination and human rights violations; and
- be responsive to specific vulnerable groups across the lifespan and integrated within the national mental health and health promotion strategies.
Given the close link between alcohol and mental ill-health and given the heavy burden of alcohol use disorder contributing to the overall problem of mental ill-health, IOGT International deems it absolutely necessary that the menu of policy options and cost-effective interventions does include relevant alcohol policy measures.

We recommend that the menu of options and interventions make reference to the following four:

1. Reduce exposure to the harmful use of alcohol (by implementation of measures included in the global strategy to reduce the harmful use of alcohol).
2. Introduce brief interventions for hazardous and harmful substance use.
3. Implement programmes to prevent and address domestic violence, including attention to violence related to alcohol use.
4. Provide services and programmes to children and adults who have experienced adverse life events that a

The new WHO Technical packager to reduce and prevent alcohol harm and help achieve the SDGs, SAFER, provides a toolbox of four interventions that should be mentioned in the menu of options and interventions. These four refer to point 1 and are the following:

**Raise prices on alcohol through excise taxes and pricing policies**

Of all alcohol policy measures, the evidence is strongest that alcohol prices have an impact on alcohol consumption and alcohol-related harm. Alcohol excise taxes hold great potential as tools to improve public health, earn revenue and redress the external costs of alcohol use – including the costs to society, the economy and health systems – as well as the cost of harm caused by alcohol to persons other than alcohol users.

Price increases reduce the harms caused by alcohol. Policies that increase alcohol prices delay the initiation of alcohol use, slow young people’s
progression towards consuming larger amounts, and reduce heavy episodic use of alcohol among them. At the same time, these taxes can continue to generate a positive revenue for governments to invest in health promotion. Pricing and taxation have been assessed as a highly cost-effective best-buy interventions for NCD prevention.

**Strengthen restrictions on alcohol availability**

Public health strategies that seek to regulate the commercial or public availability of alcohol through laws, policies and programmes are important ways to reduce the general level of harmful use of alcohol. Such strategies provide essential measures to prevent easy access to alcohol by vulnerable and high-risk groups. Commercial and public availability of alcohol can have a reciprocal influence on the social availability of alcohol and can thus contribute to changing social and cultural norms that promote alcohol harm. Restriction of availability has been assessed as a highly cost-effective best-buy intervention for NCD prevention. Countries are recommended to enact and enforce regulations on the physical availability of alcohol by reducing the hours of sale (a highly cost-effective measure), by fixing an appropriate minimum age for purchase or consumption of alcoholic beverages and by reducing the density of outlets.

**Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion**

Reducing the impact of marketing – particularly on young people, adolescents and children – is an important consideration in preventing and reducing alcohol harm. The exposure of children and young people to appealing marketing is of particular concern. Advertising restrictions have been assessed as a highly cost-effective best-buy intervention for NCD prevention. Because they generally cost little to implement, and since they can influence the initiation of alcohol use and risk behaviour at population level, advertising bans and significant restrictions have
the potential to be substantially more effective than more labour-intensive interventions that seek to prevent or reduce alcohol use at the individual level.

**Facilitate access to screening, brief interventions and treatment**

Access to health services is central to tackling alcohol-related harms at individual level and community level. Concerning mental health and well-being, the importance of parents with alcohol problems (for instance) receive timely and effective help can have preventive effects for their children.

Health professionals have an important role in helping people to reduce or stop their alcohol use in order to reduce health risks, and health services must provide effective interventions both for those in need of help and for their families. There is extensive and consistent evidence that brief advice in healthcare settings reduces alcohol-related harm. Evidence strongly supports the widespread implementation of programmes of early identification and brief advice in primary care settings for persons with hazardous and harmful alcohol consumption.

Brief psychosocial interventions have been assessed as an effective intervention for NCD prevention. Comprehensive systems of screening, brief interventions and treatment have the potential not only to reduce but also to prevent alcohol-related harm (e.g. to spouses or children of parents with alcohol use disorders).

**Overall comments:**

1. We hold it is important that alcohol is addressed in the context of the new menu of options and interventions for member states.

2. IOGT International furthermore is of the opinion that the need to identify and address alcohol problems should be outlined and mainstreamed in many of the interventions currently contained in the discussion paper. For
example, there is a vast gap in competence to identify children with mental health problems growing up in homes with parental alcohol problems. This can be done by emphasizing the need for

3. It remains unclear how the new menu of options and interventions relates to the WHO Global Mental Health Action Plan 2013 – 2020 and the Appendix 2 that contains actions and options for implementation.