WHA resolution on Strategies to reduce the harmful use of alcohol: Background and follow up activities by the WHO Secretariat

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Resolution WHA 61.4

Requests the Director General:

2 (5) to submit to the Sixty-third World Health Assembly, through the Executive Board, a draft global strategy to reduce harmful use of alcohol.
Governing bodies

- The World Health Assembly
- Executive Board
- 6 Regional Committees
WHO Regional Offices and the areas they serve

- WHO Headquarters (HQ)
- WHO Regional Offices:
  - Copenhagen
  - Delhi
  - Manila
- Regions:
  - WHO African Region
  - WHO Region of the Americas
  - WHO South-East Asia Region
  - WHO European Region
  - WHO Eastern Mediterranean Region
  - WHO Western Pacific Region

*Office temporarily located in Harare, Zimbabwe
Previous World Health Assembly (WHA) resolutions

- 1979: Development of the WHO Programme on alcohol related problems
- 1983: Alcohol consumption and related problems
- 1989: Prevention and control of drug and alcohol abuse
- 2004: Health promotion
- 2005: Harmful use of alcohol
Disease burden (DALYs) in 2000 attributable to selected leading risk factors

- Underweight
- Unsafe sex
- Blood pressure
- Tobacco
- Alcohol
- Unsafe water, sanitation, and hygiene
- Cholesterol
- Indoor smoke from solid fuels
- Iron deficiency
- High Body Mass Index
- Zinc deficiency
- Fruit and vegetable intake
- Vitamin A deficiency
- Physical inactivity
- Occupational risk factors for injury
- Lead exposure
- Illicit drugs

Number of Disability-Adjusted Life Years (000s)
Leading 12 selected risk factors as causes of disease burden

<table>
<thead>
<tr>
<th>High Mortality Developing Countries</th>
<th>Low Mortality Developing Countries</th>
<th>Developed Countries</th>
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</thead>
<tbody>
<tr>
<td>1 Underweight</td>
<td>Alcohol</td>
<td>Tobacco</td>
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<td>2 Unsafe sex</td>
<td>Blood pressure</td>
<td>Blood pressure</td>
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<td>3 Unsafe water</td>
<td>Tobacco</td>
<td>Alcohol</td>
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<td>4 Indoor smoke</td>
<td>Underweight</td>
<td>Cholesterol</td>
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<td>5 Zinc deficiency</td>
<td>Body mass index</td>
<td>Body mass index</td>
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<td>6 Iron deficiency</td>
<td>Cholesterol</td>
<td>Low fruit &amp; veg. intake</td>
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<td>7 Vitamin A deficiency</td>
<td>Low fruit &amp; veg intake</td>
<td>Physical inactivity</td>
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<td>8 Blood pressure</td>
<td>Indoor smoke - solid fuels</td>
<td>Illicit drugs</td>
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<td>9 Tobacco</td>
<td>Iron deficiency</td>
<td>Unsafe sex</td>
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<td>10 Cholesterol</td>
<td>Unsafe water</td>
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</tr>
<tr>
<td>11 Alcohol</td>
<td>Unsafe sex</td>
<td>Lead exposure</td>
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<tr>
<td>12 Low fruit &amp; veg intake</td>
<td>Lead exposure</td>
<td>Childhood sexual abuse</td>
</tr>
</tbody>
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World Health Organization
Alcohol-attributable global burden of disease 2002

Alcohol-attributable DALYs
- 0.25% - 1.00%
- 1.00% - 4.00%
- 4.00% - 6.00%
- 6.00% - 9.00%
- 9.00% - 17.00%
1 Urges member states:

(1) to collaborate with the Secretariat in developing a draft global strategy on harmful use of alcohol based on all evidence and best practices, in order to support and complement public health policies in Member States, with special emphasis on an integrated approach to protect at-risk populations, young people and those affected by harmful drinking of others;
2. 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;
(2) to ensure that the draft global strategy will include a set of proposed measures recommended for States to implement at the national level, taking into account the national circumstances of each country;
(3) to include full details of ongoing and emerging regional, subregional and national processes as vital contributions to a global strategy;
(4) to collaborate and consult with Member States, as well as consult with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol;
Timetable

2008: 3-31 Oct: Public hearing
       6 Nov: Roundtable with EOs
       24-25 Nov: Roundtable with NGOs
2009: Jan – Apr. 09: Regional Technical consultations
       Apr: Meeting with IGOs
       Des: Draft strategy sent out for EB meeting
2010: Jan : EB meeting
       Apr: Draft (revised) strategy sent out for WHA
       May: WHA63
Conclusion

- This could be an important milestone for public health initiatives to reduce harmful use of alcohol
- Collaboration with the MS is important during the entire process and your involvement will be highly appreciated.
- The key will be to find ways to have appropriate and ongoing efforts also at the global level
Thank you for your attention!
This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission’s or Health & Consumer Protection DG’s views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.