A global strategy to reduce the harmful use of alcohol
Global strategy to reduce the harmful use of alcohol

- Endorsed by the World Health Assembly in May 2010

- Developed through a long and intense collaboration between the WHO Secretariat and Member States.

- All important stakeholders were consulted in the process, including the industry and NGOs.

- The strategy gives guidance to Member States and defines priority areas for global action.

- Represents a unique consensus among our 193 Member States on ways to tackle harmful use of alcohol at all levels.
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
Percentage of disability-adjusted life years (DALYs) attributed to 19 leading risk factors, by country income level, 2004

- Childhood underweight
- Unsafe sex
- Alcohol use
- Unsafe water, sanitation, hygiene
- High blood pressure
- Tobacco use
- Suboptimal breastfeeding
- High blood glucose
- Indoor smoke from solid fuels
- Overweight and obesity
- Physical inactivity
- High cholesterol
- Occupational risks
- Vitamin A deficiency
- Iron deficiency
- Low fruit and vegetable intake
- Zinc deficiency
- Illicit drugs
- Unmet contraceptive need

Per cent of global DALYs (total: 1.53 billion)
Alcohol attributable deaths per million inhabitants by income groups in 2004 (WHO, 2009)
Lifetime abstention, 2004
Number of DALYs lost attributed to 10 leading risk factors for the age group 15 to 59 years old in the world in 2005. (WHO, 2009)

- Alcohol use
- Unsafe sex
- Tobacco use
- High blood glucose
- Occupational risks
- High blood pressure
- Overweight and obesity
- High cholesterol
- Physical inactivity
- Iron deficiency
Population attributable fractions (%) for total male deaths by age groups and regions
Distribution of all alcohol attributable deaths and DALYs by disease and injury in 2004 (WHO, 2009).
Structure of the strategy

- Setting the scene
- Challenges and opportunities
- Aims and objective
- Guiding principles
- Policy options and interventions (national level)
- Global action: Key roles and components
- Implementing the strategy
The global strategy:

- complements and supports public health policies in Member States;
- gives guidance for action at all levels;
- sets priority areas for global action;
- contains a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level.

The vision behind the global strategy is improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences. It is envisaged that the global strategy will promote and support local, regional and global actions to prevent and reduce the harmful use of alcohol.
### 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
Next steps

• Release of the WHO Global Status Report on Alcohol and Health (2010).

• Establishing a global network of WHO counterparts for implementation of the global strategy. The network will meet in Geneva in February 2011 to discuss the implementation mechanisms.

• Consultations with NGOs, EOs 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.
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
Further information at

http://www.who.int/substance_abuse/
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