

Are we addressing alcohol attributable deaths properly?

Francisco Goiana-da-Silva, MD, MSc, MIM, PhDc
Junior Consultant, Alcohol and illicit drugs





SUSTAINABLE DEVELOPMENT GOALS

17 GOALS TO TRANSFORM OUR WORLD



Alcohol and "substance abuse" in Sustainable Development Goals 2030

SDG Agenda: 17 goals (1 health), 169 targets (13 health) adopted at the United Nations Sustainable Development Summit in 25 – 27 September 2015



Ensure healthy lives and promote well-being for all at all ages
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

- 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
- 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

Are we on track for meeting the global target for harmful use of alcohol in the NCD Global Monitoring Framework and advancing SDG health target 3.5?

Global alcohol exposure between 1990 and 2017 and forecasts until 2030: a modelling study

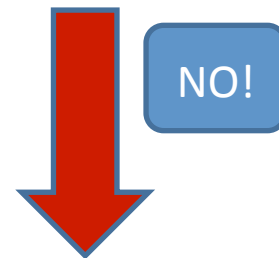


Jakob Manthey, Kevin D Shield, Margaret Rylett, Omer S M Hasan, Charlotte Probst, Jürgen Rehm

Summary

Background Alcohol use is a leading risk factor for global disease burden, and data on alcohol exposure are crucial to evaluate progress in achieving global non-communicable disease goals. We present estimates on the main indicators of alcohol exposure for 189 countries from 1990–2017, with forecasts up to 2030.

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[http://dx.doi.org/10.1016/S0140-6726\(18\)32744-3](http://dx.doi.org/10.1016/S0140-6726(18)32744-3)



Interpretation Based on these data, global goals for reducing the harmful use of alcohol are unlikely to be achieved, and known effective and cost-effective policy measures should be implemented to reduce alcohol exposure.

Alcohol Consumption

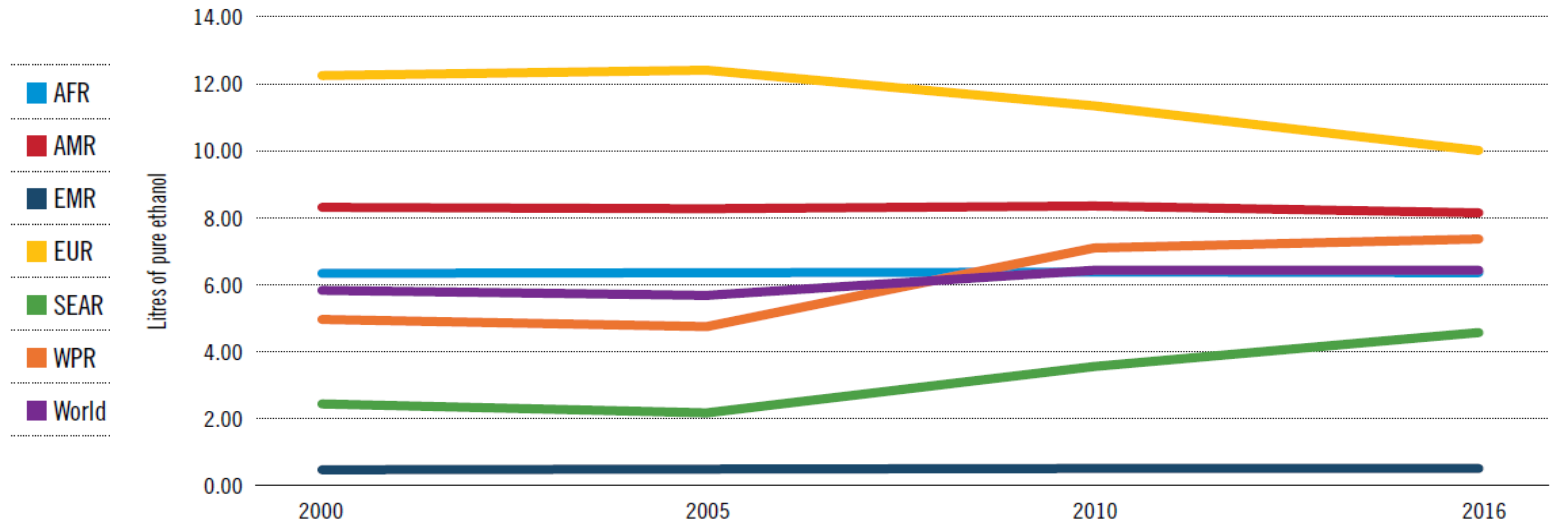


Global Status Report on Alcohol and Health 2018

- Developed in the context of SDG 2030 agenda
- Based on the data collected in the WHO Global Survey on Alcohol and Health 2016
- Contains alcohol-related statistics for 2016
- Special focus on SDG and NCD GMF indicators and trends since 2010.

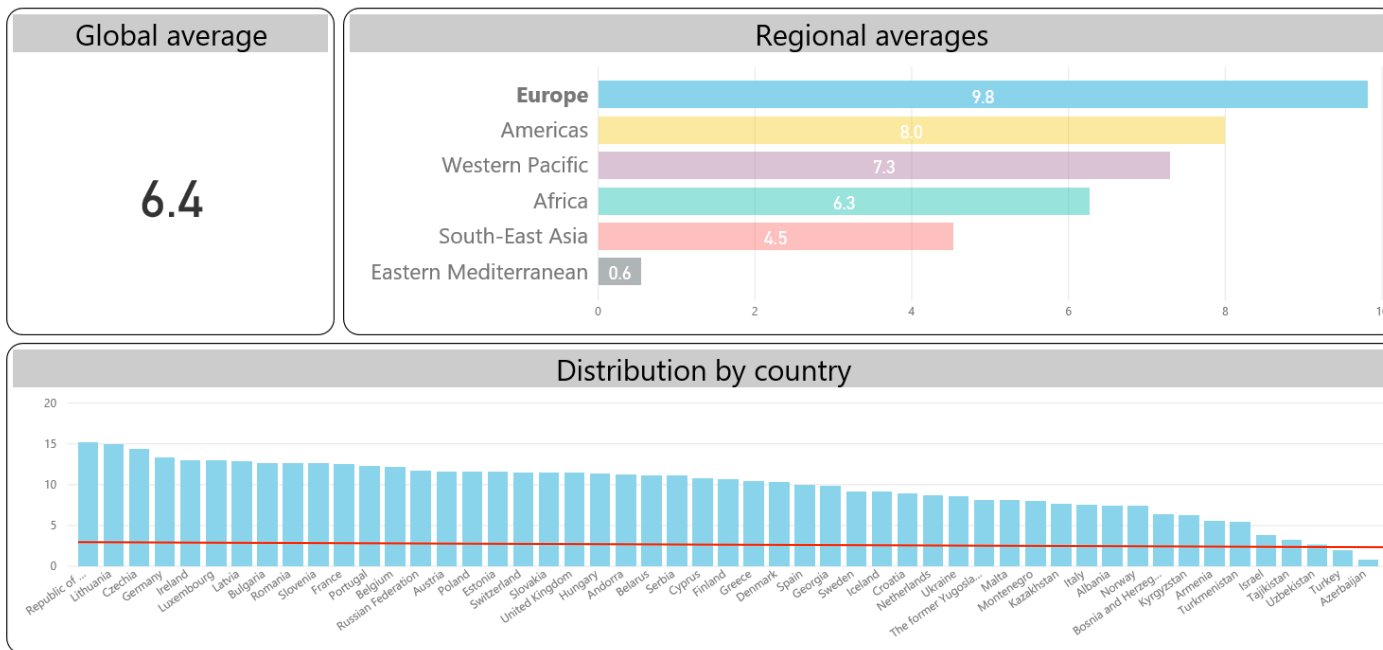


Trends in total alcohol per capita consumption (APC) (15+ years) in litres of pure alcohol in WHO regions, 2000–2016

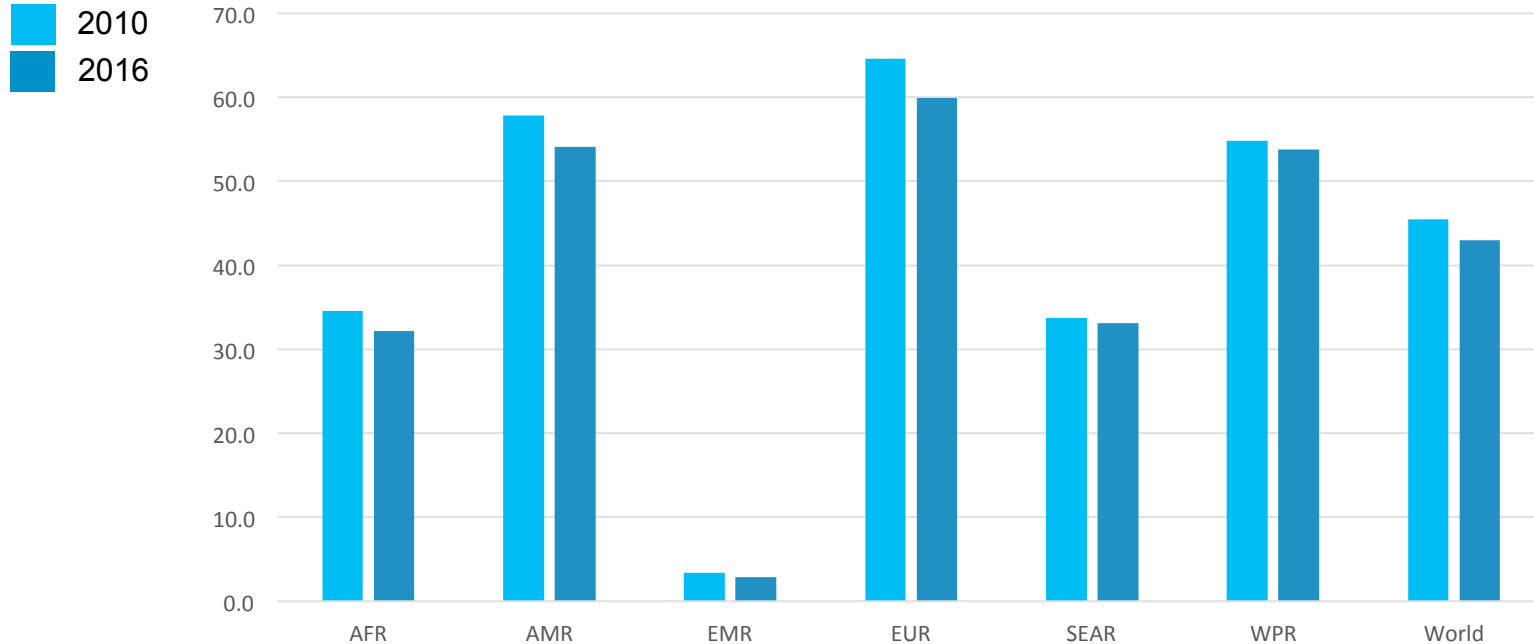


Total alcohol per capita consumption (APC) (15+ years) in litres of pure alcohol in WHO regions, 2000–2016

Globally alcohol consumption in 2016 was estimated to be 6.4 liters of pure alcohol per person aged 15 or older



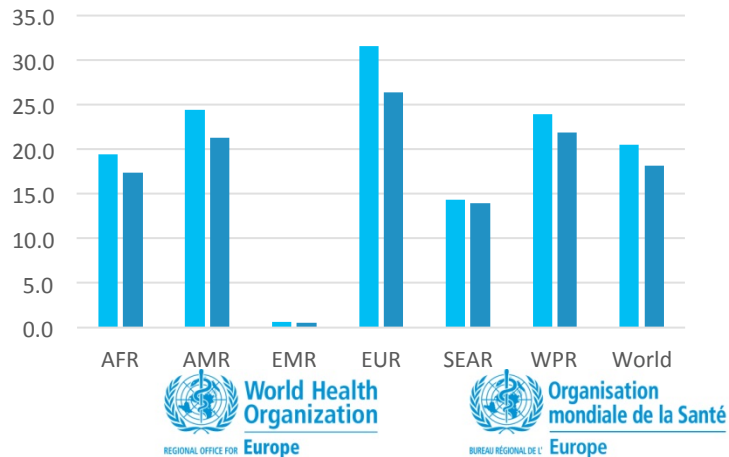
Percentage (in %) of current drinkers, among the total population (15+ years) by WHO region and the world, 2016



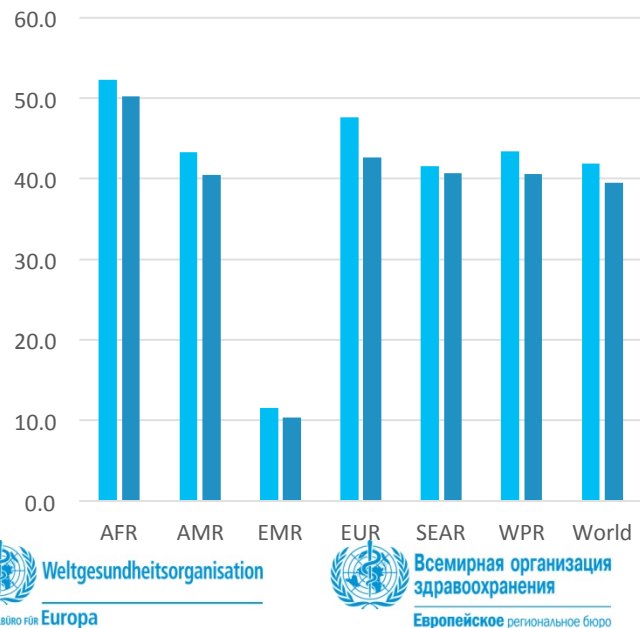
Prevalence (in %) of heavy episodic drinking (HED) in the total population aged 15+ years and among drinkers (15+ years) by WHO region and the world, 2000–2016



Total population

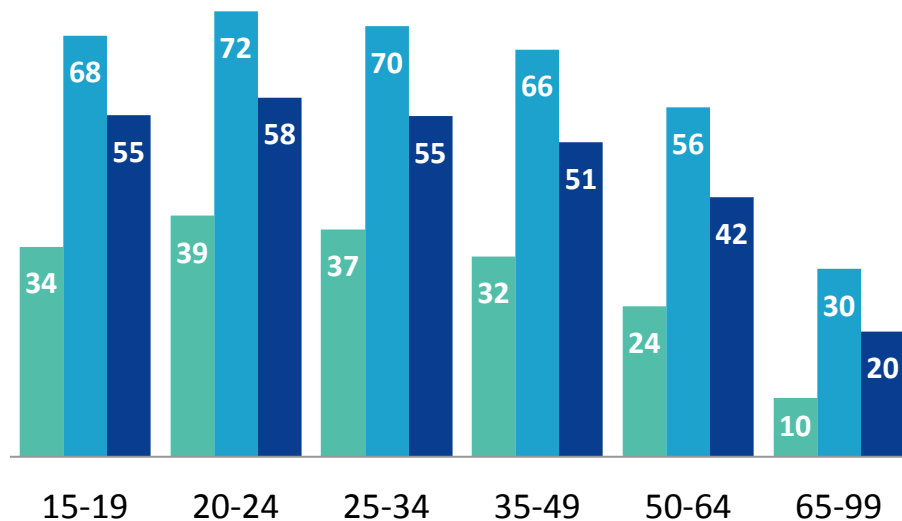


Drinkers only



HEAVY EPISODIC DRINKING (%) AMONG CURRENT DRINKERS BY AGE GROUP, 2016

More than half of the male drinkers between 15 and 64 years engaged in heavy episodic drinking in 2016

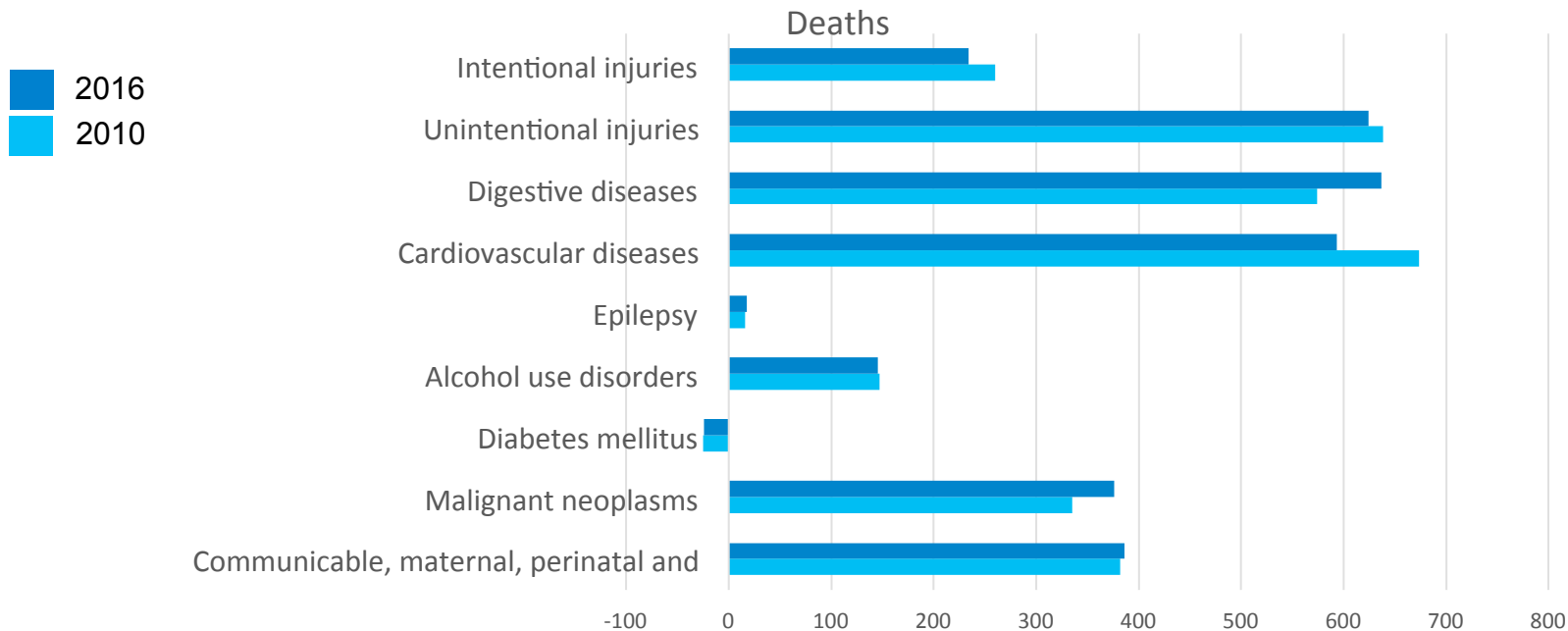


Female
Male
Total

Health Consequences



Deaths (thousands) attributable to alcohol consumption, by cause, 2010–2016



Leading risk factors by attributable DALYs 1990-2006-2016 for men

(GBD Risk Factors Collaborators, *Lancet*, 2017, 390: 1345-422)

Leading risks 1990

Leading risks 2006

Mean % change in number of DALYs 1990-2006

Mean % change in all-age DALY rate 1990-2006

Mean % change in age-standardised DALY rate 1990-2006

Leading risks 2016

Mean % change in number of DALYs 2006-16

Mean % change in all-age DALY rate 2006-16

Mean % change in age-standardised DALY rate 2006-16

| Leading risks 1990 | Leading risks 2006 | Mean % change in number of DALYs 1990-2006 | Mean % change in all-age DALY rate 1990-2006 | Mean % change in age-standardised DALY rate 1990-2006 | Leading risks 2016 | Mean % change in number of DALYs 2006-16 | Mean % change in all-age DALY rate 2006-16 | Mean % change in age-standardised DALY rate 2006-16 |
|---------------------------------------|---------------------------------------|--|--|---|---------------------------------------|--|--|---|
| 1 Child growth failure | 1 Smoking | 18.5 | -5.3 | -20.1 | 1 Smoking | 2.1 | -9.3 | -20.4 |
| 2 Low birthweight and short gestation | 2 Low birthweight and short gestation | -24.4 | -39.6 | -24.8 | 2 High blood pressure | 16.2 | 3.2 | -10.5 |
| 3 Smoking | 3 High blood pressure | 32.3 | 5.8 | -12.4 | 3 Low birthweight and short gestation | -28.3 | -36.3 | -27.8 |
| 4 High blood pressure | 4 Child growth failure | -45.9 | -56.8 | -46.7 | 4 Alcohol use | 2.6 | -8.8 | -15.5 |
| 5 Household air pollution | 5 Alcohol use | 35.4 | 8.2 | -5.4 | 5 High fasting plasma glucose | 19.5 | 6.2 | -7.2 |
| 6 Ambient particulate matter | 6 High fasting plasma glucose | 59.7 | 27.6 | 7.2 | 6 High body-mass index | 31.0 | 16.4 | 2.8 |
| 7 Unsafe water | 7 Ambient particulate matter | -2.6 | -22.2 | -22.5 | 7 Ambient particulate matter | 4.2 | -7.4 | -14.2 |
| 8 Alcohol use | 8 Household air pollution | -24.7 | -39.8 | -37.8 | 8 High total cholesterol | 13.3 | 0.6 | -11.6 |
| 9 Unsafe sanitation | 9 High body-mass index | 63.3 | 30.5 | 10.0 | 9 Child growth failure | -42.3 | -48.8 | -43.8 |
| 10 High fasting plasma glucose | 10 High total cholesterol | 31.1 | 4.8 | -13.4 | 10 Household air pollution | -27.4 | -35.5 | -38.3 |
| 11 No access to handwashing facility | 11 Unsafe water | -32.5 | -46.0 | -37.6 | 11 Low fruit | 2.2 | -9.1 | -19.8 |
| 12 High total cholesterol | 12 Unsafe sex | 300.9 | 220.4 | 198.8 | 12 Low whole grains | 10.3 | -2.0 | -13.5 |
| 13 High body-mass index | 13 Low fruit | 22.5 | -2.1 | -17.3 | 13 Impaired kidney function | 18.9 | 5.6 | -6.3 |
| 14 Low fruit | 14 Unsafe sanitation | -35.6 | -48.5 | -40.5 | 14 Low nuts and seeds | 12.0 | -0.5 | -12.0 |
| 15 Low whole grains | 15 Low whole grains | 22.8 | -1.8 | -17.6 | 15 High sodium | 12.8 | 0.2 | -13.4 |
| 16 Suboptimal breastfeeding | 16 Impaired kidney function | 37.8 | 10.1 | -5.0 | 16 Unsafe water | -34.6 | -41.8 | -39.4 |
| 17 High sodium | 17 No access to handwashing facility | -29.3 | -43.5 | -34.2 | 17 Unsafe sex | -35.3 | -42.5 | -43.8 |
| 18 Occupational injury | 18 Low nuts and seeds | 32.4 | 5.8 | -11.9 | 18 Drug use | 9.1 | -3.0 | -5.7 |
| 19 Impaired kidney function | 19 High sodium | 7.3 | -14.2 | -28.3 | 19 Low vegetables | 3.0 | -8.5 | -19.3 |
| 20 Low nuts and seeds | 20 Low vegetables | 14.9 | -8.2 | -22.7 | 20 Low omega 3 | 12.1 | -0.4 | -12.0 |
| 21 Low vegetables | 21 Drug use | 55.9 | 24.6 | 17.6 | 21 Unsafe sanitation | -39.3 | -46.1 | -43.9 |
| 22 Second-hand smoke | 22 Occupational injury | -14.8 | -31.9 | -36.0 | 22 Occupational injury | -2.0 | -12.9 | -14.4 |
| 23 Low omega 3 | 23 Low omega 3 | 35.9 | 8.6 | -8.9 | 23 No access to handwashing facility | -34.0 | -41.4 | -38.5 |
| 24 Vitamin A deficiency | 24 Suboptimal breastfeeding | -48.4 | -58.7 | -48.9 | 24 Occupational carcinogens | 18.7 | 5.5 | -8.0 |
| 25 Drug use | 25 Occupational carcinogens | 29.9 | 3.8 | -12.0 | 25 Low physical activity | 18.8 | 5.6 | -9.6 |
| 26 Iron deficiency | 26 Low physical activity | 33.0 | 6.3 | -13.1 | 26 Iron deficiency | 4.2 | -7.4 | -3.4 |
| 27 Unsafe sex | 27 Iron deficiency | 17.3 | -6.2 | 3.4 | 27 Low fibre | 9.5 | -2.7 | -12.9 |
| 28 Occupational carcinogens | 28 Low fibre | 34.3 | 7.3 | -10.3 | 28 Lead | 5.7 | -6.0 | -15.5 |
| 29 Low physical activity | 29 Second-hand smoke | -39.3 | -51.5 | -42.6 | 29 Low legumes | 7.3 | -4.7 | -15.1 |
| 30 Low fibre | 30 Lead | 33.5 | 6.7 | -5.3 | 30 Second-hand smoke | -10.8 | -20.7 | -21.7 |
| 32 Lead | 31 Low legumes | | | | 33 Suboptimal breastfeeding | | | |
| 33 Low legumes | 36 Vitamin A deficiency | | | | | | | |

The WHO European Region struggles with one of the highest levels of alcohol-related deaths in the world

1 million people died in the European Region as a result of alcohol

2500 people per day

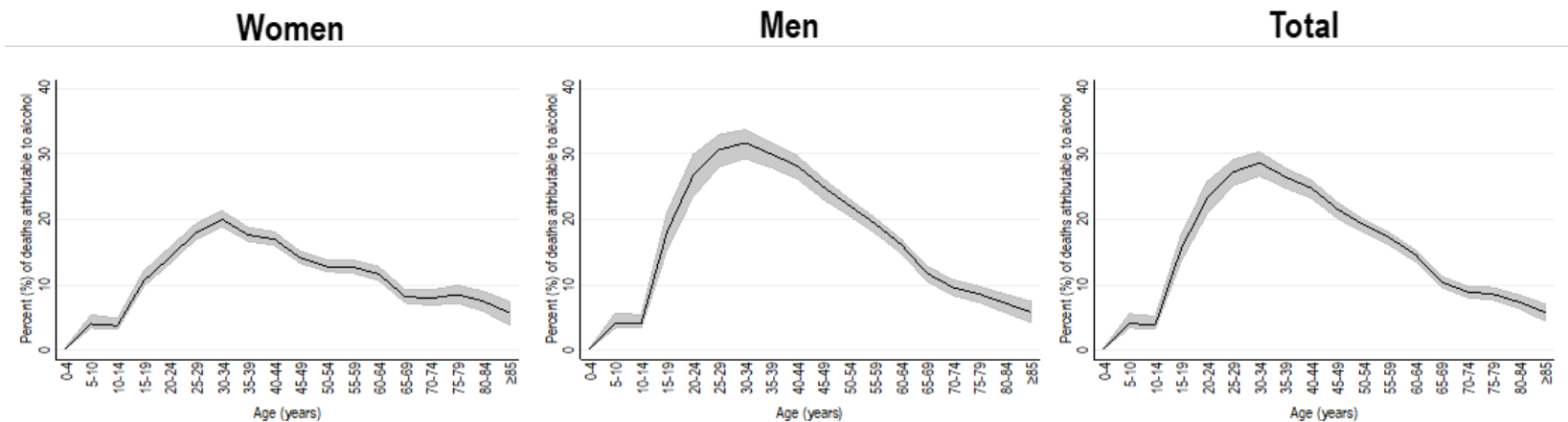
13 SDG | 52 Targets Affected

| Cause of death | Women | | Men | | Total | |
|--|---------|-------|---------|-------|---------|-------|
| | Number | % | Number | % | Number | % |
| Communicable disease | 8,992 | 2.5 | 28,785 | 5.0 | 37,777 | 4.1 |
| Noncommunicable disease^a | 316,739 | 88.7 | 412,516 | 72.1 | 729,256 | 78.5 |
| Cancer | 35,635 | 10.0 | 96,937 | 17.0 | 132,572 | 14.3 |
| Alcohol-use disorders | 11,319 | 3.2 | 46,207 | 8.1 | 57,526 | 6.2 |
| Cardiovascular diseases | 240,783 | 67.5 | 180,002 | 31.5 | 420,784 | 45.3 |
| Liver cirrhosis | 34,837 | 9.8 | 74,185 | 13.0 | 109,022 | 11.7 |
| Injury | 31,242 | 8.8 | 130,567 | 22.8 | 161,808 | 17.4 |
| Unintentional injury | 19,729 | 5.5 | 75,113 | 13.1 | 94,842 | 10.2 |
| Intentional injury | 11,513 | 3.2 | 55,453 | 9.7 | 66,967 | 7.2 |
| Harm to others – traffic | 5,088 | 1.4 | 11,297 | 2.0 | 16,385 | 1.8 |
| All alcohol-attributable causes | 356,973 | 100.0 | 571,868 | 100.0 | 928,841 | 100.0 |

- Direct costs to the household frequently underestimated
- Loss of job/unemployment
- Massive costs: European Union - €156 billion yearly

Proportion of deaths caused by alcohol by age and sex in the WHO European Region in 2016

Compared to other major noncommunicable disease risk factors such as tobacco use, a relatively high proportion of alcohol harm occurs early in the life-course.

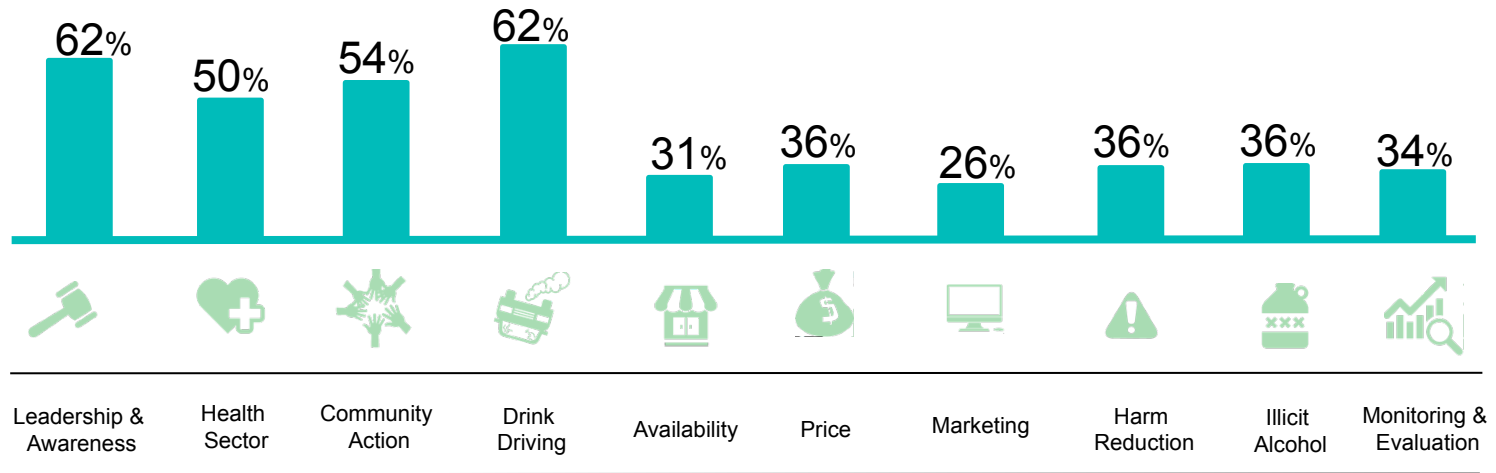


Alcohol policy and interventions



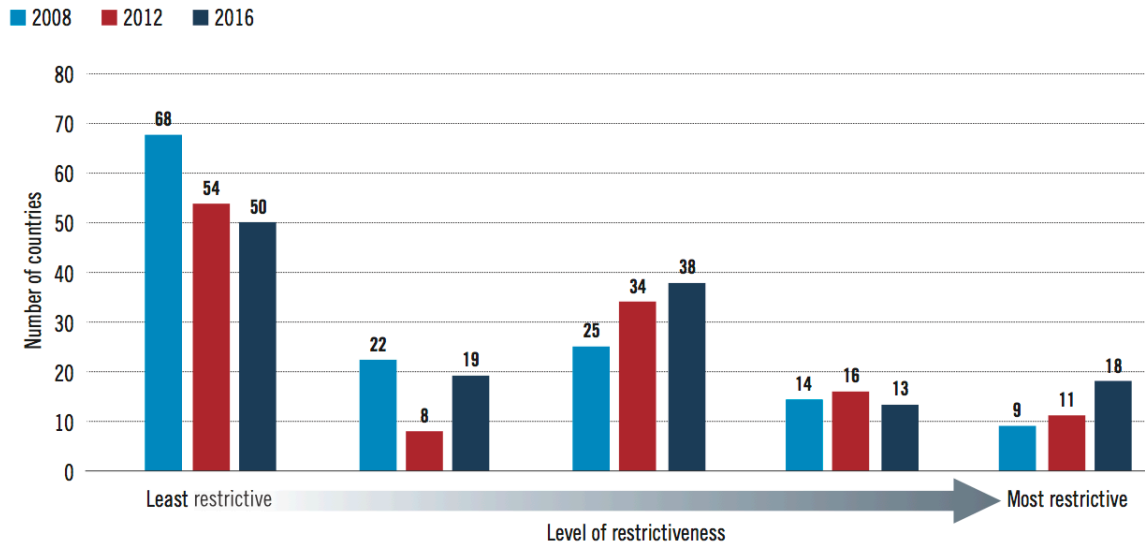
The Big Picture from the 2015 Survey

Percent of responding countries reporting an overall increase in each priority area

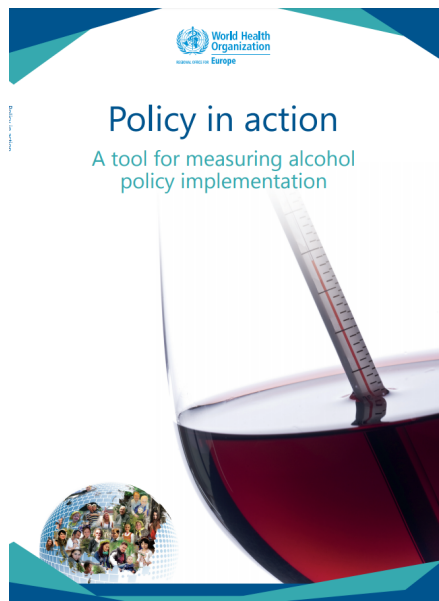


Trends in restrictiveness of marketing policies, 2008-2016

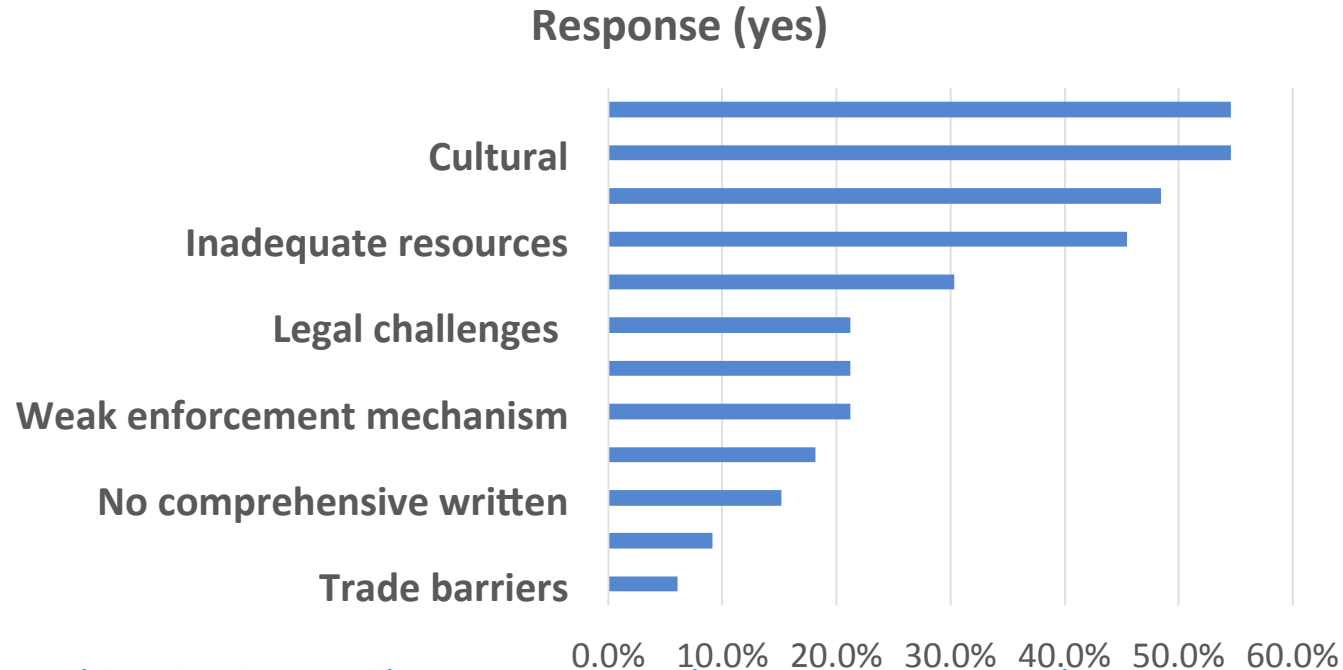
(n =144 reporting countries)



Levels of alcohol policy implementation in the WHO European Region in 2016



What have been the main difficulties/barriers/setbacks in these policy areas since 2016? (EUROPE, n=33)



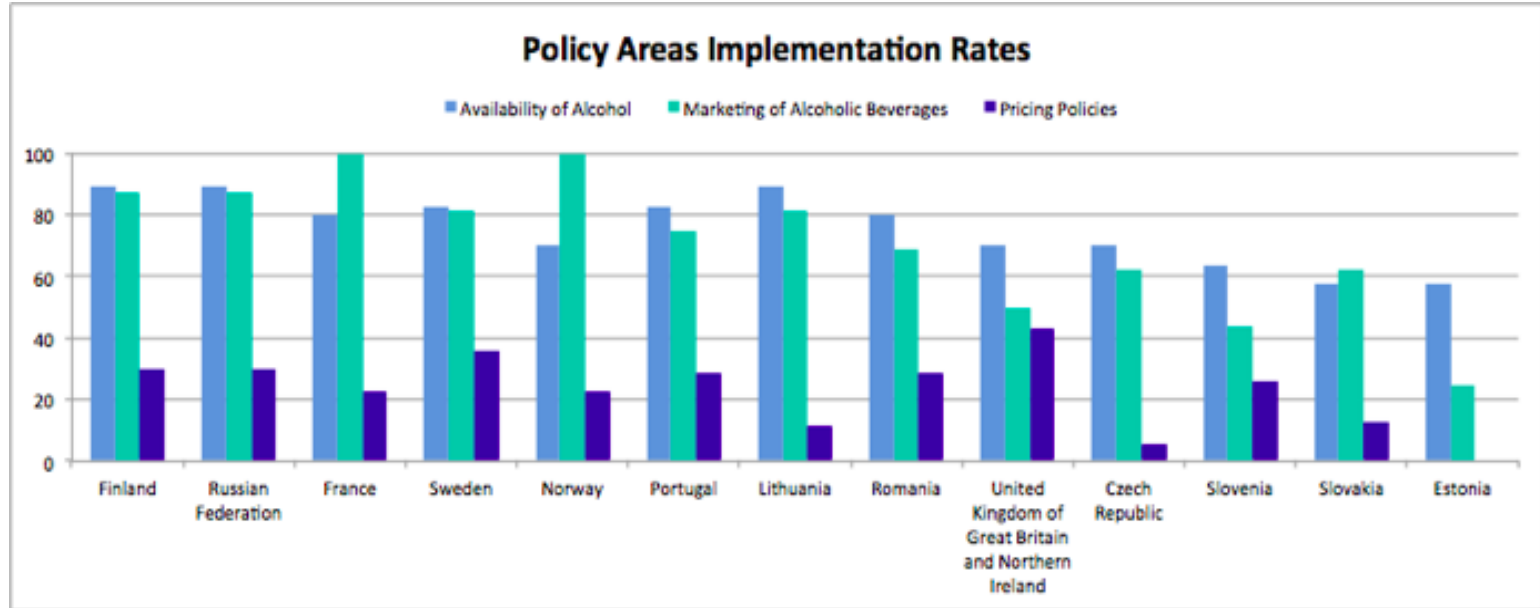
Consultation on the Implementation in the WHO European Region



Primary barriers to implementing alcohol policies

In the WHO Global Alcohol Policy Survey 2015, 11 countries noted limited or reduced availability of funding as a key barrier to implementing alcohol policies. Hungary, Germany and Romania pointed to inadequate cross-sectoral cooperation as a challenge. Seven countries listed lobbying and opposition from the alcohol industry as barriers to introducing changes in alcohol policy, while Ireland described lobbying by alcohol providers as undermining health reforms. Germany, Finland, Romania, Belgium, Latvia and Czechia described societal attitudes towards drinking and cultural resistance as barriers to successful implementation of alcohol policies. Additional barriers reported by responding countries included lack of enforcement, slow political progress and lack of political will to introduce reforms.

Why aren't we implementing?



CORRESPONDENCE | [VOLUME 4, ISSUE 10, PE493, OCTOBER 01, 2019](#)

Implementing the European Action Plan on Alcohol

[Francisco Goiana-da-Silva](#)  • [David Cruz-e-Silva](#) • [Mikaela Lindeman](#) • [Matilda Hellman](#) • [Colin Angus](#) • [Thomas Karlsson](#) • et al.

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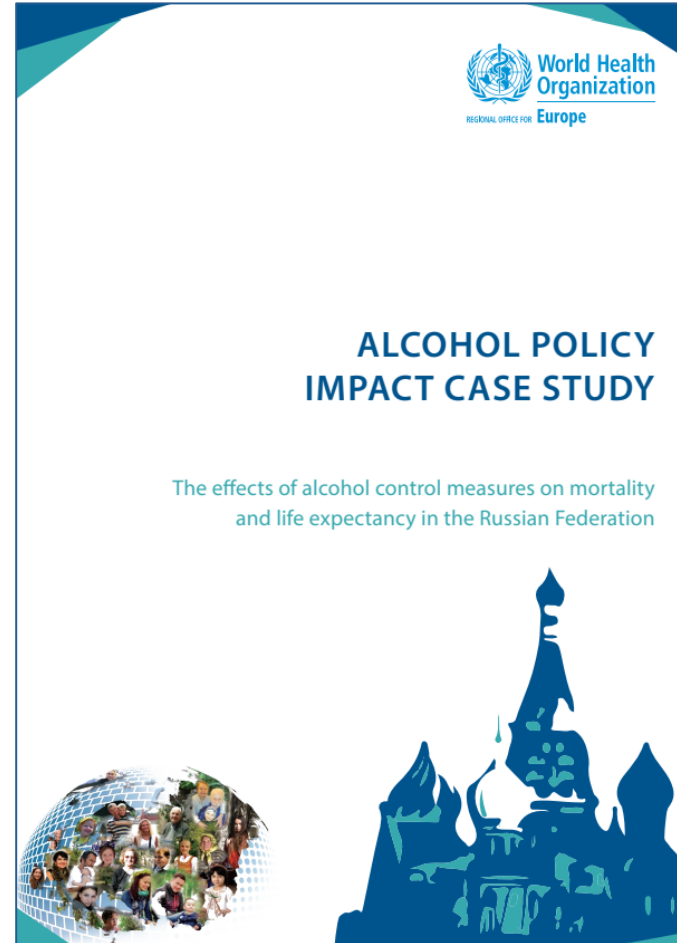
 [PlumX Metrics](#)

The [report](#) on the European region consultation on the implementation and achievements of the EAPA 2012–2020 highlights the need for a new [roadmap](#) that will, first, aim to strengthen the [implementation](#) of the EAPA at the country level and, second, to support member states to achieve targets set in important public health [commitments](#), such as those related to reducing non-communicable diseases and achieving the Sustainable Development Goals.

Closing the Implementation gap: the key to reduce alcohol consumption?



Once upon a time in Russia ...



Policies do matter!

What was there (2003)

- 30 litres alcohol per capita consumption in men and 11 litres in women
- 90% heavy episodic drinking in men, 68% in women (drinkers only)
- One out of two men of working age dies prematurely because of alcohol
- Life expectancy is 59 for men and 72 for women

What was done (since 2003)

- Restrictions of alcohol marketing (TV, radio, billboards...)
- Restrictions of alcohol availability (night ban on off-premises sale, ban on internet sale)
- Higher alcohol pricing (increase in excise rates, introduction of minimum unit price)
- Introduction of an automated monitoring system for production and retail sale (real time tracking)

What were the outcomes (2016/2018)

- 19 litres alcohol per capita consumption in men and 6 litres in women → **40% drop for both sexes**
- 79% heavy episodic drinking in men, 44% in women (drinkers only)
- Life expectancy is 68 for men and 78 for women → **increase 9 years on life expectancy for men**

Relationship between alcohol consumption and life expectancy



Conclusions

- With 3 million alcohol-attributable deaths in 2016 and well-documented adverse impacts on the health and well-being of individuals and populations, it is a public health imperative to strengthen and sustain efforts to reduce the harmful use of alcohol worldwide.
- A significant body of evidence has accumulated on the effectiveness of alcohol policy options, but often the most cost-effective policy measures and interventions are not implemented or enforced, and the alcohol-attributable disease burden continues to be extraordinarily large.
- The wealth of data and analyses available can provide new grounds for advocacy, raising awareness, reinforcing political commitments and promoting global action to reduce the harmful use of alcohol.

