Alcohol must be 'top public health priority'

Written by Gauden Galea and Lars Møller on 27 November 2014 in Feature

Raising awareness and developing a common evidence base are crucial to reducing alcohol-related harm, write Gauden Galea and Lars Møller.

Alcohol is one of the world’s top priority public health areas and one of the main risk factors for non-communicable diseases. Even though only half the world’s population drinks alcohol, it is the world’s fifth leading cause of ill health and premature death.

In western Europe it is the sixth leading risk factor and in eastern Europe it is the number one risk factor. The WHO European region remains the area of the world with the highest levels of alcohol consumption and alcohol-related harm. From 2008 to 2010, the European average for recorded alcohol consumption for adults (≥ 15 years) was 10.9 L of pure alcohol.

Although this represents a 10 per cent decline from 2003-2005, in some areas of Europe, consumption is increasing. Most alcohol is drunk in heavy drinking occasions, which worsens all risks. In particular, heavy drinking sessions are a cause of all types of intentional and unintentional injuries, and of ischaemic heart disease, cancers and sudden death.
Alcohol harms people other than the drinker, whether through violence on the street, domestic violence in the family, or simply using up government resources, notably through the costs of providing healthcare and dealing with crime and disorder.

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The real absolute risk of dying from an adverse alcohol-related condition increases with the total amount of alcohol consumed over a lifetime. For many conditions, including alcohol-related cancers, the risk is increased at even low levels of consumption, and, according to the international agency on research on cancer, there is no threshold for the effect of alcohol - the risk starts from any level of consumption above zero.

Taking into account a life-course view, exposure to alcohol during pregnancy can impair the brain development of the foetus and is associated with intellectual deficits that become apparent later in childhood. The adolescent brain is particularly susceptible to alcohol and the longer the onset of consumption is delayed, the less likely it is that problems and alcohol dependence will emerge in adult life.

Alcohol is also an intoxicant affecting a wide range of structures and processes in the central nervous system which - interacting with personality characteristics, associated behaviour and sociocultural expectations - are causal factors for intentional and unintentional injuries, harm to people other than the drinker and drink-driving fatalities.

The WHO European region member states adopted the first action plan on alcohol in 1992, and since then, a number of policy papers have been produced. At the global level, all member states adopted the global strategy to reduce the harmful use of alcohol in 2010, which was followed by the European action plan to reduce the harmful use of alcohol 2012-2020, which was adopted in 2011.

The action plan has been used as a guidance tool for member states in drafting new national plans or revising existing plans. In line with EU’s Health 2020, it covers 10 action areas that clearly advocate for inter-sectoral actions, as many different sectors need to collaborate in order to achieve sustainable results.

The WHO policy options are in line with the recommendations of the EU alcohol strategy, which have been focused on five priority themes for action: protection of young people, children and the unborn child; reducing injuries and deaths from alcohol-related road accidents; addressing alcohol-related harm among adults; raising awareness; and finally, working with partners to develop and maintain a common evidence base at the EU level and to monitor progress as well support new studies on effective alcohol policies.

The WHO regional office for Europe has worked closely with the commission, especially in monitoring consumption, harm and policy responses, and the regional office and commission jointly established the European information system on alcohol and health.

The main contributions of the EU strategy are the establishment of a solid network of experts support for research activities, conferences and meetings; and the added value of targeting cross-border issues like taxation, marketing, labelling and availability of alcohol products.

The committee on national alcohol policy and action is currently drafting a scoping paper for the commission to emphasise the need for a new strategy on alcohol, and WHO is very eager to again
take an active role in the implementation, as well as to continue to work collaboratively with the European commission to monitor trends and to create platforms for data reporting and analysis of the alcohol situation in member states.

About the author

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