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Global alcohol policy and the reduction of attributable harm

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Potential conflicts of interest (last 5 years)

Research grants, travel assistance and honoraria from Lundbeck for work on alcohol dependence and estimation of prevalence and need for treatment (up to 2015)

International Organizations

THE CURRENT BASIS OF ALCOHOL POLICY

63rd World Health Assembly

(17-21 May, 2010)

Adopted the resolution WHA63.13 "Global strategy to reduce the harmful use of alcohol"

WHO Global Strategy – target areas

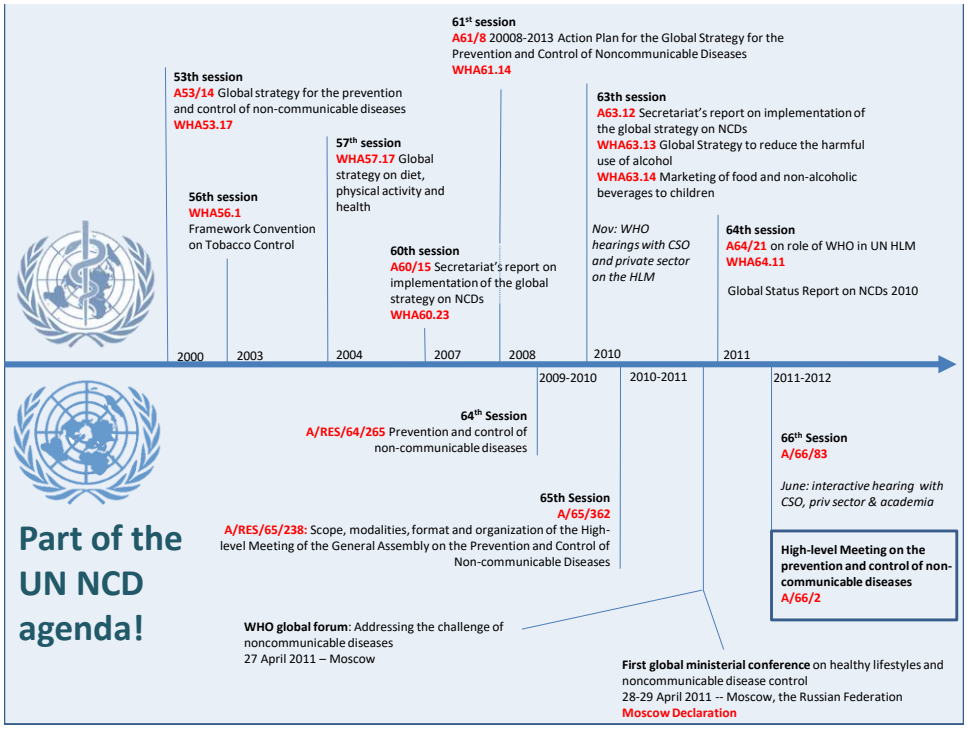
- Leadership, awareness and commitment
- Health services' response
- Community action
- Drink–driving policies and countermeasures
- Availability of alcohol (**best buy: => restriction**)
- Marketing of alcoholic beverages (**best buy: => ban of marketing and advertisement**)
- Pricing policies (**best buy: => taxation increases**)
- Reducing the negative consequences of drinking and alcohol intoxication
- Reducing the public health impact of illicit alcohol and informally produced alcohol
- Monitoring and surveillance

World Health Organization

WORLD ECONOMIC FORUM
COMMITTED TO IMPROVING THE STATE OF THE WORLD

From Burden to "Best Buys"

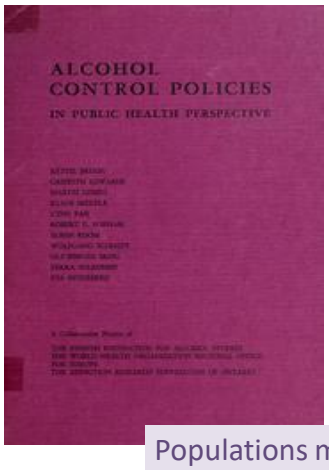
"Cost-effectiveness summarizes the efficiency with which an intervention produces health outcomes. A 'highly cost-effective' intervention is defined as one that generates an extra year of healthy life (equivalent to averting one disability-adjusted life year) for a cost that falls below the average annual income or gross domestic product [GDP] per person […]. **A 'best buy' is a more pragmatic concept that extends beyond the economic efficiency and cost-effectiveness of an intervention. It is defined as an intervention for which there is compelling evidence that is not only highly cost-effective but is also feasible, low-cost and appropriate to implement within the constraints of the local health system."**



Where do these policy recommendations such as the "best buys" come from, and how do they impact on reality?

THEORETICAL BASIS AND REALITY

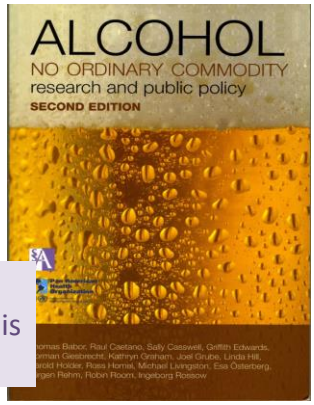
From the purple book to ANOC…



British Journal of Addiction 80 (1985) 83–99

The Collectivity of Drinking Cultures: A Theory of the Distribution of Alcohol Consumption.*

Ole-Jørgen Skog, dr. philos.

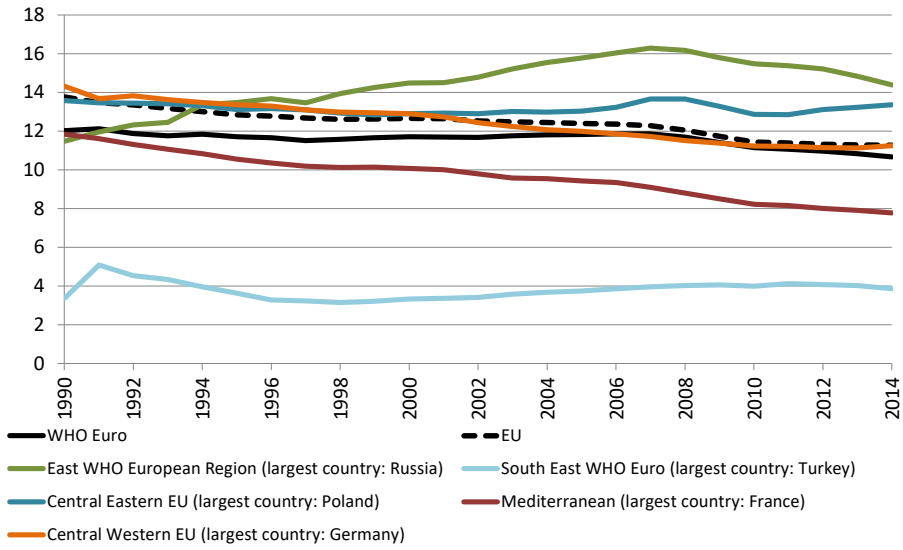


Populations marching in concert -> Reducing population consumption is key!

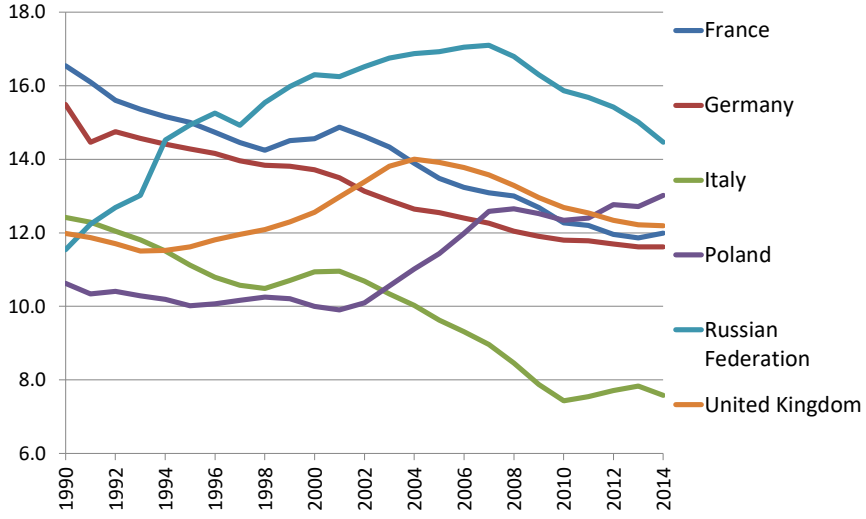
The reality

- Despite almost yearly success declarations, global strategies and alcohol actions plans of WHO, alcoholic beverages have become more available in recent years (in terms of proportion of real income spent per standard drink, and in terms of physical availability) and bans of marketing and advertisement are scarce.
- Moreover, trends in consumption in several countries and regions seem to be independent of policy (explained by “saturation” or the like).
- Thus in WHO European region and more so in the EU alcohol consumption declined despite higher availability over the past 25 years.

Trends in adult per capita alcohol consumption in the WHO European Region and selected sub-regions, 1990-2014 (in litres of pure alcohol per year)



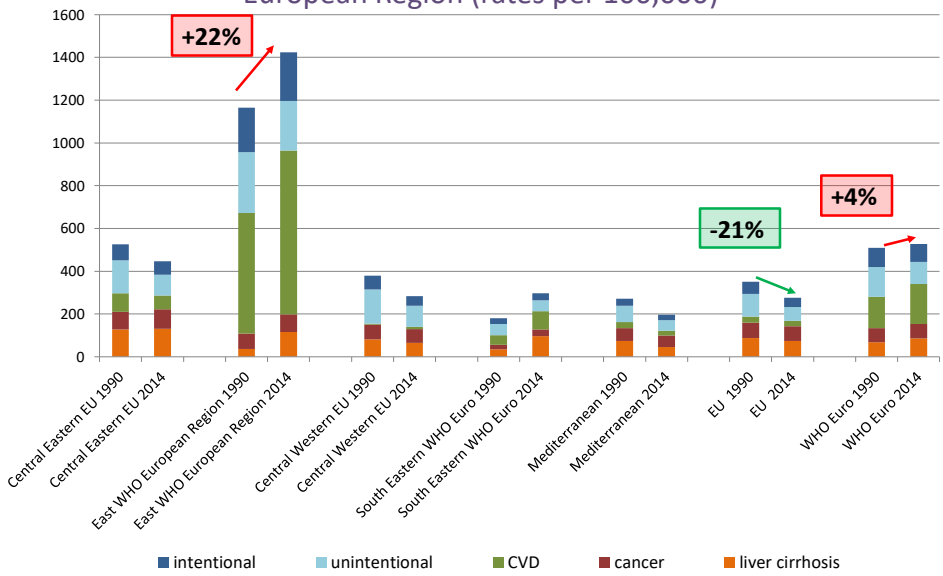
And there is even more variation between consumption and policy on the country level



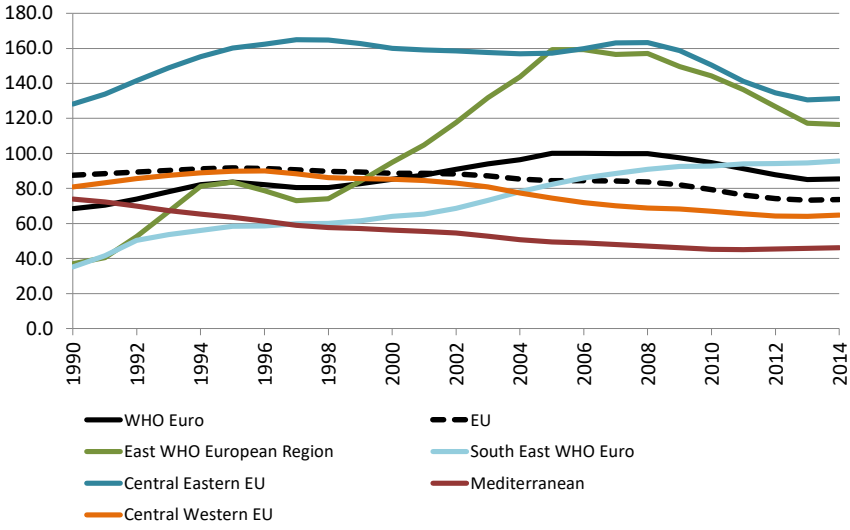
And worse of all for our beliefs: while consumption went down, alcohol attributable mortality went up!

- What happened, and where?

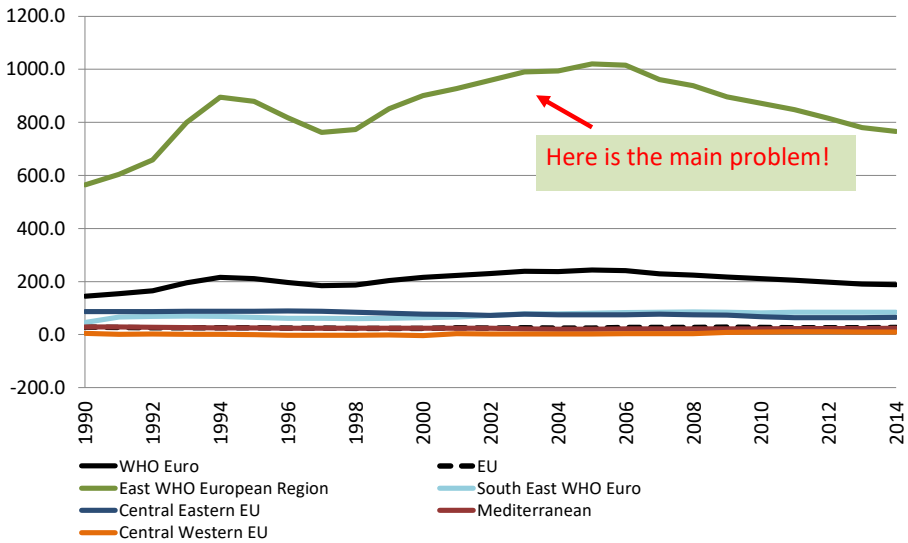
Comparisons of standardized alcohol-attributable mortality for major causes of death, 1990 vs. 2014, in different parts of the WHO European Region (rates per 100,000)



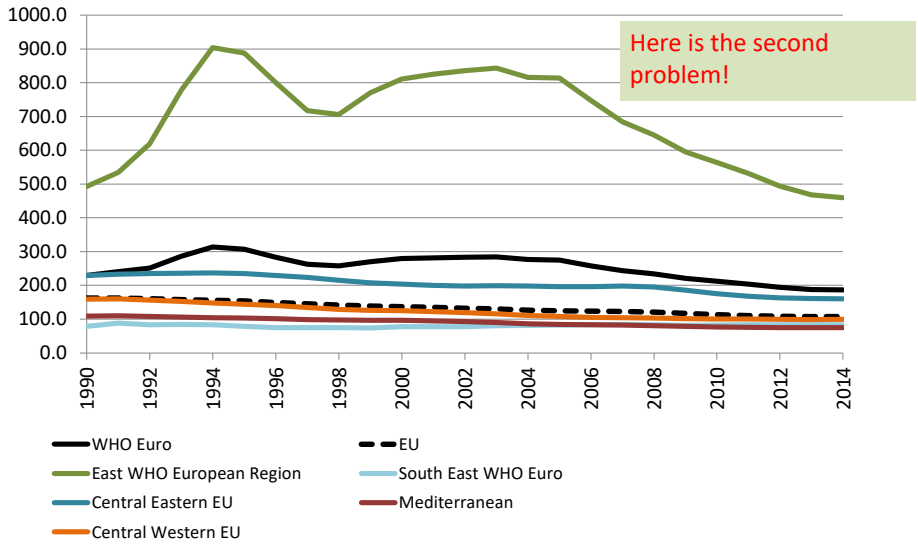
Trends in age-standardized rates of mortality due to alcohol-attributable adult liver cirrhosis in the WHO European Region and selected subregions, 1990-2014 (rates per 1 000 000)

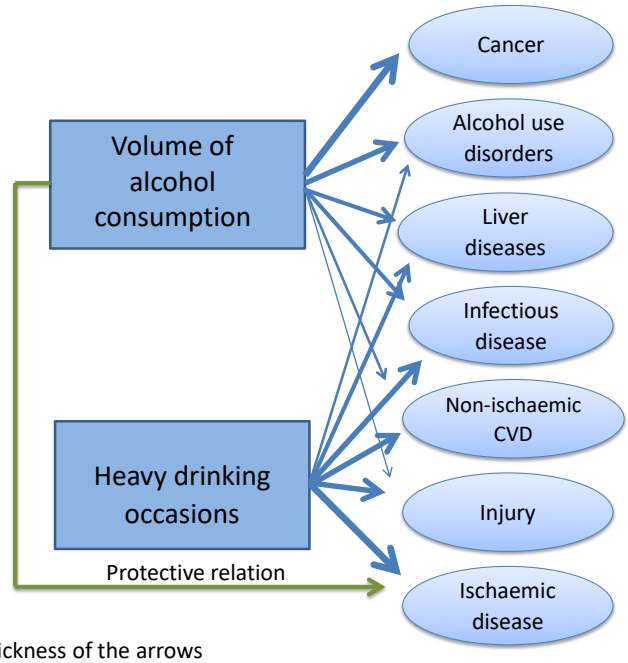


Trends in age-standardized rates of mortality due to alcohol-attributable cardiovascular disease in the WHO European Region and selected subregions, 1990-2014 (rates per 1 000 000)



Trends in age-standardized rates of mortality due to alcohol-attributable injury in the WHO European Region and selected subregions, 1990-2014 (rates per 1 000 000)





Main dimensions of alcohol use impacting on major attributable disease outcomes

The thickness of the arrows indicate strength of relationship

Continue or change

IMPLICATIONS FOR ALCOHOL POLICY

We can continue as is…

- Produce every 4 years a hallelujah report on how many new alcohol action plans have been initiated and how many old alcohol action plans have been updated!
- … but alcohol-attributable harm will not be reducted by 10% this way (and this was a modest goal in the first place)

[Of course, there are always the odd countries which do change their policies, but they seem to be exceptions and even these exceptions do not last long time- Russia!]

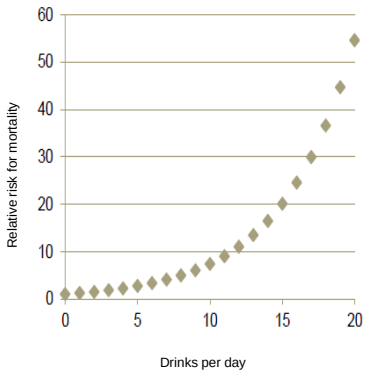
Or we can actively propose new effective strategies

- Risky, as they do not have very large evidence bases
- But minimal pricing may be worth a shot (mainly modelling with some odd data from Canadian provinces – Why did nobody study the effect in Russia??)
- Reduction of alcoholic strength could be one alternative (Rehm et al., 2016 Lancet GH)
- More creative solutions about availability (such as some changes in the environment)
- Also interventions to (even treatment of) heavy drinkers (primary health care!)

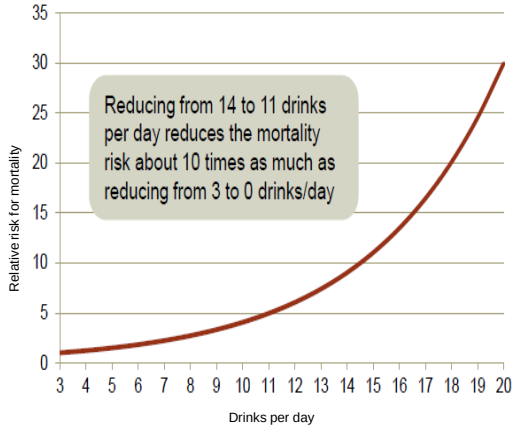
Alcohol interventions which affect heavy and very heavy drinkers over time are key!

- It reduces level of consumption either to abstinence or by sizable reduction of heavy drinking

Typical risk curve for alcohol (e.g., liver cirrhosis mortality)



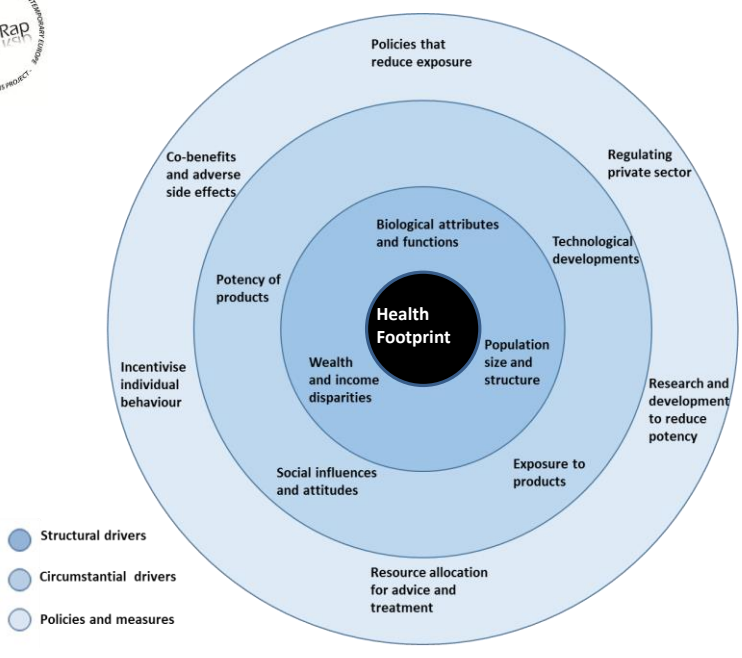
Relative gain in risk for mortality of reducing by three drinks/day for different levels of drinking



Roerecke & Rehm, 2013 Alc.Alc

A tool for addictions governance: The health footprint

Modelled on a carbon footprint, a drug-related health footprint is proposed as a measure of drug-related disability adjusted life years (DALYs) produced by actions of an entity.



A tool for addictions governance: The health footprint

The central reason for measuring a drug-related health footprint is to drive and monitor change in reducing drug-related DALYs through enabling targeted actions.

A tool for addictions governance

A health footprint:

- Apportions drug-related DALYs across drivers
- Promotes accountability

A tool for addictions governance

Health footprints:

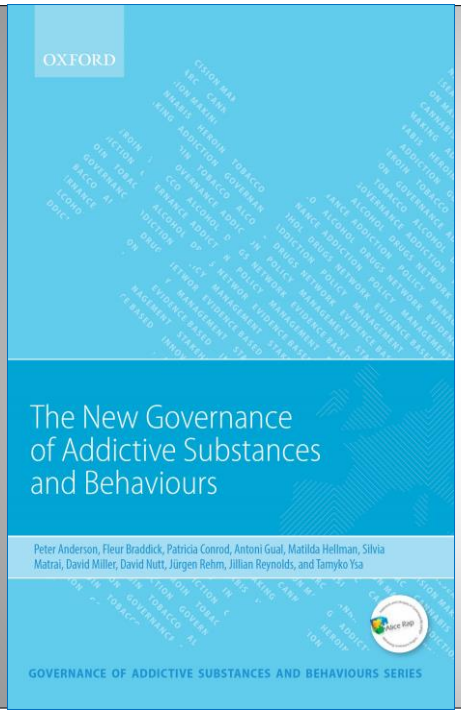
- Countries, regions and cities
- Sectors and organizations
- Products and services
- Individuals

A tool for addictions governance

Regions	Production in 2012 in thousand hectolitres	attributable DALYs
North America	125,129	749,338
Latin America North	126,189	1,645,115
Latin America South	34,292	428,060
Western Europe	2,931	15,113
Central and Eastern Europe	2,278	48,776
Asia Pacific	57,667	411,601
Global export and holding	7,030	41,869
Global beer company	402,631	3,339,873
	0.13 % of all DALYs, 3.4% of all alcohol-attributable DALYs	

A tool for addictions governance

Governments and Producers should report their health footprint in their annual reports and indicate measures to be adopted to reduce it.
This can be done without necessarily reducing profit (e.g. for alcohol by reducing alcoholic strength; Rehm et al., 2016 Lancet GH)



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The Alternative

Alcohol kills one person every 10 seconds worldwide: WHO
Geneva (AFP) – Alcohol kills 3.3 million people worldwide each year, more than AIDS, tuberculosis and violence combined, the World Health Organization said Monday, warning that booze consumption was on the rise.
Including drunk driving, alcohol-induced violence and abuse, and a multitude of diseases and disorders, alcohol causes one in 20 deaths globally every year, the UN health agency said.
"This actually translates into one death every 10 seconds," Shekhar Saxena.

Conclusion

- Overall, mortality attributable to alcohol went up in the past 25 years in WHO European Region. It also went up globally!
- This overall trend hides some progress made in many parts of the Region, where reductions in consumption were accompanied with reductions in mortality.
- Key for further reductions in the whole Regions are:
  - Reduction of the overall level of alcohol consumption
  - Reduction of heavy drinking occasions in particular
- In the current situation, overall consumption in most countries is so high, that increases, and in particular increases in heavy drinking occasions, will lead to over-proportional shifts in harm.
- Alcohol policies to prevent these harmful consequences are potentially available.