Harmful use of alcohol has many implications on public health, such as being:

- Nearly 4% of all deaths are related to alcohol. Most alcohol-related deaths are caused by alcohol result from injuries, cancer, cardiovascular diseases and liver cirrhosis;
- Globally, 6.2% of all male deaths are related to alcohol, compared to 1.1% of female deaths. One-in-five men in the Russian Federation and neighbouring countries die due to alcohol-related causes;
- Globally, 320,000 young people aged 15–29 years die annually, from alcohol-related causes, resulting in 9% of all deaths in that age group.

Too few countries use effective policy options to prevent death, disease and injury from alcohol use. From 1999, when WHO first began to report on alcohol policies, at least 34 countries have adopted some type of formal policies to reduce harmful use of alcohol. Restrictions on alcohol marketing and on drink-driving have increased, but there are no clear trends on most preventive measures. Many countries have weak alcohol policies and prevention programmes.

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ACTION NEEDED TO REDUCE HEALTH IMPACT OF HARMFUL ALCOHOL USE

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The Global Strategy to reduce the harmful use of alcohol, endorsed by WHO’s Member States in May 2010, promotes a range of proven effective measures for reducing alcohol-related harm. These include taxation on alcohol to reduce harmful drinking; reducing availability through allowing fewer outlets to sell alcohol, raising age limits for those buying and using effective drink-driving measures.

The Global Strategy also promotes the screening and brief interventions in healthcare settings to change hazardous patterns of drinking, and treatment of alcohol use disorders; regulating or banning marketing of alcoholic beverages; and conducting information and educational campaigns in support of effective policy measures.

Worldwide consumption in 2005 was equal to 6.13 litres of pure alcohol consumed per person aged 15 years or older, according to the report. Analysis from 2001–2005 showed countries in the WHO Americas, European, Eastern Mediterranean and Western Pacific regions had relatively stable consumption levels during that time; but marked increases were seen in Africa and South-East Asia during the five-year period.

Despite widespread consumption, most people do not drink. Almost half of all men and two-thirds of women did not consume alcohol in 2005, according to the latest information made available in the report. Abstention rates are low in high-income, high consumption countries, and higher in North African and South Asian countries. But those who do drink in countries with high abstention rates consume alcohol at high levels.

Today’s report launch coincides with the end of a four-day meeting of officials from over 100 countries working with WHO to reduce harmful use of alcohol worldwide. This first such meeting, hosted by WHO in Geneva, was held to initiate implementation of the Global Strategy to Reduce the Harmful Use of Alcohol. The strategy aims to raise awareness on the problems of harmful alcohol use and help countries to better prevent and reduce such harm.

• Harmful alcohol use is one of four common risk factors, along with tobacco use, poor diet and physical inactivity, for the four main groups of noncommunicable diseases (NCDs) – cardiovascular diseases, cancer, chronic lung diseases and diabetes.
• To respond to the health and socioeconomic impacts of non-communicable diseases, the United Nations General Assembly is holding a High-level Meeting on the Prevention and Control of NCDs on 19–20 September, 2011, in New York.
• In the lead-up the UN meeting, the Russian Federation and WHO are organizing the First Global Ministerial Conference on Healthy Lifestyles and NCDs Control in Moscow on 28–29 April.

Further information:
Global Strategy to Reduce the Harmful Use of Alcohol: http://www.who.int/substance_abuse/msbalcstragegy.pdf
WHO Mental Health and Substance Abuse Department: http://www.who.int/substance_abuse/en/