

# Alcohol-related harm in Europe and the WHO policy response

Joao Breda, PhD

Head GDO

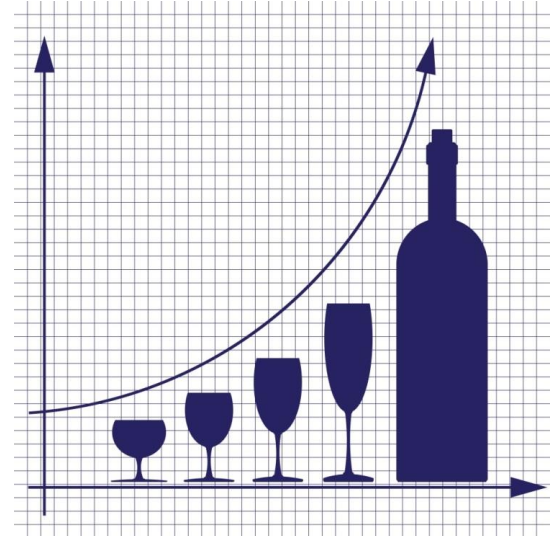
Carina Ferreira-Borges, MPH, PhD

Programme Manager



# Monitoring of national policies related to alcohol consumption and harm reduction (MOPAC) 2016–2018

- Support EC/WHO collaboration to maintain and further develop a European information system for monitoring alcohol-related trends
- Follows on from projects in 2008–2010 and 2011–2013



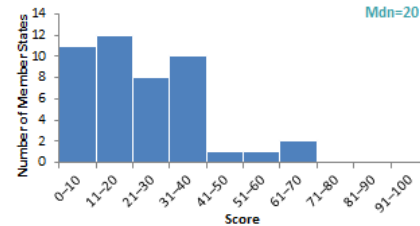
# Data Collection & Information Systems

- ✓ Several surveys: 2016, 2017
  - allow for evaluation of trends in consumption, harm and on policy responses in EU countries
- ✓ Outcomes:

Adult alcohol per capita consumption (APC) 2015 in litres pure alcohol



Pricing policies



Alcohol Policy Timeline Database

The Alcohol Policy Timeline Database provides access to information on major steps taken or milestones reached in each Member State in the development of policy and action to reduce alcohol-related harm from 2000 to present. The timelines were developed based on the responses of national experts participating in the WHO global surveys on alcohol and health, WHO global questionnaire on progress in alcohol policy, and joint WHO European Region and European Union surveys on alcohol and health.

The main purpose of the Alcohol Policy Timeline Database is to facilitate networking between Member States and to provide a tool to assist Member States when they are revising, updating and drafting new policies on alcohol.

Timeline entries include, for instance, new legislation/schemes for better enforcement of existing legislation; revision/launch of new alcohol strategy/action plans, publication of major reports on alcohol, issuing of national guidelines on community, action, pre-vention, screening and brief interventions or treatment, revision of training or alcohol use (disclosure) for health professionals, government funding for major alcohol research projects or nationwide action projects on the prevention and reduction of harm from alcohol, nationwide information campaigns to reduce alcohol-related harm, and regular surveys on alcohol consumption and alcohol-related harm.

Activities are categorized according to the 10 action areas of the European action plan to reduce the harmful use of alcohol 2012-2020. These areas are:

# Data Collection & Information Systems

Alcohol consumption is going down in WHO European Region, BUT the main drivers are north eastern European countries, and not the EU

Region	Year	Sex	Past year smoking prevalence (%)	Alcohol adult per capita consumption in litres pure alcohol	Past year alcohol use prevalence (%)
WHO_EUROPE	2010	M	40.5%	18.17	74.4%
WHO_EUROPE	2010	W	21.8%	4.84	55.6%
WHO_EUROPE	2010	Total	30.7%	11.20	64.6%
WHO_EUROPE	2016	M	37.4%	15.97	69.2%
WHO_EUROPE	2016	W	20.6%	4.19	51.4%
WHO_EUROPE	2016	Total	28.6%	9.82	59.9%
Difference 2010-2016		M	-7.7%	-12.1%	-6.9%
		W	-5.7%	-13.4%	-7.5%
		Total	-6.9%	<b>-12.4%</b>	
EU	2010	M	32.8%	18.47	85.6%
EU	2010	W	25.4%	4.92	65.2%
EU	2010	Total	29.0%	11.48	75.1%
EU	2016	M	29.9%	18.34	83.2%
EU	2016	W	23.8%	4.71	61.1%
EU	2016	Total	26.7%	11.31	71.8%
Difference 2010-2016		M	-8.9%	-0.7%	-2.8%
		W	-6.3%	-4.4%	-6.3%
		Total	-7.7%	<b>-1.5%</b>	

# Next steps

## Further improvements

The screenshot shows a web-based data tool interface. A green circle highlights the 'Export to CSV | to Excel' button, with the text 'Exportable data and graphs' next to it. Another green circle highlights a legend for a line graph, with the text 'Ready to share on social media' next to it. A third green circle highlights a 'See full graph' button, with the text 'Interactive graphs and infographics, reusable on other web sites' next to it. On the left, there are three blue boxes with icons and text: 'Increase data visibility' (with a wine glass icon), 'User-friendly tool' (with a group of people icon), and 'Presentation of national and consolidated data' (with a map icon). At the bottom of the interface, there are logos for the World Health Organization in four languages: English, French, German, and Russian.

# Publications & Country implementation



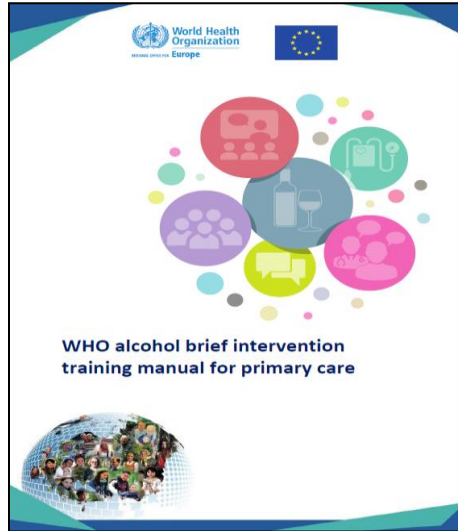
**Slovenia organizes workshop to share good practice in alcohol policy**



**Baltic Assembly's meeting on alcohol policy**  
Joint analysis of purchase accessibility, excise tax for alcohol, joint measures to fight against smuggling of alcohol as well as joint social campaigns



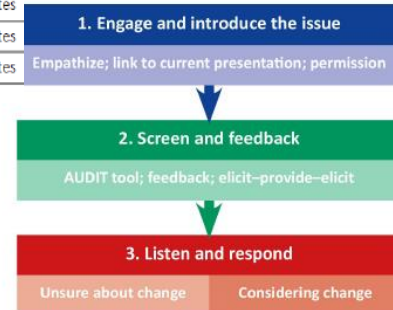
# Screening & brief interventions for alcohol



Varied, interactive learning

Unit	Format	Time	
1	Introduction, course overview and group agreement	Discussion	20 minutes
2	Attitudes to alcohol	Small group discussion	40 minutes
3	Alcohol impact, consumption and harms	Presentation and group quiz	40 minutes
4	ABIs: goals, skills and practice change	Discussion and small group work	40 minutes
5	Beginning a conversation about alcohol	Discussion and individual work	25 minutes
6	Screening and feedback using AUDIT	Presentation and work in pairs	60 minutes
7	Brief intervention skills: evoking and planning	Presentation and work in pairs	45 minutes
8	Brief intervention practice session	Work in groups of three	75 minutes

of an Alcohol Brief Intervention



# Project meetings

- ☑ Meeting 1:  
24 November 2016  
Ljubljana, Slovenia
- ☑ Meeting 2:  
23 October 2017  
Lisbon, Portugal
- ☐ Meeting 3:  
19 November 2018  
Edinburgh, Scotland



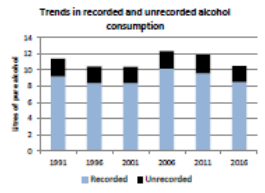
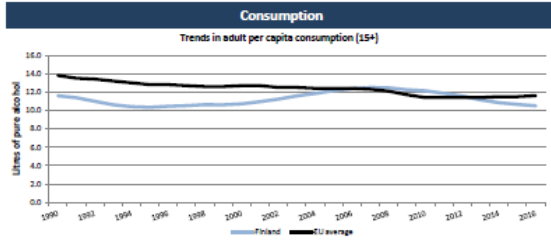


# Upcoming Publications

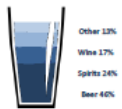
- ❑ Alcohol-attributable mortality in the EU
  - Developments in EU MS with trends in alcohol consumption, alcohol-attributable mortality and policies
  - Special focus on young people
- ❑ Evaluation of Action Plan on Youth Drinking and Heavy Episodic Drinking

# Upcoming Publications

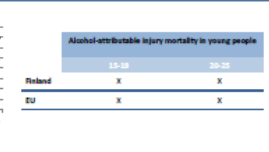
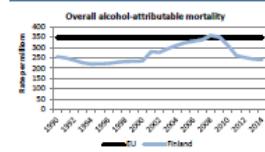
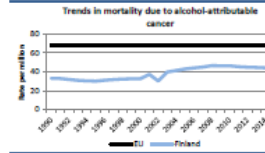
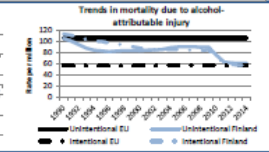
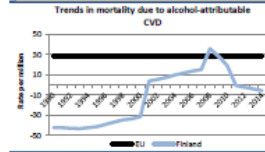
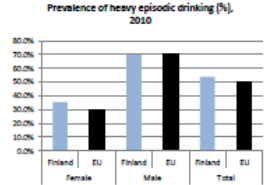
## Finland



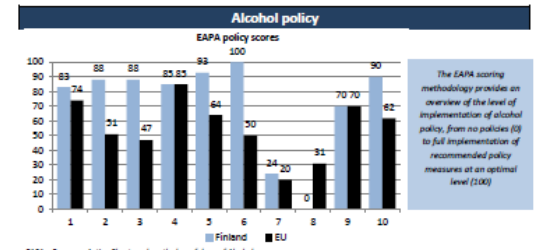
Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2010



Other 12%  
Wine 17%  
Spirits 24%  
Beer 46%



\*All rates are age-standardised for adult mortality



The EAPA scoring methodology provides an overview of the level of implementation of alcohol policy, from no policies (0) to full implementation of recommended policy measures at an optimal level (100)

EAPA – European Action Plan to reduce the harmful use of Alcohol

Policies related to the WHO best buys		
Availability	Marketing	Pricing
Minimum purchase age: 18 years	Ban TV advertising: Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits <input type="checkbox"/>	Adjusted for inflation: Beer <input type="checkbox"/> Spirits <input type="checkbox"/>
Retail monopoly: Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits <input type="checkbox"/>	Ban on promotions for retailers: Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits <input type="checkbox"/>	Minimum unit pricing: No
Licensing: Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits <input type="checkbox"/>	Ban on sponsorship sport events: Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits <input type="checkbox"/>	Volume discount ban: Yes
Restrictions on duty off premises: Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits <input type="checkbox"/>	Restrictions on duty off premises: Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits <input type="checkbox"/>	

Drink-driving policies

Random breath testing? Yes

Sobriety checkpoints? Yes

Legal BAC limit? 0.5g/l

Overall three most important policy achievement in policy formulation and implementation since 2010

Despite tight budgets, the good level of irregular monitoring has been maintained. Funding was assured for the Survey of Intoxicated-related Cases in Health and Social Services in 2015, and for the national Drinking Survey in 2016.

# Current issues

- CVD and cancer
  - WHO highlights link between alcohol and cancer at the European Parliament
  - Alcohol is known to be a causal factor in over 60 diseases and conditions, including at least 7 types of cancer (mouth, upper throat, larynx, oesophagus, breast, liver and colorectal cancers).

# Current issues



- Report 2017
  - Summarizes evidence and provides an outline of policy options for labelling, including health warnings, ingredient listings and nutritional values
  - Industry's self-regulatory proposal
- SBI (trauma settings, pregnancy)
- Case studies on policy developments/impact Lithuania
- Digital marketing to children

## *Understanding impact of policies - LITHUANIA*

- Major alcohol policy changes in 2016-2018 to be evaluated by time series and other data 2010-202

Policy change	Main measure(s) for evaluation	Statistical procedures
Banned sales in petrol stations from January 1, 2016 ((22); ban is foreseen by part 2 article 3 of the law on amendment of item 1 of part 1 of article 18)	<ol style="list-style-type: none"> <li>1) Alcohol-related traffic collisions with injury (police records)</li> <li>2) Alcohol-related traffic injury fatalities (police records)</li> <li>3) Traffic collisions with injury (police records; insurance; hospitalizations)</li> <li>4) Traffic injury fatalities (police records; insurance; mortality statistics)</li> </ol>	For all measures: interrupted time-series analyses (assuming time series of monthly data for all indicators): abrupt effect
Increase in excise of alcohol products March 1, 2017 (Amendments to the Law on Excise Duty (draft No. XIIP-4486 (2); the effect of this rise will be evaluated March 1, 2018, before deciding further raises	<ol style="list-style-type: none"> <li>1) Sales data of the respective beverage category</li> <li>2) Sales data overall alcohol consumption</li> <li>3) Unrecorded consumption</li> <li>4) 100% alcohol-attributable harm (hospitalization and mortality)</li> </ol>	For 1), 2) and 4): interrupted time-series analyses (assuming time series of monthly data for all indicators): abrupt effect (sensitivity analyses with hoarding); 3) qualitative analyses on heavy drinkers

# Current issues

- Cost-effectiveness of alcohol control strategies:
  - best-buys
  - alcohol fiscal policies



Evidence shows that implementing measures to prevent NCDs would not only bring health gains for the population, but would also have a return on investment of up to 12 times the cost of the intervention.



# Current issues

## European action plan to reduce the harmful use of alcohol 2012–2020

Indicators:

1. consumption and harm,
2. leadership,
3. awareness and commitment,
4. health system response,
5. community and workplace action,
6. drink–driving policies and countermeasures,
7. availability,
8. marketing of alcoholic beverages,
9. pricing,
10. reducing the negative consequences of drinking and alcohol intoxication,
11. illicit alcohol and informally produced alcohol,
12. monitoring and surveillance systems



# Most important achievements in policy formulation and implementation since 2010

## *ESTONIA*

- Adoption of a new alcohol strategy (green paper) which consists of recommendations for actions and measures in the 10 areas of the WHO global strategy to reduce the harmful use of alcohol;
- "Sober and healthy Estonia," a programme to develop a comprehensive system to prevent and treat alcohol use disorders;
- A law on restricting alcohol availability and advertising;
- Significant tax increase – the excise rate has risen 68% for spirits and 180% for beer.

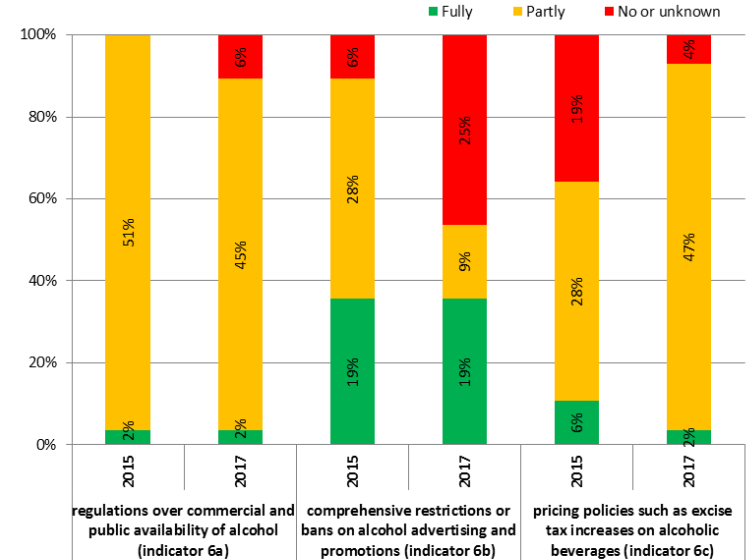
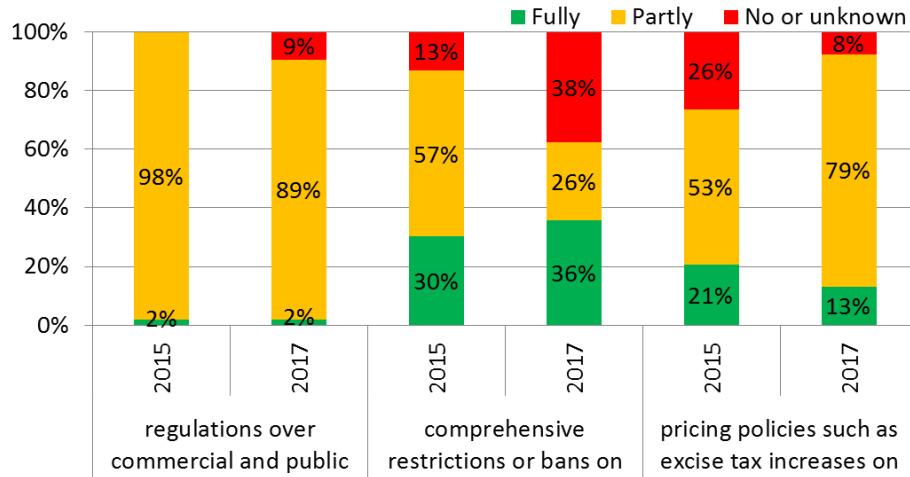
# NCD Office, Moscow

## Support for Member States

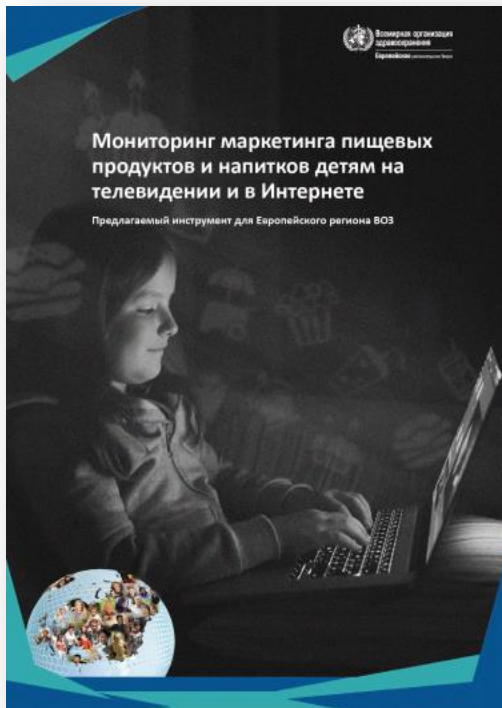


- Prevent and control NCD and related risk factors
  - Strengthening surveillance
  - Promote an intersectoral approach
- Reduce the burden of NCD

# Proportion of Member States in the WHO European Region that have implemented the following measures to reduce harmful use of alcohol



# Innovation to tackle NCDs

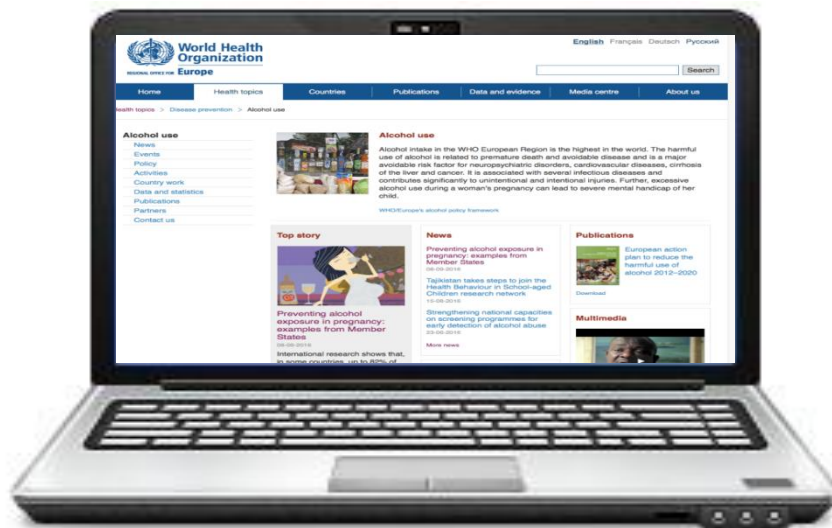




# More information on the WHO website



ferreiraborgesc@who.int



<http://www.euro.who.int/alcohol>