

Evidence-based strategies and interventions to reduce alcohol-related harm¹

Report by the Secretariat

1. Resolution WHA58.26, on public-health problems caused by harmful use of alcohol, requested the Director-General, inter alia, to report to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including a comprehensive assessment of public-health problems caused by harmful use of alcohol. The resolution also requested, without giving a time limit, the Director-General to draw up recommendations for effective policies and interventions to reduce alcohol-related harm.
2. The relationships between alcohol consumption and health and social outcomes are complex and multidimensional. A global perspective on public-health problems caused by harmful use of alcohol needs to take into account the many different characteristics, effects and consequences of its consumption on individuals, societies and cultures, and the fact that the health and social consequences can be severe. From a public-health perspective, the message is clear: efforts must be directed towards culturally appropriate and cost-effective interventions that reduce harmful use of alcohol.
3. Public-health concepts and general theories of vulnerability apply to harmful use of alcohol, and various risk and protective factors have been identified. Even though many people either abstain or drink alcohol in a way that carries low risk for harm, much alcohol is drunk either in high-risk situations or on heavy-drinking occasions, or both. The interaction between all these individual and social factors implies the need for comprehensive policy measures to reduce alcohol-related harm, not just for the drinkers but also to protect those individuals and groups who are at risk of being negatively affected by others' drinking.
4. A considerable body of evidence shows not only that alcohol policies and interventions targeted at vulnerable populations can prevent alcohol-related harm but that policies targeted at the population at large can have a protective effect on vulnerable populations and reduce the overall level of alcohol problems. Thus, both population-based strategies and interventions, and those targeting particular groups such as young people, women and indigenous peoples, are indicated. Nevertheless, despite the strong evidence of effectiveness and cost-effectiveness of population-based policies, in some countries support for population approaches has declined in favour of targeted interventions.
5. Policies and programmes based on substantive evidence should use an appropriate combination of the following strategies: regulating the marketing of alcoholic beverages, (in particular those practices that influence younger people); regulating and restricting their availability; enactment of

¹ See document A60/14 Add.1 for an assessment of public-health problems caused by harmful use of alcohol.

appropriate drink-driving policies; reducing the demand for alcohol through taxation and pricing mechanisms; raising awareness and support for policies; providing easily accessible and affordable treatment services for people with alcohol-use disorders; and implementing widely screening programmes and brief interventions against hazardous and harmful use of alcohol.

6. Regulating the availability of alcoholic beverages through restricted times of sale and reducing the demand for alcohol through taxation and pricing are two of the most cost-effective strategies for countries and communities to reduce or prevent alcohol-related harm.

7. Among the most successful targeted interventions are deterrence-based policies directed at drink-driving and at violence in places where alcohol is drunk. The imposition of blood alcohol concentration limits for drivers, strongly enforced through highly-visible sobriety checkpoints and random breath-testing by police, can have a sustained effect on drink-driving and reduce the associated crashes, injuries and deaths. Improved management practice within drinking venues can reduce levels of violence on those premises.

8. Community-based actions and risk-reduction measures that focus on the drinking context are among the strategies and interventions that need to be further explored and tested. Community actions to deal with alcohol-related problems are of particular importance in settings where consumption of alcohol produced informally or illegally is high, where social consequences like public drunkenness, maltreatment of children, violence against intimate partners and sexual violence are common.

9. Regulating access to alcohol through restrictions on purchasing age is a particularly effective strategy for preventing alcohol-related health and social problems, such as violence, among young people. Another effective strategy for reducing drinking among young people is to regulate the marketing of alcoholic beverages, including a ban on advertising practices that influence young people.

10. Extensive evaluation of the provision of treatment services for people with alcohol-use disorders has demonstrated the effectiveness of various approaches, including behavioural change strategies, pharmacological interventions and mutual support groups. In addition to new mechanisms for the organization and financing of treatment services, advances have also been made in a variety of settings, including primary health care, in the early identification and management of hazardous and harmful drinking. Access to affordable, non-judgemental and effective treatment for people with drinking-related disorders is an important component of societal and community responses to alcohol-related problems. Ensuring that access requires adequate treatment policies that include delivery and integration of prevention and treatment services at different levels.

11. The effects of particular measures will depend on local circumstances. Given the variations in average levels of alcohol consumption, drinking patterns and drinking contexts between and within countries, alcohol-policy priorities at different levels should be informed both by relevant epidemiological evidence and research findings on effective prevention strategies and interventions. Effective national or local policies can gain from an appropriate assessment of the context for which the policy is formulated, in terms of drinking patterns, problems and societal responses to the problems. Monitoring, surveillance and evaluation should be integral parts of a more comprehensive alcohol policy framework.

12. Monitoring alcohol consumption, related harm, policy responses and progress made towards reducing harmful use of alcohol at different levels requires cooperation among competent national and international organizations and other bodies. Effective regional and global information systems require

international collaboration on monitoring and surveillance activities, and further development of guidelines and procedures for the collection, analysis and dissemination of alcohol-related data.

13. Policies to reduce harmful use of alcohol reach far beyond the realm of health and involve such sectors as development, fiscal policy, trade, agriculture, education and employment, thus falling within the responsibilities of numerous governmental agencies and organizations. An appropriate coordination mechanism is therefore important for any comprehensive alcohol policy. Combating the production, sale and consumption of illicit alcohol is one example of an issue that needs concrete action by many stakeholders at different levels.

14. Traditionally, most alcoholic beverages were consumed in the country of their production, and alcohol policies were implemented within country jurisdictions. Until recently, government controls of the alcohol market have been either country-based or, in federal countries, locally-based, with responsibility for health and social systems responses to alcohol problems often resting with municipalities. In recent decades, this situation has in many ways been transformed. Alcohol production and trade are part of the global economy with rapid dissemination of new products and the development of new markets.

15. Greatly increased trade and travel have provided many more opportunities for the transfer of alcoholic beverages across country borders, whether as legal imports or as smuggled goods. Other international aspects of alcohol production and distribution have assumed large proportions, in terms of rapid consolidation of multinational producers, international licensing and co-production arrangements, and multinational advertising agencies which promote alcoholic products. All these factors suggest that, increasingly, alcohol-related problems cannot be dealt with by countries in isolation.

16. Evidence-based strategies to reduce alcohol-related harm have been extensively discussed in all WHO regions. Regional committees have adopted resolutions on the subject, including a regional strategy, and the Regional Committee for South-East Asia endorsed policy options for control of alcohol consumption as a minimum framework for the Region. In the extensive consultation process at the global level the Secretariat has focused so far on the analysis of the different viewpoints among a wide range of stakeholders on major issues raised in resolution WHA58.26. The Executive Board at its 120th session noted the progress made in implementing resolution WHA58.26.¹

17. Global leadership and advice on how to shape and sustain effective responses to public-health problems caused by harmful use of alcohol are urgently needed, particularly in countries with rapidly deteriorating trends and patterns of alcohol consumption and alcohol-related harm and a background of increasing availability and affordability of alcohol. They are also needed in countries where implementation of culturally-appropriate and cost-effective control measures has been or is in danger of being undermined. The alcohol-related disease burden could be considerably alleviated by paying greater attention to prevention and treatment, and more generally, public health-oriented policies on alcohol. The Secretariat's work so far provides the basis for recommendations for effective policies and interventions in order to reduce alcohol-related harm, and further consultations are needed.

¹ See document EB119/2006–EB120/2007/REC/2, summary record of the thirteenth meeting of the 120th session, section 2.

ACTION BY THE HEALTH ASSEMBLY

18. The Health Assembly is invited to note the report.

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