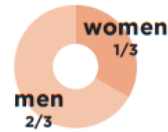


Alcohol

Alcohol and health

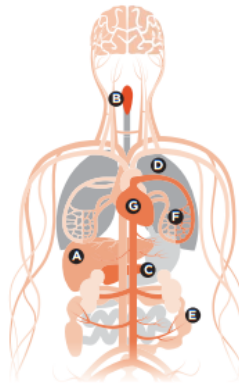


3.3 million **deaths** **every year**
6 deaths every minute
 from harmful use of alcohol



Harmful use of alcohol causes

- 100%** of fetal alcohol syndrome
- 100%** of alcohol use disorders
- 22%** of suicides
- 22%** of interpersonal violence
- 15%** of traffic injuries



- A** 50% of liver cirrhosis
- B** 30% of mouth and throat cancers
- C** 25% of pancreatitis
- D** 12% of tuberculosis
- E** 10% of colorectal cancer
- F** 8% of breast cancer
- G** 8% of heart disease

Reduce harmful use of alcohol

- Best buy interventions
- Regulate availability**
 - Restrict advertising**
 - Use pricing policies**

More key interventions

- Raise awareness of alcohol-attributable health burden**
- Support community action to prevent and reduce the harmful use of alcohol**
- Provide consumer information on alcohol containers**
- Regulate informally produced alcohol**
- Prevent and treat alcohol use disorders**
- Implement drink-driving policies**
- Develop surveillance systems for alcohol consumption, health consequences and policy**

10% reduction in the harmful use of alcohol by 2020

Alcohol

◆ Introduction

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a large disease, social, and economic burden in societies. Environmental factors such as economic development, culture, availability of alcohol, and the level and effectiveness of alcohol policies are relevant factors in explaining differences and historical trends in alcohol consumption and related harm.

Alcohol-related harm is determined by the volume of alcohol consumed, the pattern of drinking, and, on rare occasions, the quality of alcohol consumed. The harmful use of alcohol is a component cause of more than 200 disease and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers, and injuries. The latest causal relationships established are those between alcohol consumption and incidence of infectious diseases such as tuberculosis and HIV/AIDS.

A wide range of effective global, regional, and national policies and interventions are in place to reduce the harmful use of alcohol with a promising trend over the past few decades.

◆ Alcohol Consumption:



- ✚ Worldwide consumption in 2010 was equal to 6.2 liters of pure alcohol consumed per person aged 15 years or older, which translates into 13.5 grams of pure alcohol per day.
- ✚ A quarter of this consumption (24.8%) was unrecorded, i.e., homemade alcohol, illegally produced or sold outside normal government controls. Of total recorded alcohol consumed worldwide, 50.1% was consumed in the form of spirits.
- ✚ Worldwide 61.7% of the population aged 15 years or older (15+) had not drunk alcohol in the past 12 months. In all World Health Organizations (WHO) regions, females are more often lifetime abstainers than males. There is a considerable variation in prevalence of abstention across WHO regions.
- ✚ Worldwide about 16.0% of drinkers aged 15 years or older engage in heavy episodic drinking.
- ✚ In general, the greater the economic wealth of a country, the more alcohol is consumed and the smaller the number of abstainers. High-income countries have the highest alcohol per capita consumption (APC) and the highest prevalence of heavy episodic drinking among drinkers.

◆ Health Consequences





- ✚ In 2012, about 3.3 million net deaths, or 5.9% of all global deaths, were attributable to alcohol consumption.
- ✚ There are significant sex differences in the proportion of global deaths attributable to alcohol, for example, in 2012, 7.6% of deaths among males and 4% of deaths among

Alcohol

females were attributable to alcohol.

-  In 2012, 139 million net DALYs (disability-adjusted life years), or 5.1% of the global burden of disease and injury, were attributable to alcohol consumption.
-  There is also wide geographical variation in the proportion of alcohol-attributable deaths and DALYs, with the highest alcohol-attributable fractions reported in the WHO European Region.

◆ Policies and Interventions

-  Alcohol policies are developed with the aim of reducing harmful use of alcohol and the alcohol-attributable health and social burden in a population and in society. Such policies can be formulated at the global, regional, multinational, national, and subnational level.
-  Delegations from all 193 Member States of WHO reached consensus at the World Health Assembly in 2010 on a WHO Global strategy to reduce the harmful use of alcohol.
-  Many WHO Member States have demonstrated increased leadership and commitment to reducing harmful use of alcohol over the past years.
-  A significantly higher percentage of the reporting countries indicated having written national alcohol policies and imposing stricter blood alcohol concentration limits in 2012 than in 2008.

Source: http://www.who.int/topics/alcohol_drinking/en/