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Alcohol

at a glance

Why is reducing alcohol-related problems a priority?

Alcohol abuse is **one of the leading causes of death and disability worldwide.** Alcohol abuse is responsible for 4 percent of global deaths and disability, nearly as much as tobacco and five times the burden of illicit drugs (WHO). In developing countries with low mortality, alcohol is the leading risk factor for males, causing 9.8% of years lost to death and disability. Alcohol abuse contributes to a wide range of social and health problems, including depression, injuries, cancer, cirrhosis, dependence, family disruption and loss of work productivity. Health and social problems from drinking often affect others besides the drinker. While men do the bulk of the drinking worldwide, women disproportionately suffer the consequences, including alcohol-related domestic violence and reduced family budgets. Heavy alcohol use takes a particular toll on the young, and has been linked to high rates of youthful criminal behavior, injury, and impaired ability to achieve educational qualifications. **Many deaths and much disease and suffering could be prevented by reducing alcohol use and related problems.**

Alcohol-related harm. The level of harm from alcohol is related to the pattern, including level, of drinking in a country. Time series analyses in western Europe find that overall mortality rises by 1.3% for every extra liter of pure alcohol consumed per capita. But for Russia, where intoxication and hazardous drinking are more prominent, the corresponding figure is 2.7%. **Patterns and levels of alcohol consumption,** alcohol dependency and alcohol abuse are determined by many factors: availability, income per capita, retail process, individual factors (genetic and environmental) such as age of first use, family history, education, peer group pressure, psychosocial factors, cultural and historical context, and government policies, such as taxation and restrictions on advertisement and promotion.

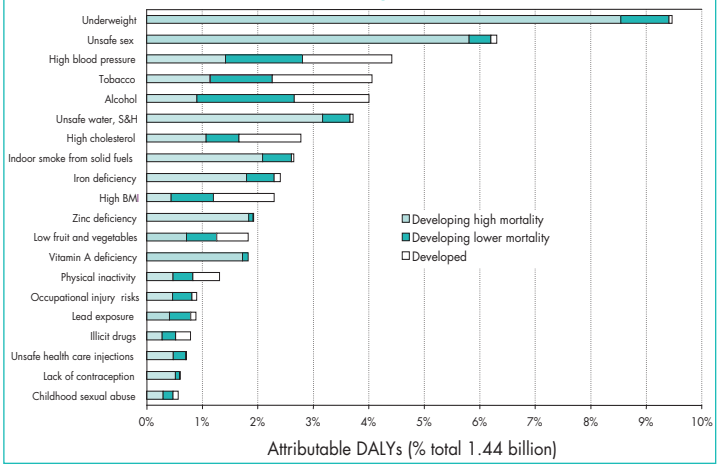
Alcohol and poverty. Alcohol-related mortality is often highest among the poorest people in a society (Mäkelä, 1999a). Alcohol is often a significant part of family expenditure: Romanians spent an average of 11% of family income on alcohol in 1991, Zimbabwean households averaged 7%. However, national averages conceal the impact on families of drinkers: families with frequent-drinking husbands in Delhi spent 24% of family income on alcohol, compared to 2% in other families. Surveys among the urban poor in Sri Lanka found that 30% of families used alcohol and spent more than 30% of their income on it.

Alcohol and youth. Alcohol is of particular risk to adolescents and young adults: in Latin America and Eastern Europe respectively, 36% and 41% of deaths among 15-29 year olds were due to alcohol use. Effective policies and prevention for youth have immediate payoffs, in addition to longer-term effects from forestalling development of alcohol dependence or alcohol-related chronic diseases.

Approaches to reducing alcohol abuse

The most effective approach to reduce alcohol-related problems is **to implement a comprehensive set of measures to reduce alcohol consumption and related problems. Policy options include price increases, restrictions on availability (i.e. limits on the times and conditions of alcoholic beverage sales or service, minimum-age limits), strong drink-driving legislation and ready access to treatment.** Some countries have succeeded in reducing per capita consumption substantially, and consequently have reduced liver cirrhosis deaths, a common indicator of alcohol-related problems in a society. **Efforts to reduce alcohol consumption and related problems face formidable obstacles:** alcohol dependence; social pressures; aggressive alcohol marketing and promotion; other pressing health problems competing for limited resources. But

Global distribution of burden of disease attributable to 20 leading selected risk factors



Source: World Health Report 2002

Effective Interventions to reduce death, disease, disability and social problems related to alcohol abuse

Objective: Reduce death, disease, disability, and social problems caused by alcohol abuse.

INTERVENTIONS	BENEFICIARIES/TARGET GROUP	PROCESS INDICATORS
Higher taxes on alcoholic beverages	drinkers (heavier drinkers particularly affected) potential drinkers (especially youth)	✓ price of alcoholic beverages (adjust for inflation) ✓ tax as % of final sales price
Non-price measures		
Deterrence through sanctions on drinking-driving, such as laws against driving while at or above a defined blood-alcohol level	drinkers, traffic crash victims	✓ drinking-driving laws, regulations, extent to which respected/enforced
Regulating availability through minimum legal purchase age; government monopoly of retail sales; restrictions on hours or days of sale, density of outlets, or availability by alcoholic strength	youth (minimum legal purchase age) drinkers (heavier drinkers often particularly affected)	✓ laws, regulations, extent to which respected/enforced ✓ level of government control of market (i.e. lack of smuggling, illegal production and/or sale, etc.) ✓ number and trends in number of outlets
Harm reduction via greater implementation of general safety measures such as seatbelts, airbags, sidewalks, as well as bar/tavern server and manager training	general public bar/tavern staff and drinkers	✓ laws, regulations, extent to which respected/enforced ✓ incentives for server and manager training programs
Comprehensive **bans on advertising and promotion** of all alcoholic beverages, their logos and brand names[1].	drinkers and potential drinkers (especially youth) societal attitudes to drinking	✓ laws, regulations, extent to which respected/enforced
Better consumer information: counter-advertising, media coverage, research findings	drinkers and potential drinkers societal attitudes to drinking	✓ knowledge of health risks, attitudes towards drinking
Help for heavy drinkers who wish to quit or reduce their drinking, including access to treatment for alcohol dependence, whether professional or voluntary (e.g. Alcoholics Anonymous)	heavier and problematic drinkers	✓ number of persons in treatment, treatment waiting lists

Impact / surveillance Indicators for alcohol use and problems (from survey data except as indicated):

Per capita alcohol consumption: average consumption of alcohol by persons 15 and older (from production, sales and/or taxation statistics, with survey data on unrecorded consumption as needed), as well as per capita consumption of higher risk drinks, e.g. very cheap or high strength categories, proportion of beer sold >3.5%, or other local high risk drink

Number of abstainers: percentage of male and female adult population who do not drink

Pattern of drinking: frequency of getting drunk or drinking >60 grams of ethanol (5+ drinks), usual quantity per drinking session, fiesta drinking, drinking in public places, not drinking with meals, and not drinking daily; frequency of days when consumption exceeds 40g for men and 20g for women; percentage of country's total alcohol consumption that is above 40g for men and 20g for women.

youth use: % at age 12, at age 15, at age 18 who currently drink any alcoholic beverage (defined as having drunk any alcoholic beverage on one or more days in a set period); similarly, % who drink 60+ grams of ethanol on a single occasion in the period; frequency of drinking 60+ grams

alcohol-involved traffic crashes/injuries: (police or health statistics)

alcohol-involved crimes: (police statistics)

hospitalizations and deaths from strongly alcohol-involved causes: liver disease (if rates of hepatitis B and C are low), alcohol-specific causes such as alcoholic liver disease, alcohol dependence, acute intoxication and alcoholic psychosis (mortality and hospitalization statistics)

other alcohol-related problems: problems with family, friendships, work, police, financial, health, alcohol dependence (as reported by the drinker in population surveys)

problems from others' drinking: family, friendships, work, injury, property loss, public nuisance (as reported in population surveys)

1. If full bans are impossible, strong restrictions and significant counter-advertising should be pursued.

there are many **good practices that can be replicated** with political will, and broad support.

Global action. The overall trend is towards stricter laws and increased enforcement in some areas such as drinking-driving. Provision of treatment for drinking problems has increased in many places in recent decades. But national and local alcohol controls have been undercut by a tendency at the global level to treat alcohol as an ordinary commodity, and to weaken or eliminate effective controls in the interests of liberalizing markets and trade. Trade agreements, structural adjustment programs, and GATT/WTO dispute settlements usually fail to recognize alcohol's special status as a commodity which adversely affects health. In this context, actions like the World Bank Group's decision in 2000 to take "public health issues and social policy concerns" into account in considering investments in alcoholic beverage production are important first steps. (See World Bank Group Note on Alcohol Beverages).There is a need for strengthened global action and commitment to reduce alcohol abuse and address the related health and social effects.

Regional action. Regional commitment to reducing alcohol abuse has been evident, for instance during the 1990s in Europe, where the World Health Organization European Regional Office led 53 European nations in adopting aggressive goals for reducing alcohol use and problems. As a result, many countries in that region have strengthened alcohol policies and interventions. However, elsewhere in the world, efforts at alcohol control lag far behind alcohol's significance as a risk factor in poverty and health.

National action. Alcohol control efforts are often dispersed among Ministries, including Health, Social Welfare, Education, Traffic, Justice, Finance, Agriculture, Labor and Industry, Trade, and even Tourism and Culture and Sports, without effective coordination. Furthermore, much of the responsibility for alcohol control is often provincial/regional or local, and coordination between levels of government is also often an issue. Religious and women's organizations, physician associations and other public health groups, NGOs, youth and other groups play key roles in some countries. Ministries of Finance and tax authorities are important because higher alcohol taxes are one of the most effective ways to reduce use, while in most cases increasing government revenue. Other stakeholders include media, retailers, and sports groups (sponsorship).

Q&A about alcohol:

Does the level of alcohol consumption in populations matter? Yes. The levels of alcohol-related problems tend to rise and fall with changes in per capita alcohol consumption (Edwards et al., 1994; Babor et al., 2003).

What about the health benefits from alcohol use? A protective effect for coronary heart disease (CHD) from moderate alcohol consumption has been documented in men over forty. The data on whether a similar effect exists for women remain contradictory. In younger age groups, alcohol consumption at all levels increases mortality, and the net effect of alcohol at population level is negative in all regions.

Are some alcohol beverages more harmful than others? The pattern of drinking is more important than the type of beverage. There is little basis for treating various types of alcoholic beverages differently with respect to trade, control or investment decisions. The consequences of alcohol use are similar, regardless of the type of alcoholic beverage. The predominant beverage of young adult males in a society (e.g. beer in the US) usually has the strongest relation to alcohol problems.

Should alcohol be treated like other commodities? No. Alcohol should be classified as a special substance because of its dependency producing properties and severity of associated problems (WHO).

What works?

A comprehensive set of policy options, including:

- **Drinking-driving countermeasures have proven effective in a wide range of countries and cultures;** especially "per se laws" that set maximum levels for blood alcohol concentrations for drivers, with random breath-testing and clear and immediate sanctions such as loss of driving privileges, and/or fines.
- **Regulation and enforcement are key.** Unless measures are enforced, they will have little impact. Public education helps build a social normative consensus that increases compliance and supports strong enforcement. The magnitude of artisanal production and smuggled beverages is often underestimated and has to be considered in regulatory actions to limit access. Countries need a strong regulatory framework governing alcohol availability. Many developing societies have minimal alcohol regulatory structures, leaving a large gap as traditional systems of social control of drinking erode.
- **Price increases** are among the most effective tools to reduce/deter use of alcohol by young people. Minimum age drinking laws and restrictions on availability are also effective, but may be costly to enforce.
- **Government monopolies of all or part of the retail or wholesale market have often been effective mechanisms** for implementing alcohol control measures. The usual disadvantages of government monopolies are offset in the case of alcohol by many factors: (a) the limited number of sales outlets and restricted hours of opening common with such monopolies

constrain alcohol consumption and problems; (b) a stable and professional staff help avoid sales to the under-aged and already drunk; and (c) private profit motivations for expanding sales are absent.

- **Education and public information campaigns have not been found to be effective on their own** in reducing alcohol use or problems. These campaigns can build awareness of alcohol problems and support for effective policies and interventions, but are not cost-effective unless linked with proven interventions such as higher taxes, restrictions on availability, minimum-age limits, and drinking-driving counter-measures.
- Brief outpatient interventions aimed at changing attitudes and drinking behavior are as effective in most circumstances as longer and more intensive treatment. Treatment for alcohol problems is an important part of an integrated national alcohol policy. Treatment can be effective for those who seek it. But for the population as a whole, treatment is not a cost-effective means of reducing societal rates of alcohol problems.

Resources

People in the World Bank, IMF and WHO

Mariam Claeson (mclaeson@worldbank.org) Joana Godinho (Jgodinho@worldbank.org), Florence Baingana (Fbaingana@worldbank.org)

IMF fiscal department (Peter Heller and Emil Sunley): taxation related issues.

WHO: Leanne Riley (rileyl@who.int)

Key Documents and Data

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World Health Organization. Global Alcohol Database. Geneva, available on the world-wide web at www.who.int/alcohol, database of country-level statistics on alcohol use, problems and policies.

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Web resources

http://www.stir.ac.uk/departments/humansciences/appsocsci/drugs/library.htm#recen

http://www.bks.no/biblio.htm

Expanded versions of the "at a glance" series, with e-linkages to resources and more information, are available on the World Bank Health-Nutrition-Population web site: www.worldbank.org/hnp