



The technical package

SAFER

A WORLD FREE FROM ALCOHOL RELATED HARMS

Five areas of intervention at
national and subnational levels

The SAFER technical package: five areas of intervention at national and subnational levels
ISBN 978-92-4-151641-9

© World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. The SAFER technical package: five areas of intervention at national and subnational levels. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Switzerland.

CONTENTS

Introducing SAFER	1 
Background	3 
The SAFER strategies	4 
Implement	
Monitor	
Protect	
Strengthen restrictions on alcohol availability	6 
Advance and enforce drink-driving countermeasures	10 
Facilitate access to screening, brief interventions and treatment	12 
Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion	16 
Raise prices on alcohol through excise taxes and pricing policies	20 
References	24 



PARTNERS:



THE SAFER TECHNICAL PACKAGE

Five areas of intervention at national and subnational levels towards a world free from alcohol-related harms

Introducing SAFER ■■■

The World Health Organization (WHO), in collaboration with international partners, launched the SAFER initiative in 2018 alongside the United Nations third high-level meeting on prevention and control of noncommunicable diseases (NCDs). The objective of the initiative is to provide support for Member States in reducing the harmful use of alcohol by strengthening the ongoing implementation of the Global strategy to reduce the harmful use of alcohol¹ and other WHO and United Nations instruments – including WHO’s Global action plan for the prevention and control of NCDs² and the United Nations’ Sustainable Development Goals (SDGs) target 3.5 (i.e. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol).³

The technical package for the SAFER initiative focuses on five key alcohol policy interventions that are based on accumulated evidence of their impact on population health and their cost-effectiveness (see Table). Further, the SAFER initiative recognizes the need to protect public health-oriented policy-making from interference by the alcohol industry, as well as the importance of a strong and sustainable monitoring system to ensure accountability and track progress in the implementation of the SAFER interventions.

The SAFER interventions				
STRENGTHEN	ADVANCE	FACILITATE	ENFORCE	RAISE
restrictions on alcohol availability	and enforce drink-driving countermeasures	access to screening, brief interventions and treatment	bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion	prices on alcohol through excise taxes and other pricing policies

This SAFER technical package is aimed at government officials with responsibility for developing policy and action plans to reduce the harm done by alcohol. Given that alcohol-related harm extends beyond public health, and that preventing and reducing such harm requires multicomponent action that involves many stakeholders, this guidance should also be of use to those working in sectors other than health.



Sectors relevant to alcohol control include those responsible for:

- alcohol pricing and tax policy;
- licensing the production, distribution and sale of alcohol;
- regulating and monitoring commercial communications on alcohol;
- identifying and eliminating illegal production and trade in alcohol;
- transport and drink-driving policy;
- commissioning health services for early identification, brief interventions and treatment of alcohol use disorders if this is outside the health sector; and
- collecting and analysing data and reporting on alcohol-related indicators.

The breadth of this group of sectors also implies that persons with prime responsibility for an action plan on alcohol will need to coordinate and communicate their efforts with a wide range of colleagues from different government departments and institutions – some of which may have a different understanding of, and goals for, alcohol policy.

Jurisdictional responsibilities and competencies for different elements of alcohol policy vary from country to country. As a result, the contents of the technical package will be relevant not only to people working at national level but also for those working at subnational, municipal or local levels. This implies that persons with prime responsibility for a national action plan on alcohol will need to coordinate and communicate with colleagues from a wide range of jurisdictional levels to ensure that the overall policy is integrated seamlessly across the different levels, and that national legislation and regulations facilitate rather than impede action at the subnational levels, as well as the other way around.

Background

The harmful use of alcohol is one of the leading risk factors for disease, injury, disability and death worldwide; alcohol consumption contributes to 3 million deaths each year globally, as well as to the disabilities and poor health of millions of people suffering from chronic diseases and nonfatal injuries. Overall, harmful use of alcohol accounts for 5.1% of the global burden of disease, across low-, middle- and high-income countries.⁴

There are considerable age, gender and other sociodemographic differences in the level of alcohol-related harm. Alcohol accounts for 7.1% and 2.2% of the global burden for males and females respectively.

Alcohol is the leading risk factor for premature mortality and disability among those aged 15-49 years, accounting for 10% of all deaths in this age group.⁴ Disadvantaged and especially vulnerable populations have higher rates of alcohol-related death and hospitalization than more affluent populations, despite consuming the same amount of alcohol on average – or even a lower amount. Consequently, persons of low socioeconomic status bear a disproportionate burden of the harm, compounded by other health risks that include unhealthy diet, smoking, physical inactivity and less access to health education and health care.^{5,6}

As an intoxicant, alcohol affects a wide range of structures and processes in the central nervous system; as such, it is a risk factor for intentional and unintentional injuries, harms to people other than the alcohol drinker, reduced job performance and absenteeism, alcohol poisonings, interpersonal violence, suicides, homicides, crime and drink-driving injuries. Alcohol is a potent teratogen with a range of potential negative outcomes to the fetus, including low birth weight, cognitive deficiencies and fetal alcohol spectrum disorders.⁷

Alcohol is also an immunosuppressant, increasing the risk of communicable diseases, including tuberculosis and HIV. Alcohol can have considerable toxic effects on the digestive and cardiovascular systems. The International Agency for Research on Cancer has classified alcoholic beverages as carcinogenic, increasing the risk of several types of cancer.⁸ Additionally, alcohol is neurotoxic to brain development, potentially leading, in childhood and adolescence, to structural hippocampal changes, and in adulthood to reduced brain volume.^{9,10} Alcohol is a dependence-producing substance through its reinforcing properties and is associated with the development of tolerance due to neuro-adaptations of the brain.¹⁰

A combination of total volume of lifetime alcohol use, context of use, frequency of alcohol consumption and amount consumed per occasion increase the risk of the above range of health and social harms. The risks mainly increase in a dose-dependent manner according to the volume of alcohol consumed and the frequency of alcohol use, and also increase exponentially with the amount consumed on a single occasion.¹¹ Surrogate and illegal alcohols can bring extra health risks from a high concentration of alcohol and the presence of toxic contaminants.¹²

WHO's position is that any alcohol use is associated with some amount of risk – such as, for instance, the risk of alcohol dependence, or breast cancer (a linear relationship in women) or injury. Although the risk at the level of the individual may be low, from a public health perspective and at the population level there are no levels of consumption at which no risks are involved.

Governments have made commitments to reduce the harmful use of alcohol through several WHO and United Nations resolutions. WHO's Global strategy to reduce the harmful use of alcohol, adopted by the World Health Assembly in 2010, continues to be the most comprehensive international policy document with guidance on reducing the harmful use of alcohol at all levels. The harmful use of alcohol is referenced in several other global strategies and action plans and, most recently, in the Agenda 2030 SDGs – with a separate health target (3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol) – and in the context of NCD prevention and control, where the “best buy” framework identifies several cost-effective alcohol policy interventions.¹³





The SAFER strategies

The SAFER action package provides guidance to countries on evidence-based alcohol policy formulation and implementation in five areas. How can countries make these recommendations a reality?

Three strategies are essential:



预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_24916



云报告
<https://www.yunbaogao.cn>

云报告
<https://www.yunbaogao.cn>

云报告
<https://www.yunbaogao.cn>