

alcohol

Global status report on alcohol and health 2014



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FOREWORD

I am pleased to present the World Health Organization's Global status report on alcohol and health 2014. WHO has published several reports in the past on this topic with the last one being published in 2011, but this report of 2014 has some unique features.

First, it describes some progress made in alcohol policy development in WHO Member States after endorsement of the Global strategy to reduce the harmful use of alcohol in 2010. Second, this report provides a wealth of information on alcohol-related indicators for the comprehensive global monitoring framework for the prevention and control of non-communicable diseases (NCDs) adopted by the 66th World Health Assembly. The global monitoring framework was developed to fulfil the mandate given by the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs) and includes the voluntary target of a 10% relative reduction in harmful use of alcohol by 2025 measured against a 2010 baseline. Thirdly, this report presents an overview of some of the mechanisms and pathways which underlie the impact of the harmful use of alcohol on public health.

The report highlights some progress achieved in WHO Member States in the development and implementation of alcohol policies according to the ten areas of action at the national level recommended by the Global strategy. This progress is uneven and there is no room for complacency given the enormous public health burden attributable to alcohol consumption. Globally, harmful use of alcohol causes approximately 3.3 million deaths every year (or 5.9% of all deaths), and 5.1% of the global burden of disease is attributable to alcohol consumption. We now have an extended knowledge of the causal relationship between alcohol consumption and more than 200 health conditions, including the new data on causal relationships between the harmful use of alcohol and the incidence and clinical outcomes of infectious diseases such as tuberculosis, HIV/AIDS and pneumonia. Considering that beyond health consequences, the harmful use of alcohol inflicts significant social and economic losses on individuals and society at large, the harmful use of alcohol continues to be a factor that has to be addressed to ensure sustained social and economic development throughout the world. In the light of a growing population worldwide and the predicted increase in alcohol consumption in the world, the alcohol-attributable disease burden as well as the social and economic burden may increase further unless effective prevention policies and measures based on the best available evidence are implemented worldwide. And, importantly, we know that in countries with lower economic wealth the morbidity and mortality risks are higher per litre of pure alcohol consumed than in the higher income countries.

Following the endorsement of the Global strategy to reduce the harmful use of alcohol WHO has strengthened its actions and activities to prevent and reduce alcohol-related harm at all levels. Several regions have developed and adopted regional strategies focusing on the target areas recommended in the global strategy. At the global level the WHO Secretariat has facilitated establishment of a global network of WHO national counterparts as well as a coordinating council to ensure effective collaboration with and between Member States. At the same time all the efforts and resources available at all levels are clearly not adequate to confront the enormous public health burden caused by the harmful use of alcohol, and further progress is needed at all levels and by all relevant actors to

achieve the objectives of the Global alcohol strategy and the voluntary global target of at least a 10% relative reduction in the harmful use of alcohol by 2025. WHO is prepared and committed to continue to monitor, report and disseminate the best available knowledge on alcohol consumption, alcohol-related harm and policy responses at all levels, which is key to monitoring progress in implementing the Global strategy and regional action plans. Accurate and up-to-date information is vital for alcohol policy development, and I hope that you will find this report, which is largely based on the information submitted from Member States, useful in contributing to the public health objectives articulated in the Global strategy to reduce the harmful use of alcohol.

Oleg Chestnov
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