
Global Status Report On Alcohol



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Abstract

The global burden of disease from alcohol exceeds that of tobacco and is on a par with the burden attributable to unsafe sex worldwide. To provide a global picture of the status of alcohol as a factor in world health, the report begins with an overview describing the types of alcohol available around the world and summarizing data and trends in recorded and unrecorded alcohol production and adult per capita consumption of alcohol. Prevalence of drinking and drinking patterns in the WHO regions and among key sub-populations such as men, women and young people are described. The overview provides statistics on the leading national producers, importers and exporters of alcohol, and describes the changing organization of alcohol production and trends toward globalized alcohol commodities heavily supported by marketing. A discussion of alcohol's possible protective effects is followed by statistics on chronic and acute consequences of alcohol use, including alcohol dependence, chronic liver disease and cirrhosis, motor vehicle crash deaths, and injuries from violence. Social costs and benefits from alcohol use, such as tax revenues, are also discussed. In keeping with WHA resolutions calling for comprehensive national alcohol programmes, the status and importance of national implementation of various alcohol policies are described, including education and health promotion, regulation of physical availability, taxation, product labeling, regulation of promotion, and deterrent strategies. A conclusion reiterates the importance of national programmes and policies for preventing a global epidemic of alcohol-related harm.

Following the overview are country profiles for all Member States for which sufficient data were available. These profiles include information about alcohol use, including trends in adult per capita consumption as well as prevalence data; health and social problems, including morbidity and mortality from alcohol-related causes; policies designed to control alcohol products and problems; and data collection, research and treatment activities.

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Foreword

On behalf of the Substance Abuse Department of the World Health Organization, I am pleased to present this Global Status Report on Alcohol. This volume is the culmination of over four years of dedicated work by WHO HQ, the Marin Institute in California, USA, in consultation with a large number of consultants, researchers, and all the WHO Regional Offices.

The genesis of this work was the growing recognition of the significant contribution of alcohol to the global burden of illness, disability and death. In 1990, WHO estimated that alcohol accounted for 3.5 percent of the total of all Disability Adjusted Life Years (DALY) lost to disease and disability in the world. Both developed and developing countries are affected by this burden. This figure is however, most likely a gross underestimate of the true burden of alcohol to society. Although an attempt was made to estimate the indirect health effects such as disability and death from domestic violence, aggravated assault, motor vehicle accidents, suicide, and boating accidents where alcohol is thought to have played a part, these were only roughly estimated. The true estimation of the adverse health, social and economic costs of excessive alcohol consumption has yet to be calculated.

Although recorded alcohol consumption has fallen since 1980 in most developed countries, it has risen steadily in developing countries and in the countries of the former Soviet Union. Male life expectancy has actually declined in the Russian Federation and this can be linked at least in part to rapid increases in unrecorded alcohol consumption since the collapse of the Soviet Union. The rise in alcohol consumption in these and other developing nations where health and economic systems are weakest, is of great concern to WHO.

Despite the wealth of information presented in this Report much more information is needed. Countries frequently have very limited data on actual alcohol consumption, on patterns of use and on problems specifically related to specialized patterns of drinking. Additionally, we know that the measures used to estimate alcohol consumption and related harm are not satisfactory, such as those that try to estimate unrecorded production and consumption (from smuggling, illicit production, home production) or alcohol related violence and crime. I hope that recognition of these weaknesses will encourage all Member States to work even more closely with WHO to collect more and better data.

No volume describing the adverse health effects of alcohol can be presented without clarifying the beneficial effect that use of alcohol at low levels may have for some segments of the population. Research over the past decade, primarily in developed countries, has shown that for some adults at high risk of coronary heart disease and stroke, small amounts of alcohol can lower the overall risk from these disorders. The lower limit has yet to be firmly established but some research has shown that the full benefit can be achieved with as little as one drink per week. It must be noted that this

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