Alcohol is a key public health and social concern across the society.

Introduction

This autumn, the high level section of the UN General assembly will deal with the global challenges related to the strong increase of non communicable deceases. An important part of this challenge is policy measures related to population level prevention. 4 major risk factors have been identified in the WHO global strategy: Tobacco use, unhealthy diet, to little exercise and harmful use of alcohol.

Alcohol use is somehow complicated to address since the effects can be both preventive and harmful. Alcohol is a casual factor in 60 types of deceases and injuries and a component cause in 200 others. A certain protective effect can be identified against cardiovascular hart decease and some others, only for certain age groups, and only through moderate consumption. Excessive use of alcohol is, on the other hand, a major risk factor for hart decease. Harmful use of alcohol is the leading factor of death in males ages 15-59, mainly due to injuries, violence and cardiovascular deceases. For cancer deceases there is no lower limit for the risk linked to alcohol.

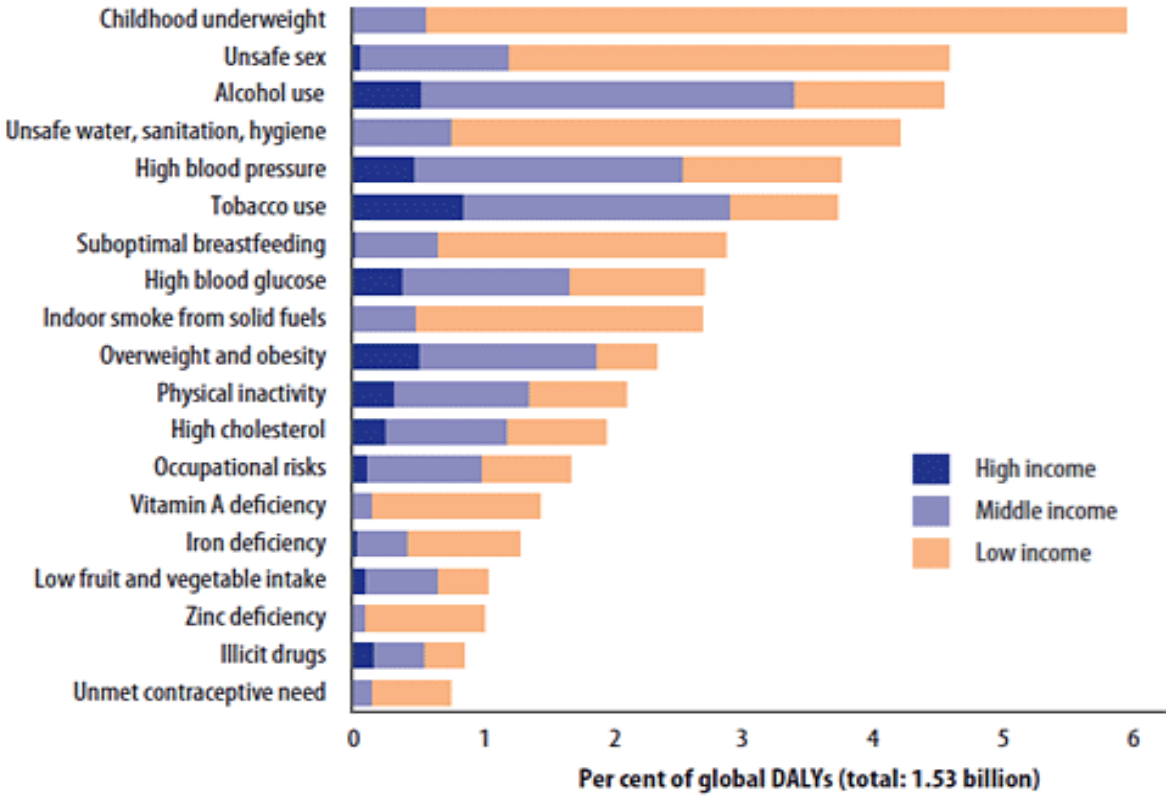
As a whole, alcohol is linked to many harmful consequences for society as a whole and for others in the drinker's environment. The harmful use of alcohol results in 2.5 million deaths each year.

320 000 young people between the age of 15 and 29 die from alcohol-related causes, resulting in 9% of all deaths in that age group.

Alcohol is associated with many serious social and developmental issues, including violence, child neglect and abuse, and absenteeism in the workplace

Alcohol consumption and problems related to alcohol vary widely around the world, but the burden of disease and death remains **signifi**cant in most countries. Alcohol consumption is the world's third largest risk factor for disability and premature death. In middle-income countries harmful use of alcohol is the greatest of the selected riskfatcor.

Almost 4% of all deaths worldwide are attributed to alcohol, greater than deaths caused by HIV/AIDS, violence or tuberculosis. Alcohol is also associated with many serious social issues, including violence, child neglect and abuse, and absenteeism in the workplace.



Per cent of global DALY[1], Global Health Risks (2009).

The use of Alcohol in EU

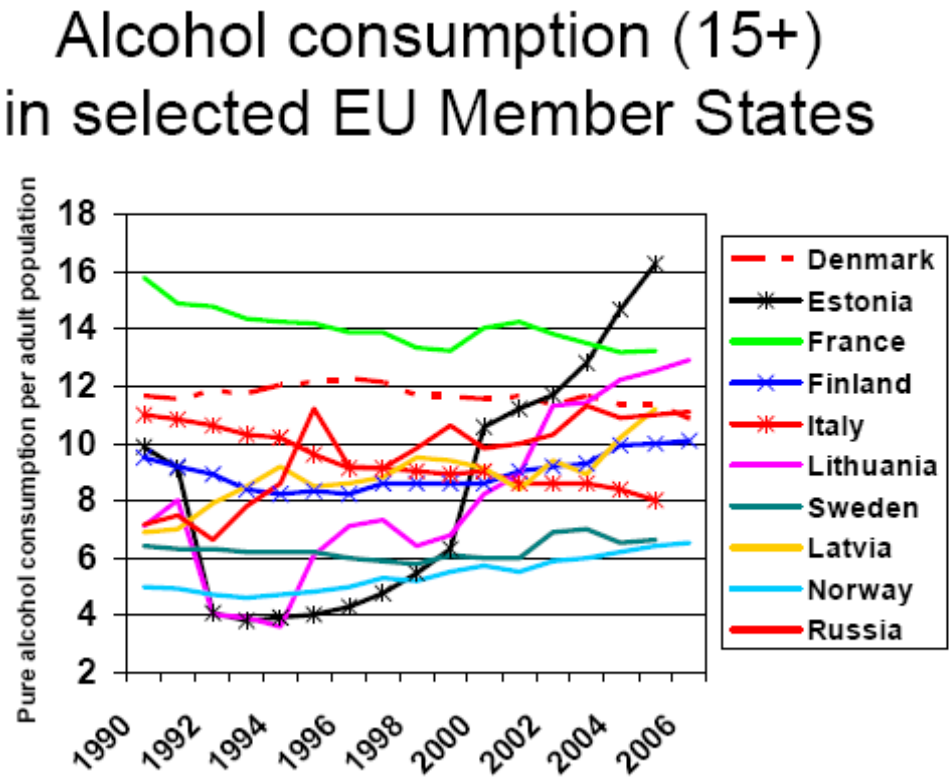
The EU has the highest level of alcohol consumption in the world. The pattern of drinking has varied between the countries, but the pattern of excessive use, often described as binge drinking seems to play a more important role now also in the Mediterranean region. Overall, it is estimated that 55 million people in the EU drink alcohol to harmful levels, and of these individuals, 23 million are considered to be addicted.

Alcohol-attributable disease, injury and violence drain the health, welfare, employment and criminal justice sectors across the EU. Some estimates the loss to €125bn a year. This is only the tangible cost to EU society and does not include the pain, suffering and loss of life due to the causes of harmful use of alcohol.

There is a close relationship between the change in per capita consumption and the change in prevalence of alcohol related harm including alcohol dependence. At the same time there are tendencies to a change in drinking patterns related to age, gender, frequency of drinking occasions, and quantities of consumption pr drinking occasion. These are all factors that

[1] The disability-adjusted life year (DALY) extends the concept of potential years of life lost due to premature death to include equivalent years of "healthy" life lost by virtue of being in states of poor health or disability

influence the level of harm. While average alcohol consumption has been decreasing in the EU, in some countries the proportion of youth and young adults with hazardous consumption patterns has increased where as in other countries the consumption among the young has decreased while we see an increase in the adult population 'Under-age "binge-drinking" and high frequency under-age drinking may have long-term adverse health effects and also increase the risk of social harm.



Alcohol consumption rates and development in Europe vary significantly from country to country (see picture above). In spite of the overall declining trend in alcohol consumption per capita in Europe, there are countries like Estonia, Finland, Latvia UK and others which are experiencing rapid rise in alcohol consumption - and of harm. Therefore, we need to look beyond averages and also understand that even the average alcohol consumption in Europe is a considerable public health hazard

Overall, the relationship between alcohol consumption, economic development and disease burden is complex. In low- to middle-income countries – up to about US$ 20 000 per capita purchasing power parity-adjusted GDP – the higher the economic development, the higher the consumption of alcohol and the lower the number of abstainers. The lower the economic development of a country or region, the higher the alcohol attributable mortality and burden

of disease and injury per litre of pure alcohol consumed the economic costs of alcohol consumption for society as a whole, including the costs to governments and citizens and, to a certain extent, to drinkers themselves. The studies typically do not try to disentangle who within society is paying the costs, although some separate out costs that are paid by various levels of government. In a recent analysis pulling together cost studies from four high-income countries and two middle-income countries, the total costs attributable to alcohol ranged from 1.3% to 3.3% of GDP (Rehm et al., 2009). These costs are not only substantial when compared to GDP, but also in relation to other risk factors

Alcohol and Health

Alcohol is a cause of some 60 different types of diseases and conditions, including injuries, mental and behavioural disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, including an increased risk of prematurity and low birth weight. For most conditions, alcohol increases the risk in a dose dependent manner, with the higher the alcohol consumption, the greater the risk

Alcohol is the leading risk factor for death in males ages 15–59, mainly due to injuries, violence and cardiovascular diseases. Globally, 6.2% of all male deaths are attributable to alcohol, compared to 1.1% of female deaths. Men also have far greater rates of total burden attributed to alcohol than women – 7.4% for men compared to 1.4% for women. Men outnumber women four to one in weekly episodes of heavy drinking – most probably the reason for their higher death and disability rates. Men also have much lower rates of abstinence compared to women.

Women have traditionally used much less alcohol than men, and still the proportion of abstainers among women is still quite high in many countries. WHO has now classified alcohol as first degree cancerogenic substance, in the same category with asbestos. Breast cancer and gastro-intestinal cancers are more common among alcohol users. FAS (Fetal Alcohol Syndrome) is the most common congenital (birth) defect among newborns in our societies.

The health impact of Alcohol is seen across a wide range of conditions, including 17,000 deaths per year due to road traffic accidents (1 in 3 of all road traffic fatalities), 27,000 accidental deaths, 2,000 homicides (4 in 10 of all murders and manslaughters), 10,000 suicides (1 in 6 of all suicides), 45,000 deaths from liver cirrhosis, 50,000 cancer deaths, of which 11,000 are female breast cancer deaths, and 17,000 deaths due to neuropsychiatric conditions as well as 200,000 episodes of depression. **Young people** shoulder a disproportionate amount of this burden, with over 10% of youth female mortality and around 25% of youth male mortality being due to alcohol

European and Global Alcohol policy

Most EU Member States have taken actions to reduce alcohol-related harm, and many of them have extensive policies in this field. Despite the implementation of health policies at both Community and national level, the level of harm, especially among young people, on roads and at workplaces is still unacceptably high

The preventive alcohol policy must strive both for reducing the total consumption and to influence the drinking patterns, including reducing binge drinking. It is important that alcohol is avoided during childhood and adolescence, during pregnancy, in road traffic, in boating, in connection with sports and in working life. General policies directed at the whole population are not in conflict with actions aimed at influencing special groups.

A population approach policy addressing price, availability and general health advice through brief interventions is supported by the alcohol research literature as the most efficient preventive alcohol policy.
The literature shows less strong evidence for information- and education programmes. Never the less education programmes should be an important element in a comprehensive strategy to reduce harmful use of alcohol.

Alcohol research should be given increased resources. Free and independent research, which does not depend on money from the commercial alcohol industry, is important for the continued development of alcohol policy. Alcohol research should be given increased resources and should be cross disciplinary, with participation of researchers from social and behavioral sciences, medicine, economics, traffic research and other areas.

Successful implementation of alcohol policies is a critical means by which alcohol consumption and its consequent harm can be reduced. Making these available and accessible requires political will and the national, sub-national and municipal infrastructure to facilitate policy formation and implementation.

Regional and national commitments and actions are, therefore, required to address alcohol consumption and harm and the wider social determinants of health. In this way, the problem is viewed as a wider societal issue, making it appropriate to consider interpersonal as well as intrapersonal harm from alcohol consumption.