

## Global Control of non-communicable diseases requires attention to harmful use of alcohol

The planned High-Level Meeting of the United Nations (UN) in September 2011 will discuss the prevention and control of non-communicable diseases (NCD). The Global Alcohol Policy Alliance (GAPA) requests the participants at the planned UN High-Level Meeting to take into consideration harmful use of alcohol as a risk factor for NCDs and ensure that the outcome document from the meeting includes strategies that have been shown to have a meaningful impact on reducing alcohol-related harm. GAPA aligns with NCD Alliance's proposed outcome document calling for leadership, prevention, treatment, international cooperation, monitoring and accountability.<sup>1,2</sup>

The World Health Organization has identified harmful use of alcohol as a leading risk factor for death and disability globally, responsible for 4% of all deaths worldwide and 4.6% of disability-adjusted life years (DALYs) lost. The harmful use of alcohol is especially fatal for younger age groups: alcohol is the world's leading risk factor for death among males aged 15–59. In terms of DALYs, alcohol ranked 3rd highest (1st in middle-income countries, 8th highest in low-income countries and 2nd highest in high-income countries).<sup>3</sup>

Of alcohol's disease burden, 57% comes from three major categories of non-communicable diseases. There is a causal link between harmful use of alcohol and a number of types of **cancers**, and these account for 20% of alcohol's disease burden. Nine leading environmental and behavioural risks, including alcohol, are jointly responsible for 35% of cancer deaths. Regarding **cardiovascular diseases**, chronic, heavy alcohol use leads to adverse cardiac outcomes, and these account for 22% of all alcohol-attributable deaths. Any beneficial cardio-protective effect of drinking disappears with heavy drinking. Harmful use of alcohol is among eight risk factors that jointly account for 61% of cardiovascular deaths. Alcohol is also associated with various kinds of **liver disease**. The likelihood of developing an alcohol-attributable liver disease is a function of both the duration and the amount of heavy drinking. Of all alcohol-attributable deaths in 2004 about 15% come from liver cirrhosis.

**Prevention:** GAPA supports the call of the NCD Alliance to “develop and implement comprehensive strategies to decrease the harmful use of alcohol, in particular, among youth.”<sup>1</sup> As part of national efforts to address NCDs countries need to give priority to implementing the *Global Strategy to Reduce the Harmful Use of Alcohol* approved by the World Health Assembly in Geneva in May 2010. Particular attention should be given to implementing evidenced-based strategies regulating the availability, price and marketing of alcohol. At the global level support should be given to the WHO to enable it to carry out the mandate expressed in the *Global Strategy*, especially providing technical assistance to low- and middle-income countries to implement policies to reduce alcohol-related problems.

Opposition from vested interest groups such as the alcohol-beverage industry and associated sectors (e.g. the advertising industry) that benefit from the status quo must be anticipated and countered. Addressing the social determinants of NCDs will also require understanding and combating the role of globalisation in promoting such diseases.

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<sup>1</sup> Proposed Outcomes Document for the United Nations High-Level Summit on Non-Communicable Diseases, NCD Alliance

<sup>2</sup> Robert Beaglehole et al.: Priority actions for the non-communicable disease crisis, *The Lancet* 6 April 2011

<sup>3</sup> Charles Parry and Jürgen Rehm: Addressing harmful use of alcohol is essential to realising the goals of the UN Resolution on non-communicable diseases (NCDs); GAPA February 2011