

Global strategies against alcohol

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TITLE Plans drawn up for a war on drink. Can a global strategy against alcohol match the health success of international controls on tobacco?

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SUMMARY

For most, alcohol is about relaxation and conviviality, but doctors, healthcare agencies and governments are concerned about the ill effects of alcohol. Two factors have led the World Health Organisation (WHO) executive board to plan for a global strategy to combat alcohol damage: the damage alcohol can do to drinkers themselves and the damage alcohol drinkers can do to others. The WHO plan, if agreed, would become a draft strategy in 2010.

Harm to non-smokers from 'passive smoking' led to the prohibition of smoking in public places, and similar considerations are being advocated for imposing alcohol controls. Worldwide, alcohol has been estimated to play an important part in violent crime, domestic abuse, child abuse and neglect, road accident deaths in those other than drinking drivers, public disorder and date rape. Additionally, damage to drinkers themselves, reported to the WHO, includes 2.3 million alcohol-related premature deaths in 2002, accounting for 3.7% of all deaths and for 7.5% of male deaths below the age of 60 years.

The most effective ways of reducing alcohol consumption include significant increases in alcohol taxation, advertising restrictions and better drink-driving laws, but national cultures determine their relative efficacy. Those who study alcohol and its effects tend to favour population-wide measures, such as increased taxation, while the alcohol industry favours targeting heavy drinkers and enforcing drink-driving laws. Supporters of the WHO plan point to the need for a global strategy, but this strategy would not be legally binding and individual countries will determine national action. Whatever happens, alcohol control will likely take a long time.

OPINION

Alcohol is a major threat to public health worldwide. Not only does the drinker suffer, but, even more so than with tobacco, there is a huge collateral damage due to assault, road traffic accidents and blighted childhood. The

WHO's European Charter on Alcohol states: 'All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.'¹ Few countries come near to achieving this ambition.

Alcohol is no ordinary commodity, and trade based solely on market forces should be tempered by concerns for public health and well-being.² A judicious mixture of population and targeted measures is required if we are to turn the global tide of alcohol consumption. Measures that reduce availability include making alcohol more expensive in relation to disposable income, restricting access, particularly for young people, and enforcing drink-driving laws. The medical Royal Colleges and Faculties in Scotland have united to form an advocacy body, Scottish Health Action on Alcohol Problems (SHAAP), which is committed to raising awareness of effective prevention policy.³

A Framework Convention on Tobacco has recognised that governments must adhere to good practice to reduce the harm attributable to tobacco, and a similar initiative will be called for in relation to alcohol at the World Health Assembly.

Doctors and other health workers should support this and can contribute to reducing the harm, first by recognising hazardous drinking among patients at an early stage when brief intervention can be very effective, and second by publicly supporting evidence-based preventive policies.

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- 3 Scottish Health Action on Alcohol Problems. *Alcohol: price, policy and public health*. Edinburgh: SHAAP; 2007. Available online from: <http://www.shaap.org.uk/publications.php>