

Alcohol and Global Health 3

Reducing harm from alcohol: call to action

Sally Casswell, Thaksaphon Thamarangsi

Despite clear evidence of the major contribution alcohol makes to the global burden of disease and to substantial economic costs, focus on alcohol control is inadequate internationally and in most countries. Expansion of industrial production and marketing of alcohol is driving alcohol use to rise, both in emerging markets and in young people in mature alcohol markets. Cost-effective and affordable interventions to restrict harm exist, and are in urgent need of scaling up. Most countries do not have adequate policies in place. Factors impeding progress include a failure of political will, unhelpful participation of the alcohol industry in the policy process, and increasing difficulty in free-trade environments to respond adequately at a national level. An effective national and international response will need not only governments, but also non-governmental organisations to support and hold government agencies to account. International health policy, in the form of a Framework Convention on Alcohol Control, is needed to counterbalance the global conditions promoting alcohol-related harm and to support and encourage national action.

Alcohol: a global priority for action

The first report in this Series showed that consumption of alcohol contributes greatly to the burden of disease. Alcohol has an important effect on mental health and injury, overall accounting for 4.6% of the global burden of disease and injury in 2004.¹

Present estimates of health effects probably underestimate the harm caused by alcohol, because the full

range of social costs are under-researched.² Estimates of economic costs associated with alcohol, which include measures of lost productivity and criminal justice costs, show that more than 1% of gross domestic product (GDP) purchasing power parity in high-income and middle-income countries is attributable to alcohol consumption. A further gap, in which more research is needed, is measurement of externalities—eg, the effect of alcohol on the drinker's associates and family, and on victims of violence and traffic injury. Similar to passive smoking, these effects are relevant in debates about the public and political acceptability of effective alcohol policy.³

Alcohol is a determinant of health that contributes to health inequalities. Prevalence of drinking increases as income rises from very low amounts;⁴ however, heavy consumption and harm is associated with lower socio-economic status and marginalisation.⁴⁻⁶ Furthermore, heavy alcohol consumption contributes to lowered human capital; emerging economic research suggests a negative effect of drinking on achievement in school and subsequent earnings.^{7,8} Household expenditure on alcohol exacerbates poverty, and resources directed to respond to social and health effects of alcohol impair community development.^{9,10} Strengthened regulatory controls on health-damaging commodities, such as alcohol, are necessary for achievement of health equity.¹¹

Although alcohol has been used for millennia in some parts of the world, the past few decades have seen striking changes in production and use of alcohol. Traditional and indigenous beverages, though still important in some countries, are increasingly commercialised and replaced by industrially produced, branded beverages. Ethanol, the active agent, is delivered in an expanding range of beverage types—branded and unbranded—designed to meet the needs of all parts of the market.

Alcohol producers have been consolidated and globalised, such that the international market is now dominated by a few large corporations with enormous financial resources and sophisticated marketing

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This is the third in a **Series** of three papers about alcohol and global health

Centre for Social and Health Outcomes Research and Evaluation, Massey University, Auckland, New Zealand (Prof S Casswell PhD); and **International Health Policy Program, Ministry of Public Health, Bangkok, Thailand** (T Thamarangsi PhD)

Correspondence to: Prof Sally Casswell, Centre for Social and Health Outcomes Research and Evaluation, Massey University, PO Box 6137, Wellesley Street, Auckland, New Zealand
s.casswell@massey.ac.nz

Key messages

- Alcohol is a major risk factor for burden of disease, and countries are estimated to spend more than 1% of their gross domestic product (adjusted by purchasing power parity) on economic costs attributable to alcohol.
- Relative to these harms, alcohol is not high on the global health agenda and, unlike tobacco and illicit drugs, no international policy is in place.
- The role of vested interests in subverting development of an effective public health response to alcohol-related harm is similar to that of tobacco.
- Cost-effective interventions exist and are focused on total populations; these interventions control availability, affordability, marketing of alcohol, and driving while under the influence of alcohol.
- Some national governments have implemented effective policy, but in most governments a strengthened response is urgently needed. Implementation needs multisectoral activity driven by national governments, but also including local governments and community-level responses.
- WHO, other international agencies, and the non-governmental organisation sector are showing raised concern and engagement with alcohol harm and alcohol-control policy.
- An international health response to reduce harm from alcohol—a Framework Convention for Alcohol Control—is needed to spur national action and enable collaboration and negotiation on international and regional issues.