

Alcohol and Policy Propositions

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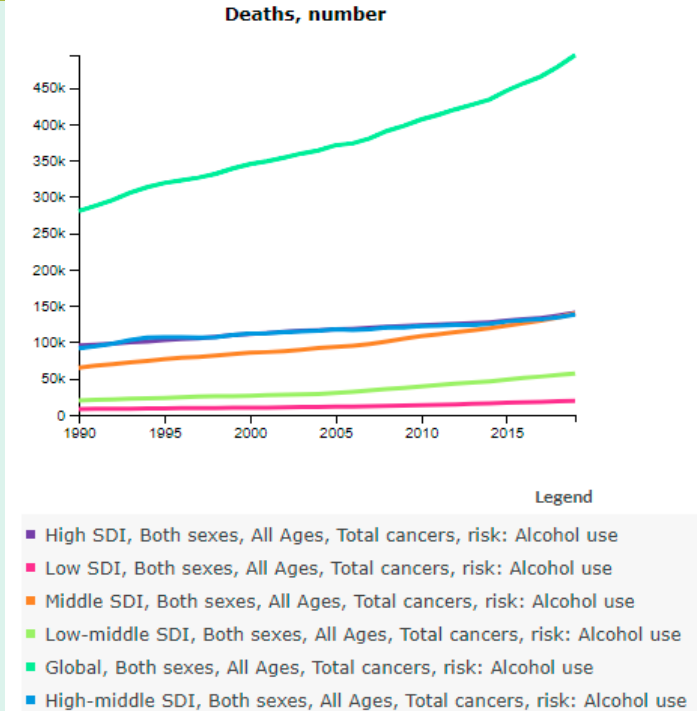
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Public Health Foundation of India

Alcohol Consumption by Gender and Country

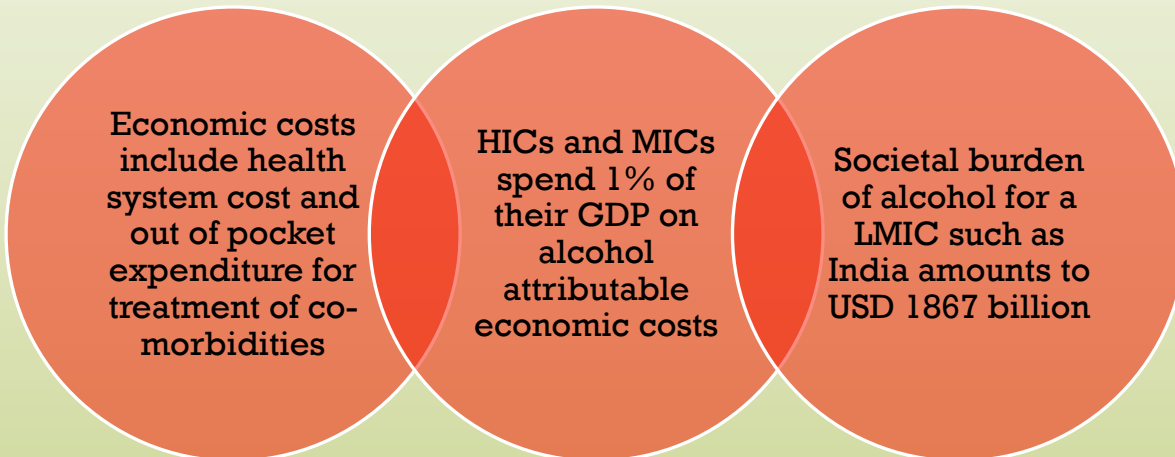


Griswold MG, Fullman N, Hawley C, Arian N, Zimsen SRM, Tymeson HD, et al. Alcohol use and burden for 195 countries and territories, 1990-2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet*. 2018;392(10152):1015–35.

Total number of deaths due to alcohol associated cancers (2019 – GBD)



Economic Burden of Alcohol Use



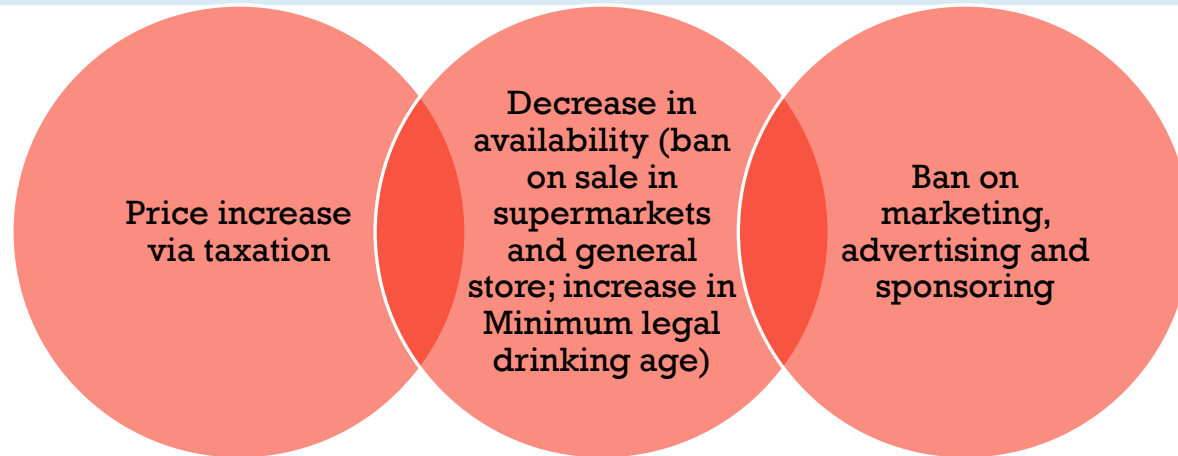
Jyani, G., Prinja, S., Ambekar, A., Bahuguna, P., & Kumar, R. (2019). Health impact and economic burden of alcohol consumption in India. *International Journal of Drug Policy*. 69, 34-42.

Health and Societal Burden of Alcohol Use

- 5.3% of all global deaths (approx. 3 million) are attributed to alcohol use.
- Alcohol is known to cause cancer of oral cavity and pharynx, larynx, esophagus, liver, stomach, breast, colon and rectum. Association has also been shown between alcohol and cancer of pancreas and prostate.
- Common causes of death due to alcohol include – injuries, diseases of digestive system, cardiovascular diseases, infectious diseases and cancers
- In HIC, 20% of fatally injured drivers were found with excess blood alcohol and 33%-69% of road traffic fatalities in LICs were attributed to alcohol use

Policy Propositions for Reducing Burden of Cancer

- Globally, 4.2% of all cancer deaths are attributable to use of alcohol and 10.3 million cancer disability-adjusted life years were lost due to alcohol use.
- For each associated cancer, the more alcohol a person consumes, the higher is the cancer risk. Even small amounts of alcohol consumption is linked with increase in risk of breast cancer
- No level of alcohol is safe or healthy for consumption.
- Worldwide, the awareness of people regarding alcohol and cancer risk is low. It is lower than knowledge about tobacco and cancers.



General population strategies, which are highly effective, easy and inexpensive to implement (best buys)

THE MYTH OF THE J-CURVE

Risks, attributable to alcohol drinking, increase for all the major cardiovascular diseases. Evidence on cardio-protective behavior of alcohol is based entirely on non-randomized studies

Misclassification of former drinkers with lifetime abstainers – this contaminates the abstainer reference group as former drinkers may possibly have worse health profiles

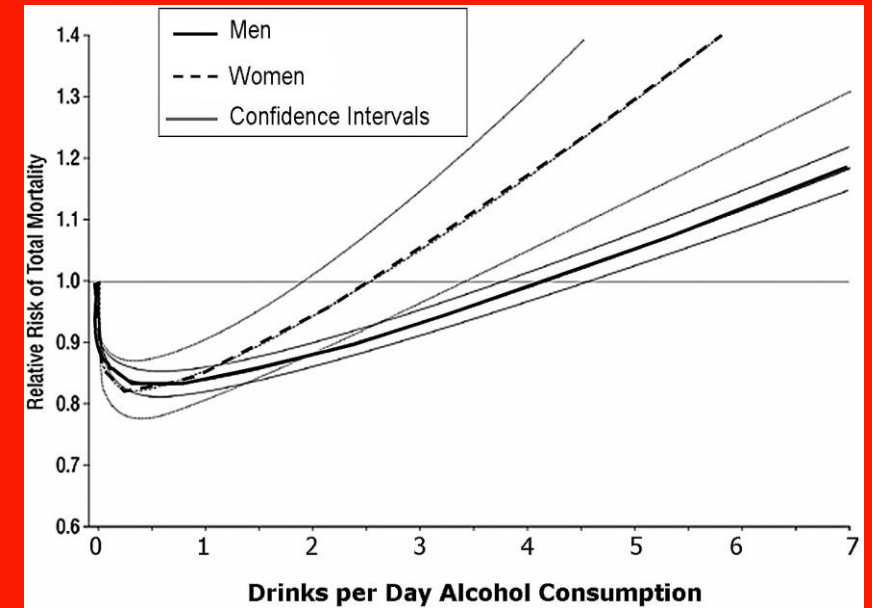
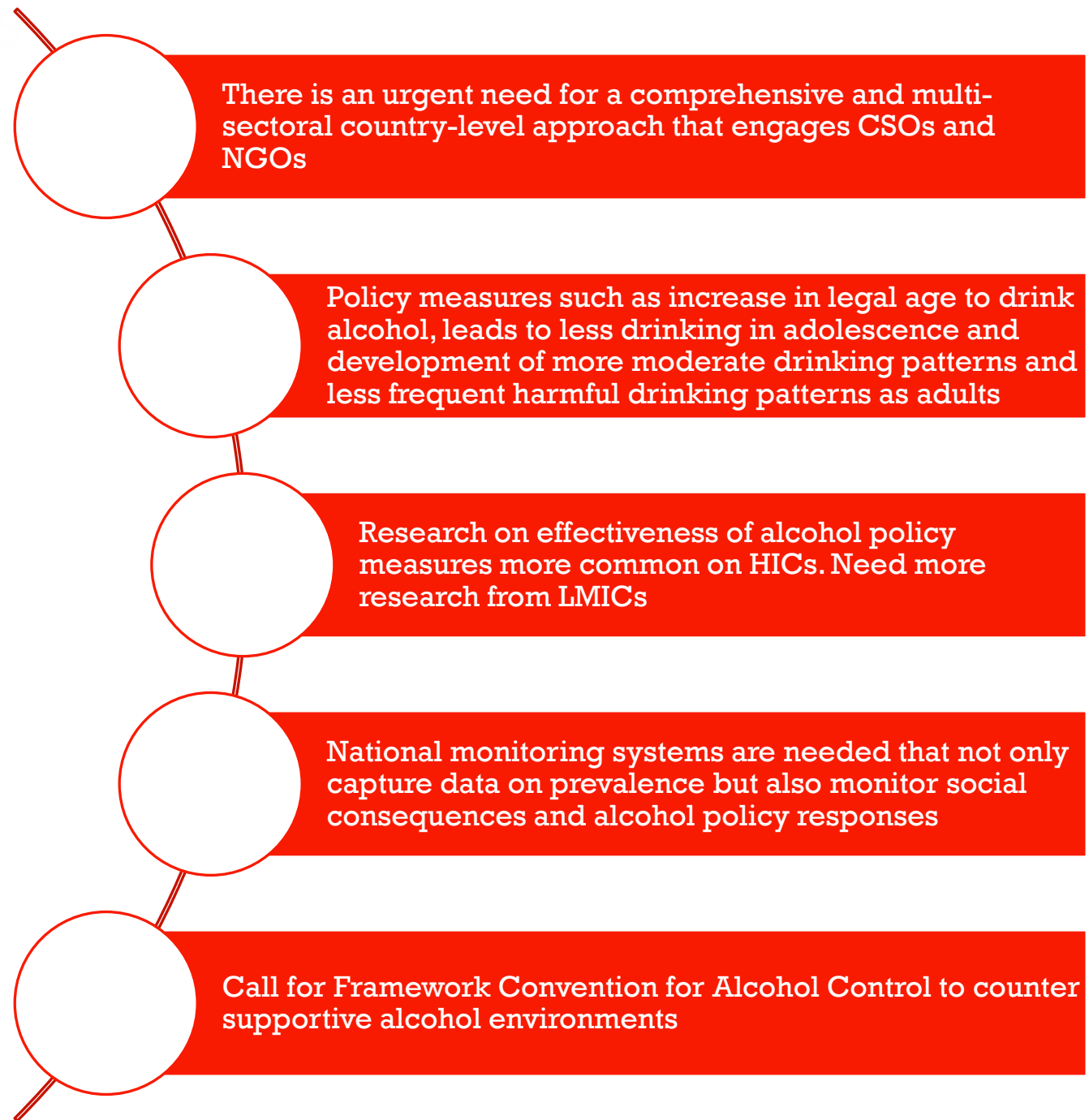


Image Source: O'Keefe, J. H., Bybee, K. A., & Lavie, C. J. (2007). Alcohol and cardiovascular health: the razor-sharp double-edged sword. *Journal of the American College of Cardiology*, 50(11), 1009-1014.

GLOBAL EFFORTS FOR REDUCING BURDEN OF ALCOHOL USE

- In 2010, during the sixty-third session of the World Health Assembly, 193 member states reached consensus to reduce the harmful use of alcohol by adopted resolution WHA63.13.
 - The World Health Assembly recognized the close links between harmful use of alcohol and socio-economic development of a country.
- In 2018, the WHO launched the SAFER Alcohol Control Initiative for:
 - **Strengthening** restrictions on alcohol availability
 - **Advancing** and enforcing drink driving countermeasures
 - **Facilitating** access to screening, brief interventions and treatment
 - **Enforcing** bans on alcohol advertising, sponsorship and promotion
 - **Raising** prices on Alcohol
- WHO Global Action Plan for Prevention of NCDs called for 10% relative reduction in harmful use of alcohol
 - India has set a country target for 10% reduction in prevalence of alcohol





Thank You.

Any Questions?

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