

WHO policy on alcohol and tobacco control for the WHO European Region with a reflection for the Czech Republic

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Alcohol

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and **harmful use of alcohol**

Indicator 3.5.1. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders

Indicator 3.5.2. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol



Tobacco

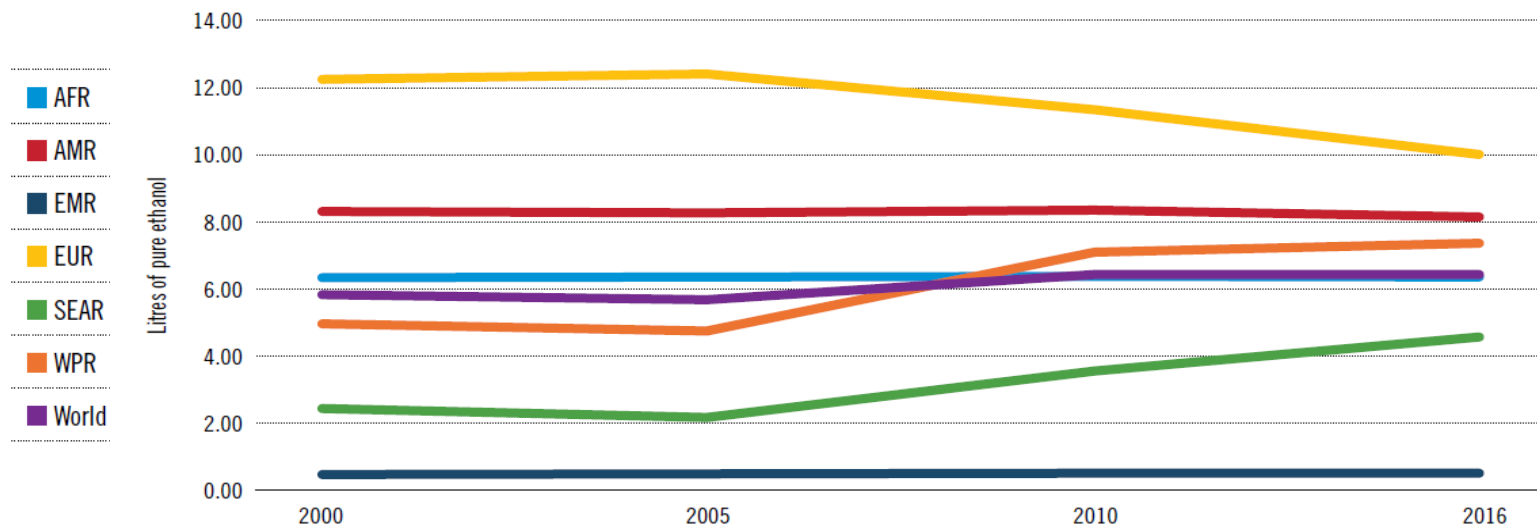
Target 3.A: Strengthen the implementation of the World Health Organization Framework Convention on **Tobacco Control** in all countries, as appropriate.

Indicator 3.A.1: Age-standardized **prevalence of current tobacco** use among persons aged 15 years and older.

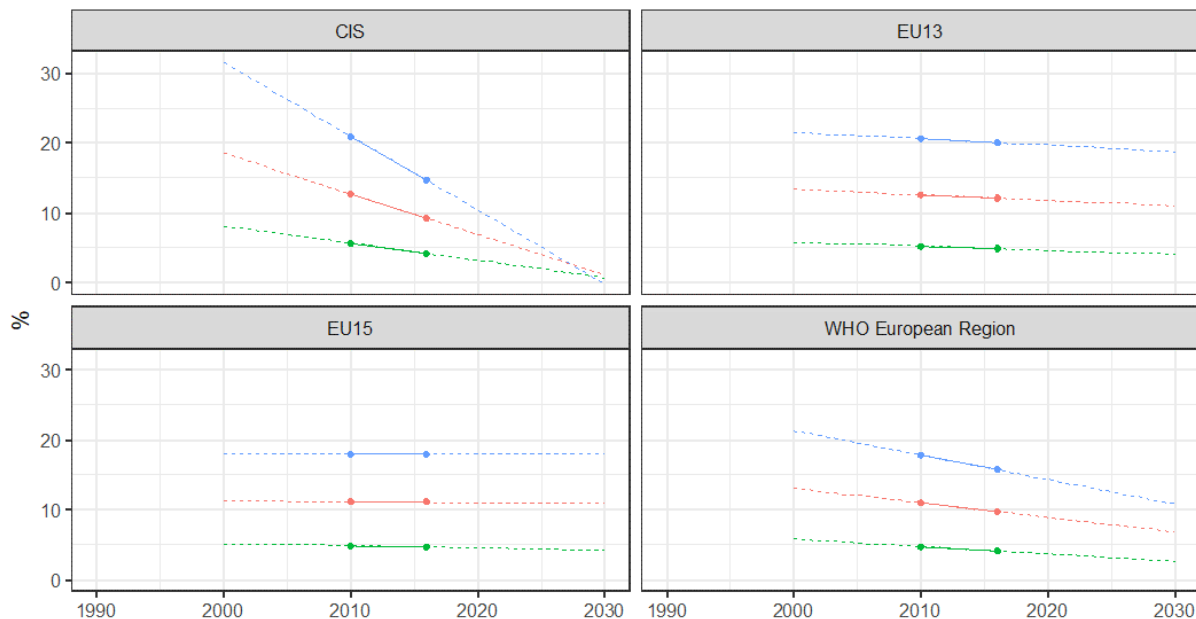
Alcohol consumption



Trends in total alcohol per capita consumption (APC) (15+ years) in litres of pure alcohol in WHO regions, 2000–2016

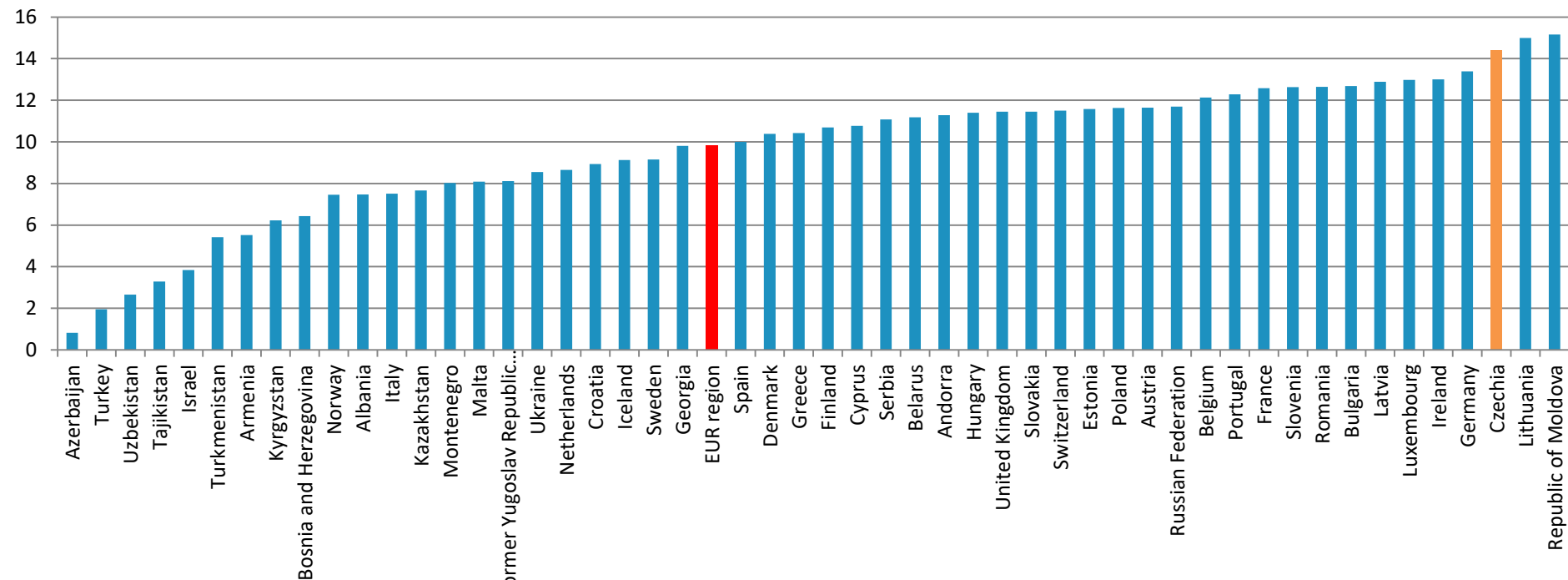


Alcohol consumption WHO EURO



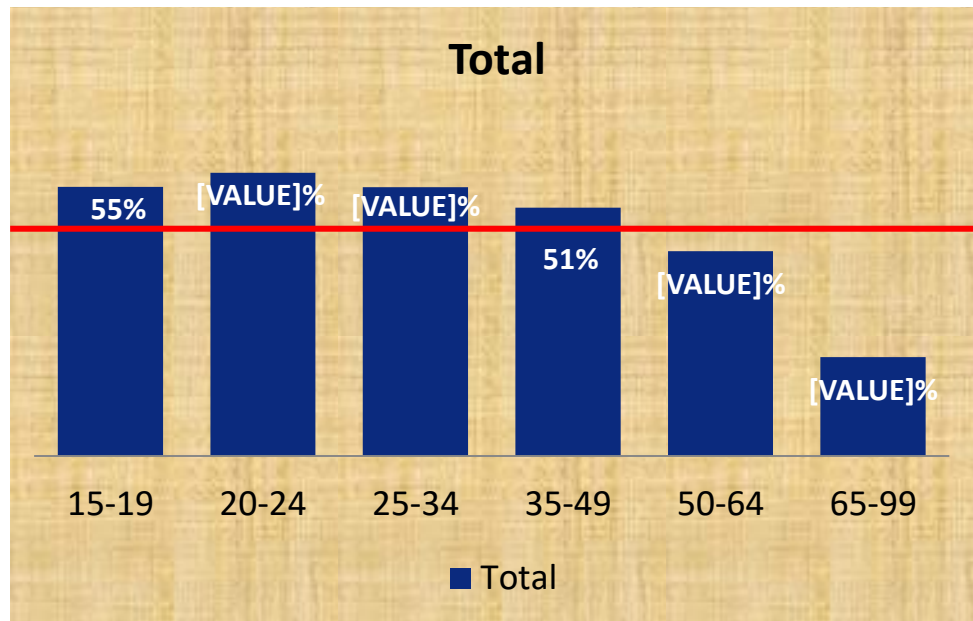
Both sexes Females Males

Total alcohol per capita, 2016



Detrimental Patterns of Drinking (HED)

More than 50% of drinkers drank more than 60 grams of pure alcohol on at least one occasion in the past 30 days



Health consequences



The WHO European Region struggles with one of the highest levels of alcohol-related deaths in the world

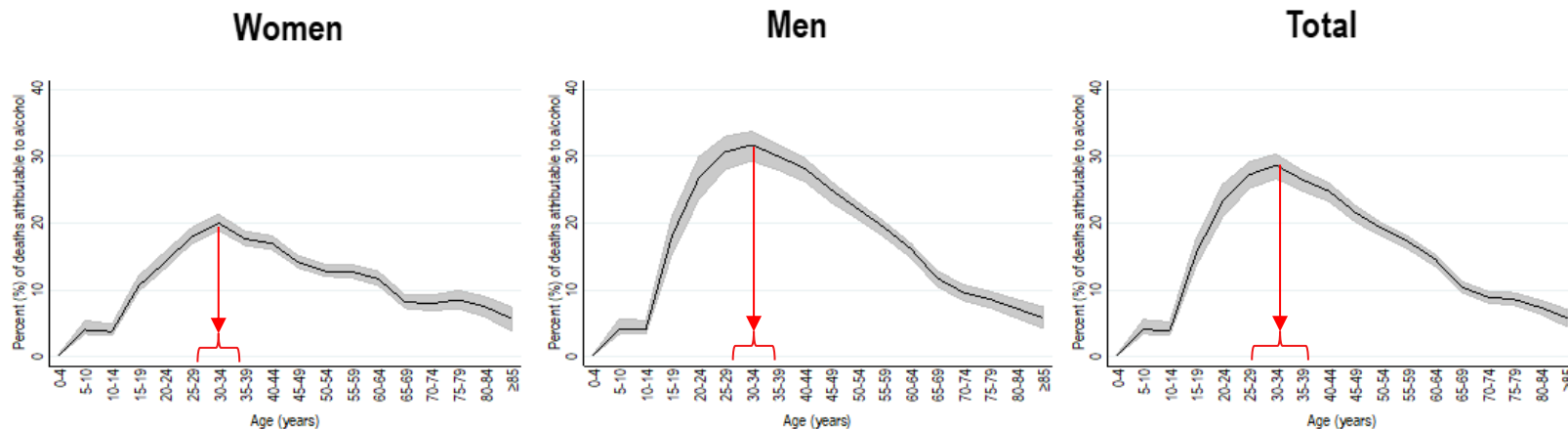
1 million people
died in the
European Region
as a result of
alcohol

2500 people
per day

Cause of death	Women		Men		Total	
	Number	%	Number	%	Number	%
Communicable disease	8,992	2.5	28,785	5.0	37,777	4.1
Noncommunicable disease^a	316,739	88.7	412,516	72.1	729,256	78.5
Cancer	35,635	10.0	96,937	17.0	132,572	14.3
Alcohol-use disorders	11,319	3.2	46,207	8.1	57,526	6.2
Cardiovascular diseases	240,783	67.5	180,002	31.5	420,784	45.3
Liver cirrhosis	34,837	9.8	74,185	13.0	109,022	11.7
Injury	31,242	8.8	130,567	22.8	161,808	17.4
Unintentional injury	19,729	5.5	75,113	13.1	94,842	10.2
Intentional injury	11,513	3.2	55,453	9.7	66,967	7.2
Harm to others – traffic	5,088	1.4	11,297	2.0	16,385	1.8
All alcohol-attributable causes	356,973	100.0	571,868	100.0	928,841	100.0

Proportion of deaths caused by alcohol by age and sex in the WHO European Region in 2016

Compared to other major noncommunicable disease risk factors such as tobacco use, a relatively high proportion of alcohol harm occurs early in the life-course.

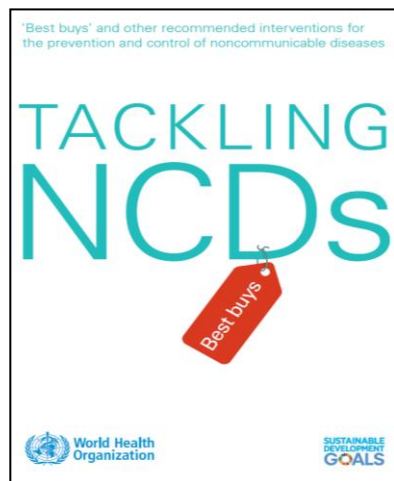


Priority policies



Clarity on what works best

Best buys



88 Solutions → 16 Best-buys



Best-buys: Effective interventions with cost effectiveness analysis $\leq$ I\$ 100 per DALY averted in LMICs



Effective interventions with cost effectiveness analysis $\geq$ I\$ 100 per DALY averted in LMICs



Other recommended interventions from WHO guidance (cost effective analysis not available)

Alcohol BB

'Best buys': effective interventions with cost effectiveness analysis (CEA) $\leq$ I\$100 per DALY averted in LMICs



Effective interventions with CEA $>$ I\$100 per DALY averted in LMICs



Other recommended interventions from WHO guidance (CEA not available)



Increase excise taxes on alcoholic beverages⁷

Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)⁸

Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)⁹

Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints¹⁰

Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use¹¹

Carry out regular reviews of prices in relation to level of inflation and income

Establish minimum prices for alcohol where applicable

Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets

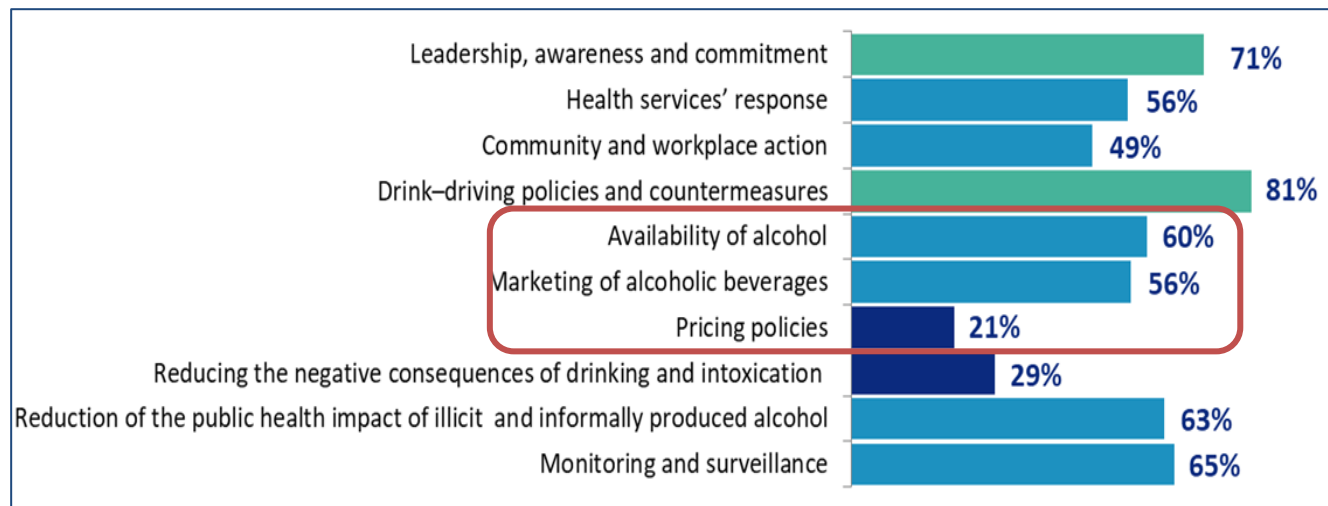
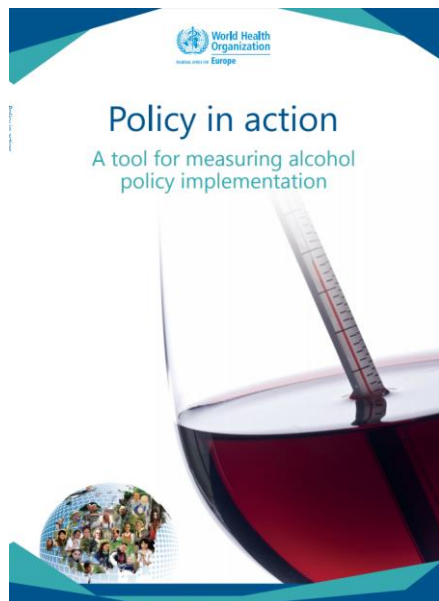
Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people

Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services

Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol

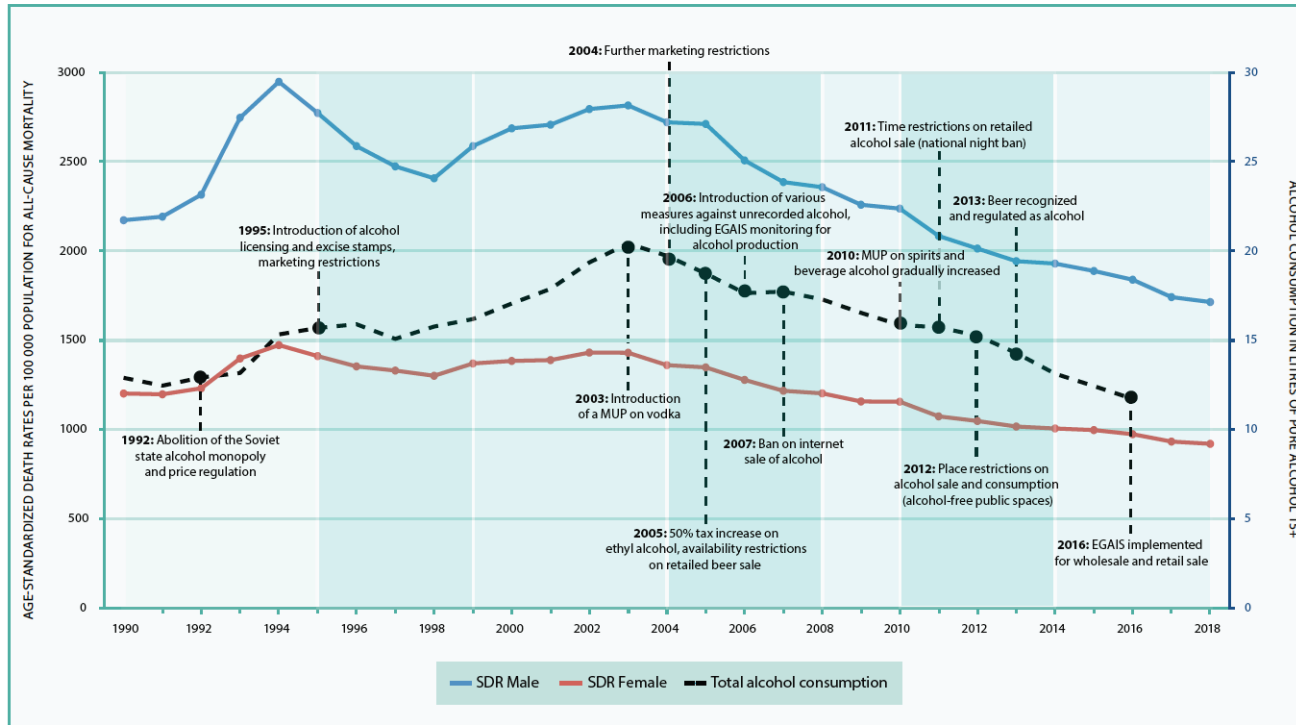
An up-to-date list of WHO tools and resources for each objective can be found at <http://www.who.int/nmh/ncd-tools/en>

Levels of alcohol policy implementation in the WHO European Region in 2016



Policies do matter!

Effect of important alcohol control measures in the Russian Federation on total alcohol consumption and all-cause mortality in men and women*



* Left scale: all-cause mortality.
Right scale: total alcohol consumption.

REGIONAL OFFICE FOR Europe

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Всемирная организация здравоохранения
Европейское региональное бюро



→ 40% drop for both sexes

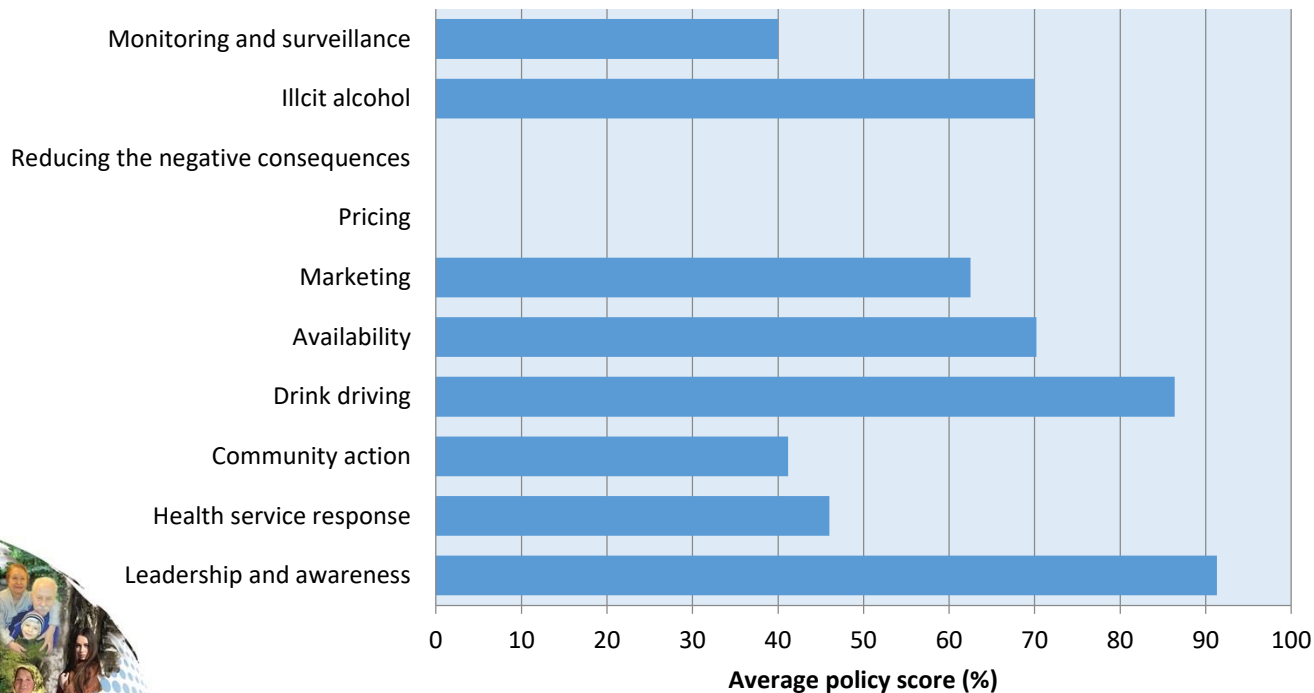
→ increase 9 years on life expectancy for men

Alcohol control in Czech Republic: main achievements and remaining gaps



Average policy scores 2016

■ Czech Republic



Tobacco Control





Parties to FCTC 50



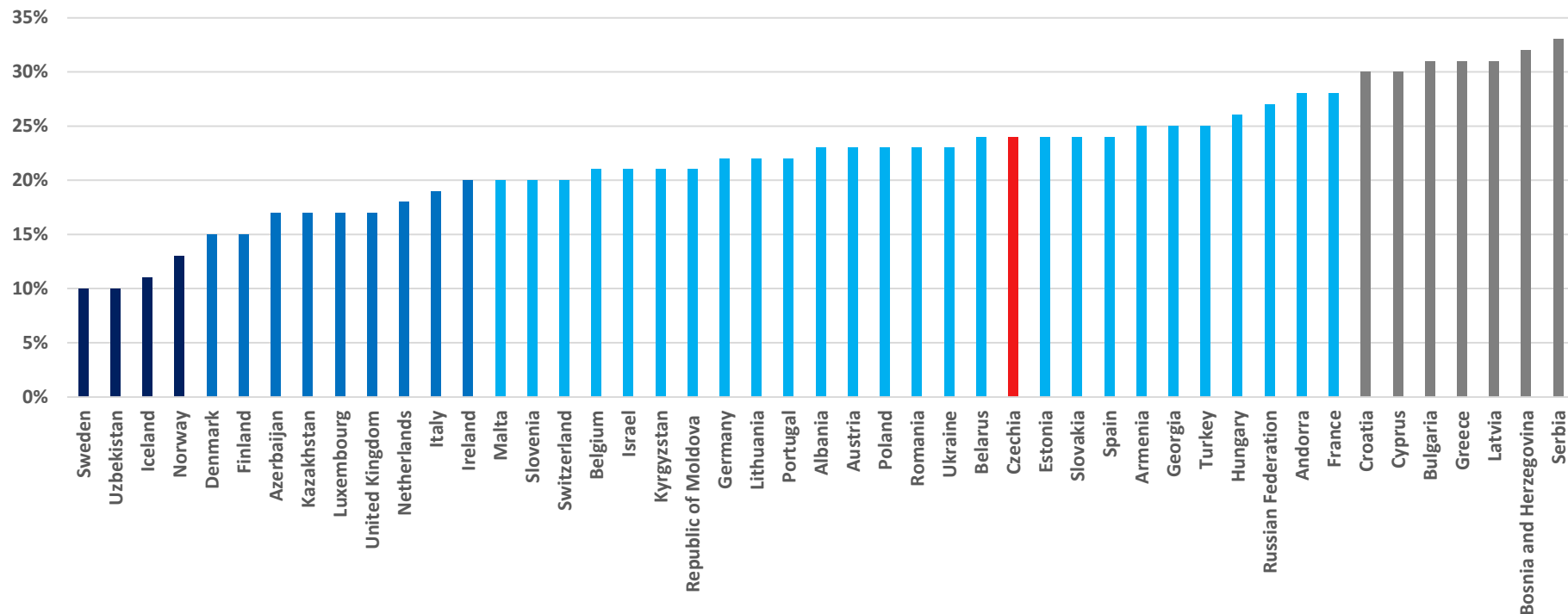
Photo credit: Kalyan Chakravarthy <https://flic.kr/p/9jkkw5>



**Tobacco
Users (%)**

29

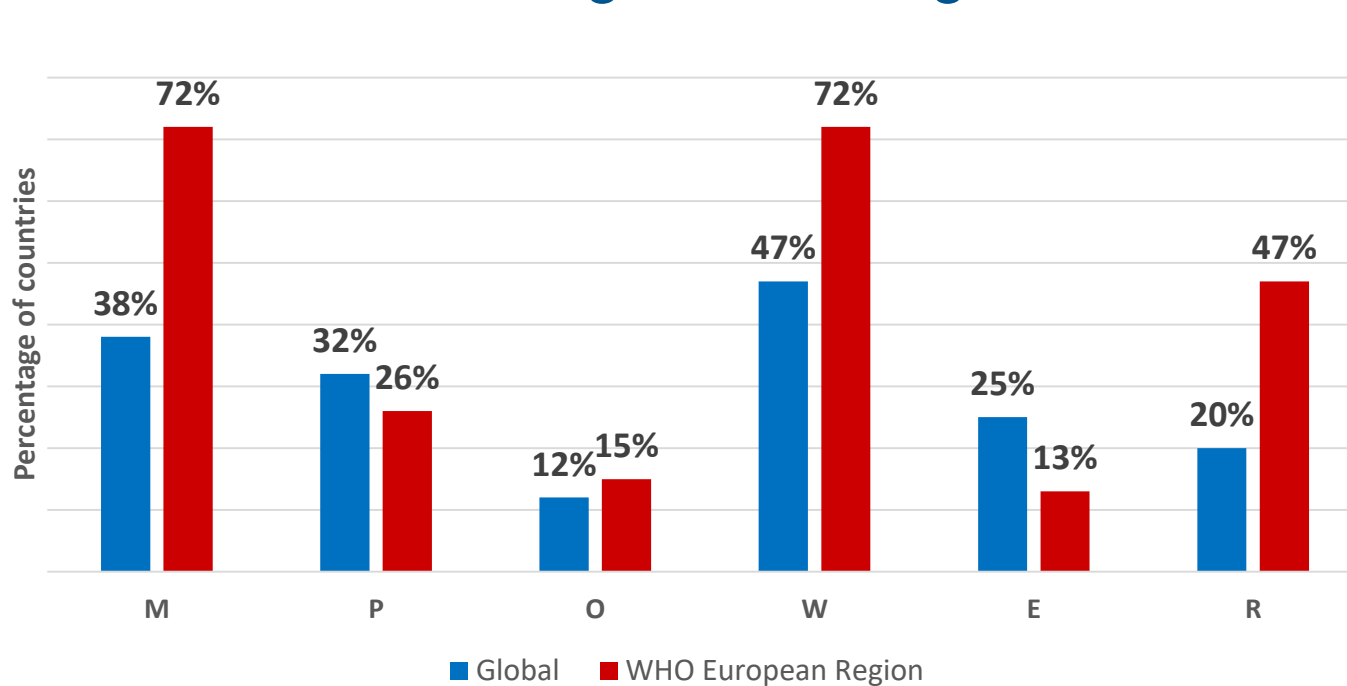
Adult daily smoking prevalence, 2017



Best buys - we know what works

1. **Increase taxes** and **prices** on tobacco products
2. Implement **standardized packaging** and **large graphic health warnings** on all tobacco packs
3. Enact and enforce **comprehensive bans** on **tobacco advertising, promotion and sponsorship**
4. **Eliminate exposure to second-hand tobacco smoke** in **all** indoor workplaces, public places, public transport
5. Implement **effective mass media campaigns** about the harms of tobacco use and exposure

Countries implementing MPOWER at the recommended level: Region versus global as of 2018



Monitor tobacco use & prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, & sponsorship

Raise taxes on tobacco

Tobacco control in Czech Republic: main achievements and remaining gaps



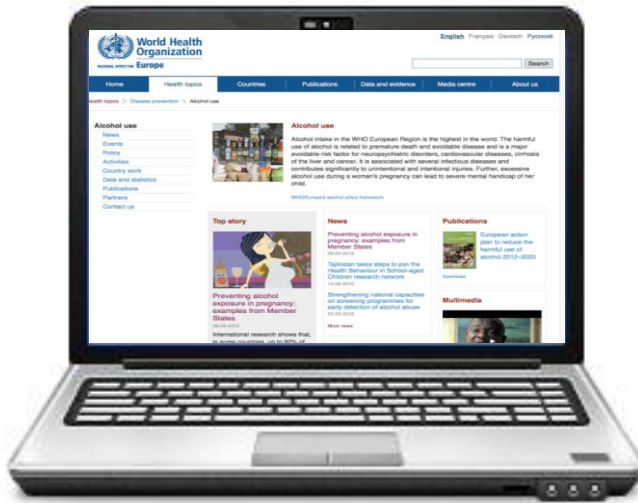
Tobacco control in Czech Republic: main achievements and remaining gaps

M (monitoring)	
P (smoke-free policies)	
Offer (cessation programmes)	
W (health warnings)	
W (mass-media)	
E (advertising bans)	
R (taxation)	75.4%
R (affordability)	YES

Achievements

- Czech Republic has recent, representative and periodic data for both adults and youth
- Smoking is prohibited in healthcare facilities, educational facilities except universities, and on public transport. In restaurants and cafes/pubs/bars smoking is banned but the ban does not apply to waterpipes
- Large warnings (65%) with all appropriate characteristics
- Ban on most forms of direct and some forms of indirect advertising
- National quit line, and both NRT and some cessation services cost-covered
- Share of total taxes in the retail price of the most widely sold brand of cigarettes was 75.4% in 2018
- Cigarettes are less affordable in 2018 compared with 2016

More information on the WHO website



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