Alcohol consumption
3.5.2

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Key international frameworks
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

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

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
Alcohol surveillance and information systems

Reporting to:
- UN Sustainable Development Goals (SDGs)
- WHO World Health Statistics
- WHO Global strategy to reduce the harmful use of alcohol
- WHO NCD monitoring framework

Products:
- WHO Global status report on alcohol and health
- WHO Global information system on alcohol and health

Data:
- WHO Global survey on alcohol and health
- Government documents and statistics
- FAO, intergovernmental organizations
- National/international surveys
- Economic operators
- Journal articles, grey literature
Global Surveys on Alcohol and Health

2002 Global Alcohol Policy survey

2008 Global Survey on Alcohol and Health

2012 Global Survey on Alcohol and Health (online data collection)

2016 Global Survey on Alcohol and Health (online data collection)

2019 Global Survey on Progress on SDG Health Target 3.5 (online)

Sections of 2019 global survey:
- Alcohol consumption
- Surveys
- Alcohol policies
- Service coverage for substance use disorders
Validation

For the Global Surveys on Alcohol and Health and subsequent publications:

• Close collaboration between WHO headquarters, WHO regional offices, and WHO country offices;
• Official nomination of alcohol focal point or alcohol national counterpart in the country by the Ministry of Health;
• Following submission, questions for clarification are asked (e.g. comparison to previous responses);
• Country profiles are sent to alcohol focal points or alcohol national counterparts for validation / endorsement;
• Data closure dates and data sources are communicated; if better data, changes can be incorporated.
Global Status Reports on Alcohol and Health

1999 Global Status Report on Alcohol
2001 Global Status Report on Alcohol and Young People
2004 Global Status Report on Alcohol Policy
2004 Global Status Report on Alcohol
2011 Global Status Report on Alcohol and Health
2014 Global Status Report on Alcohol and Health
2018 Global Status Report on Alcohol and Health
Global information system on alcohol and health (GISAH)

- Levels of consumption
- Patterns of consumption
- Harms and consequences
- Economic aspects
- Alcohol control policies
- Prevention, research, treatment
- Youth and alcohol
- Key alcohol indicators relevant to SDGs
- Key alcohol indicators relevant to NCDs
- Links to alcohol policy timelines by WHO Region
- GISAH archive
GISAH database categories

Global Information System on Alcohol and Health (GISAH)

By categories

By key indicators

About GISAH

GISAH is overseen by a Steering Committee comprised of representatives from the WHO Department of Mental Health and Substance Abuse, the Centre for Addiction and Mental Health (Canada), Addiction Switzerland, and Johns Hopkins Bloomberg School of Public Health (USA). The financial support from the Valencian Autonomous Government, Spain is gratefully acknowledged.

Global Information System on Alcohol and Health
GISAH: Indicator and Measurement Registry (IMR)

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<th>General population</th>
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GISAH theme page

Global Information System on Alcohol and Health (GISAH)

The Global Information System on Alcohol and Health (GISAH) is an essential tool for assessing and monitoring the health situation and trends related to alcohol consumption, alcohol-related harm, and policy responses in countries. The harmful use of alcohol results in the death of 3.3 million people annually. There are 60 different types of diseases where alcohol has a significant causal role. It also causes harm to the well-being and health of people around the drinker. In 2010, the worldwide total consumption was equal to 6.2 litres of pure alcohol per person 15 years and older. Uncorrected consumption accounts for 25% of the worldwide total consumption.

Harmful use of alcohol

3.3 million people die from it in a year

Global status report on alcohol and health

Alcohol consumption

62% of adults abstained from alcohol in the past 12 months

Attoxers

National alcohol policy

34% of Member States reported having one

Alcohol control policies

Data analysis and visualizations

Levels of consumption
Quantity of consumption of alcoholic beverages

Alcohol control policies
Age limits and licensing requirements

Patterns of consumption
Frequency of consumption of alcoholic beverages

Harms and consequences
Alcohol use disorders and liver cirrhosis

MORE GISAH DATA PRODUCTS

World
Global status report on alcohol and health
Country profiles
Indicator book

GISAH full database
Access the database

Regional information systems

Americas
Europe
Western Pacific

Other information systems

EU
Management of substance abuse web pages
Total alcohol consumption

TOTAL* ALCOHOL PER CAPITA (15+ years) CONSUMPTION (APC) in litres of pure alcohol

= RECORDED APC + UNRECORDED APC

*three-year average; adjusted for tourist consumption
DECISION TREE FOR DATA SOURCES

1. Government data (if at least five years, reference)

2. Industry data in the public domain (if based on interviews in countries)

3. FAOSTAT

4. Industry data in the public domain (if desk review)

If doubts, the Steering Committee can decide to use preferable source based on consensus and in consultation with the government.
Recorded apc

ALCOHOL CONTENT (% alcohol by volume)

• Beer = barley beer 5%

• Wine = grape wine 12%, must of grape 12%, vermouth 16%, fortified wine 18% and 20%

• Spirits = distilled spirits 40%, Other = sorghum, millet, maize beers 5%, cider 5%, spirit-like 30%, fermented wheat and fermented rice 9%, other fermented beverages 9%
POPULATION DATA SOURCE

• UN World Population Prospects, medium variant
Unrecorded apc

REFERS TO

• Home or informally produced alcohol (legal or illegal)
• Smuggled alcohol
• Surrogate alcohol, which is alcohol not intended for human consumption
• Alcohol obtained through cross-border shopping, which is recorded in a different jurisdiction
Unrecorded apc

DECISION TREE FOR DATA SOURCES

1. Nationally representative empirical data
2. Specific other empirical investigations
3. Expert opinion, including special exercise with nominal group technique
Total apc

TOURIST DATA SOURCE

• Tourism Statistics of the UN Statistics Division
Alcohol per capita (15+ years) consumption (in litres of pure alcohol), global 2000-2019
Alcohol per capita (15+ years) consumption (in litres of pure alcohol), global and WHO regions, 2000-2019
Alcohol per capita (15+ years) consumption (in litres of pure alcohol), recorded, global and WHO regions, 2000-2019
Alcohol per capita (15+ years) consumption (in litres of pure alcohol), unrecorded, global and WHO regions, 2000-2019
Alcohol per capita (15+ years) consumption (in litres of pure alcohol), income level, 2000-2019
What countries can do to provide APC data

- Recorded APC: Each country should check with their national statistics office, institute or department and/or ministry or department of finance, taxation, revenue or customs and/or other similar body about the availability of sales or taxation data, or data on production, import and export by type of alcoholic beverage with indication of alcohol content.
What countries can do to provide APC data

- **Unrecorded APC:** Each country should check whether the government or a governmental entity has carried out a specific investigation into unrecorded alcohol and made the results available in a report or other document that can be accessed.

- If not, it is suggested to conduct the WHO STEPwise approach to surveillance (STEPS) survey including the alcohol module.

- Otherwise, a Delphi survey (nominal group technique) on unrecorded alcohol could be conducted.
GISAH Steering Committee

❖ WHO
❖ Centre for Addiction and Mental Health (CAMH), Toronto, Canada;
❖ Addiction Suisse, Lausanne, Switzerland;
❖ Johns Hopkins Bloomberg School of Public Health, Baltimore, United States of America.
THANK YOU

Alcohol, Drugs and Addictive Behaviours
who.int/health-topics/alcohol