The Effects Of Harmful Alcohol Consumption

† 3.3 million killed accounting for about 5.9% of all deaths

1 Number 1 risk factor for premature death in men aged 15 to 59 years

70% of net mortality caused by harmful alcohol consumption and alcohol use disorders (AUDs) in Europe

Alcohol is a risk factor to over 60 types of diseases

Harm

5.1% of the global burden of disease

Pattern of drinking

Average volume

Costs due to alcohol in the EU, 2010 (€ billion)

€155.8 billion

Costs of excessive alcohol consumption, 60% of which are attributable to the harmful use alcohol and AUDs

1/4 of workplace accidents linked to alcohol

Healthcare interventions for harmful alcohol consumption

Low risk drinking (<20 grams per day – WHO AUDIT score 7-0)

Hazardous drinking (>20 grams per day – WHO AUDIT score 15-8)

Harmful drinking (>20 grams per day – WHO AUDIT score 19-16)

Severe disorder (>20 grams per day – WHO AUDIT score 40-20)

Monitor your drinking

Brief intervention

Treatment in primary care

Specialized treatment

Higher consumption of alcohol

For more information on the Awareness Week on Alcohol Related Harm please see: www.awarh.eu
Alcohol is toxic to most organs: the harmful effects of alcohol on the human body\textsuperscript{13,14}
The negative economic footprint of alcohol related harm

Workplace interventions to reduce alcohol-related harm are one of the key areas identified by the EU and the International Labour Organization to foster a healthier and more productive workforce.

The burden of alcohol related harm on EU productivity

- €74 billion annual productivity losses across the EU
- 25% of staff in major companies have drinking problems
- 1/4 of workplace accidents are linked to alcohol

What can companies do to address alcohol related harm in the workplace?

- A majority of companies favour rolling out programmes to tackle alcohol in the workplace.
- For every financial unit spent on well-being at work programmes, young workers reduced heavy drinking through self-assessment programmes in workplace.

Recommendations to companies by the European Workplace and Alcohol project:

1. Adopt a SMART internal alcohol policy agreed by all departments.
2. Inform & train employees, particularly managers and HR departments.
3. Roll-out online brief interventions and provide access to adequate services.

Companies can read more about EWA recommendations and toolkit for implementation at: http://www.eurocare.org/eu_projects/ewa/deliverables/by_work_package/policy_recommendations. Companies can also join the Alcohol Health Network European Partnership initiative, a unique forum for business representatives to exchange best practices on alcohol workplace interventions. More information is available at: http://www.alcoholhealthnetwork.org.uk/partnership.
The prevention of harmful alcohol consumption reduces the socio-economic costs of chronic diseases

The toll and the costs of chronic diseases could be reduced by improvements in prevention, earlier interventions, access to treatment options and adequate support services.

Risk factors
- Harmful use of alcohol
- Unhealthy diet
- Physical inactivity
- Tobacco use

Diseases
- Cardiovascular diseases
- Cancers
- Diabetes
- Mental diseases
- Liver diseases

Alcohol is a risk factor to over 60 types of diseases.

% Burden (DALYs)
- Alcohol use disorders: 34.2%
- Self-inflicted injuries: 19.5%
- Ischaemic heart disease (IHD): 17.1%
- Stroke: 16.2%
- Epilepsy: 9.6%
- Cirrhosis of the liver: 7.7%
- Liver cancer: 3.2%
- Oesophagus cancer: 1.4%
- Mouth and pharynx cancer: 0.8%

Pattern of drinking
- Average volume

Distribution of alcohol-attributable deaths (2012)
- Intentional injuries: 8.7%
- Unintentional injuries: 17.1%
- Infectious diseases: 8%
- Gastrointestinal diseases: 16.2%
- Cardiovascular diseases and diabetes: 33.4%
- Mental diseases: 12.5%
- Neonatal Conditions: 0.1%

77% of the disease burden in the WHO European region is due to chronic diseases.

16% of men with hypertension are alcohol dependent in Europe.

Chronic diseases including mental health disorders are responsible for 86% of all deaths in the WHO European region.

€700 billion
70% to 80% of healthcare costs in Europe are spent on chronic diseases and these costs are expected to increase in the coming years.

Target
- A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

Indicator
- Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

Objective 4 of the WHO non-communicable diseases action plan is to “strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.”

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The prevention of harmful alcohol consumption reduces the socio-economic costs of chronic diseases

A reduction in harmful alcohol consumption is needed to reduce mental disorders, hypertension and stroke, which results in a direct improvement of chronic diseases\(^\text{13, 14}\)

**Healthcare interventions for harmful alcohol consumption**

<table>
<thead>
<tr>
<th>Low risk drinking (&lt;20 grams per day – WHO AUDIT score 7-0)</th>
<th>Hazardous drinking (&gt;20 grams per day – WHO AUDIT score 15-69)</th>
<th>Harmful drinking (&gt;20 grams per day – WHO AUDIT score 19-64)</th>
<th>Severe disorder (&gt;20 grams per day – WHO AUDIT score 40-20)</th>
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</thead>
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<tr>
<td>Monitor your drinking</td>
<td>Brief intervention</td>
<td>Treatment in primary care</td>
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</table>

**Tobacco use\(^\text{7}\)**
**Unhealthy diet\(^\text{7}\)**
**Physical inactivity\(^\text{7}\)**
**Harmful use of alcohol**

Within the four risk factors, alcohol is the least monitored by primary healthcare professionals\(^\text{17}\)

Primary healthcare professionals need training and resources (financial and time) to screen for alcohol use disorders (AUDs)\(^\text{18}\)

**Relative risk of liver cirrhosis**

**Relative risk of hypertension**

**Relative risk of cancer**

**Relative risk of stroke**

**What can the medical community do?**
- Include screening of harmful use of alcohol and brief interventions in routine management of chronic diseases or health check-ups
- Work with national medical associations and medical universities to include harmful use of alcohol screening and management in training materials and in medical curricula
- Advocate for better funding of services, training and national incentive systems in primary healthcare to better prevent, screen and manage AUDs

**What can policy-makers do?**
- Implement evidence-based policies for a comprehensive alcohol policy from prevention to early detection, treatment and adequate services
- Reward innovation and fund scientific community to continue researching and monitoring the links between alcohol and chronic conditions and addiction, the value of reduction, the savings of prevention and early interventions\(^\text{19}\)
- Increase the capacity of the healthcare services by providing adequate training to the healthcare community to engage in the prevention, brief interventions and treatment of AUDs so as to prevent other and more expensive alcohol-related chronic diseases\(^\text{20}\)

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The prevention of harmful alcohol consumption reduces the socio-economic costs of chronic diseases

**Map Key**

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence of AUDs</th>
<th>Prevalence of AD</th>
<th>Treatment rate</th>
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<tbody>
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**Perceived accountability of GPs to provide advice for hazardous and harmful alcohol consumption as part of their routine clinical practice:**

- Yes (7-10)  
- Barely (5-6)  
- Not at all (0-4)

**Familiarity of GPs with alcohol screening tools and brief interventions:**

- 79-100%: very familiar
- 50-79%: familiarity could be improved
- 0-50%: not very familiar

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4. OECD (2013), Harmful Use Of Alcohol: Trends And Policy Conclusions, Directorate for Employment, Labour and Social Affairs’ Health Committee
7. Ibid
8. Centre for Addiction and Mental Health (CAMH)
12. Ibid
24. Ibid

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