



The technical package

SAFER

A WORLD FREE FROM ALCOHOL RELATED HARMS

Five areas of intervention at
national and subnational levels

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THE SAFER TECHNICAL PACKAGE

Five areas of intervention at national and subnational levels towards a world free from alcohol-related harms

Introducing SAFER ■■■

The World Health Organization (WHO), in collaboration with international partners, launched the SAFER initiative in 2018 alongside the United Nations third high-level meeting on prevention and control of noncommunicable diseases (NCDs). The objective of the initiative is to provide support for Member States in reducing the harmful use of alcohol by strengthening the ongoing implementation of the Global strategy to reduce the harmful use of alcohol¹ and other WHO and United Nations instruments – including WHO’s Global action plan for the prevention and control of NCDs² and the United Nations’ Sustainable Development Goals (SDGs) target 3.5 (i.e. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol).³

The technical package for the SAFER initiative focuses on five key alcohol policy interventions that are based on accumulated evidence of their impact on population health and their cost-effectiveness (see Table). Further, the SAFER initiative recognizes the need to protect public health-oriented policy-making from interference by the alcohol industry, as well as the importance of a strong and sustainable monitoring system to ensure accountability and track progress in the implementation of the SAFER interventions.

The SAFER interventions				
STRENGTHEN restrictions on alcohol availability	ADVANCE and enforce drink-driving countermeasures	FACILITATE access to screening, brief interventions and treatment	ENFORCE bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion	RAISE prices on alcohol through excise taxes and other pricing policies

This SAFER technical package is aimed at government officials with responsibility for developing policy and action plans to reduce the harm done by alcohol. Given that alcohol-related harm extends beyond public health, and that preventing and reducing such harm requires multicomponent action that involves many stakeholders, this guidance should also be of use to those working in sectors other than health.



Sectors relevant to alcohol control include those responsible for:

- alcohol pricing and tax policy;
- licensing the production, distribution and sale of alcohol;
- regulating and monitoring commercial communications on alcohol;
- identifying and eliminating illegal production and trade in alcohol;
- transport and drink-driving policy;
- commissioning health services for early identification, brief interventions and treatment of alcohol use disorders if this is outside the health sector; and
- collecting and analysing data and reporting on alcohol-related indicators.

The breadth of this group of sectors also implies that persons with prime responsibility for an action plan on alcohol will need to coordinate and communicate their efforts with a wide range of colleagues from different government departments and institutions – some of which may have a different understanding of, and goals for, alcohol policy.

Jurisdictional responsibilities and competencies for different elements of alcohol policy vary from country to country. As a result, the contents of the technical package will be relevant not only to people working at national level but also for those working at subnational, municipal or local levels. This implies that persons with prime responsibility for a national action plan on alcohol will need to coordinate and communicate with colleagues from a wide range of jurisdictional levels to ensure that the overall policy is integrated seamlessly across the different levels, and that national legislation and regulations facilitate rather than impede action at the subnational levels, as well as the other way around.

Background ■■■

The harmful use of alcohol is one of the leading risk factors for disease, injury, disability and death worldwide; alcohol consumption contributes to 3 million deaths each year globally, as well as to the disabilities and poor health of millions of people suffering from chronic diseases and nonfatal injuries. Overall, harmful use of alcohol accounts for 5.1% of the global burden of disease, across low-, middle- and high-income countries.⁴

There are considerable age, gender and other sociodemographic differences in the level of alcohol-related harm. Alcohol accounts for 7.1% and 2.2% of the global burden for males and females respectively.

Alcohol is the leading risk factor for premature mortality and disability among those aged 15-49 years, accounting for 10% of all deaths in this age group.⁴ Disadvantaged and especially vulnerable populations have higher rates of alcohol-related death and hospitalization than more affluent populations, despite consuming the same amount of alcohol on average – or even a lower amount. Consequently, persons of low socioeconomic status bear a disproportionate burden of the harm, compounded by other health risks that include unhealthy diet, smoking, physical inactivity and less access to health education and health care.^{5,6}

As an intoxicant, alcohol affects a wide range of structures and processes in the central nervous system; as such, it is a risk factor for intentional and unintentional injuries, harms to people other than the alcohol drinker, reduced job performance and absenteeism, alcohol poisonings, interpersonal violence, suicides, homicides, crime and drink-driving injuries. Alcohol is a potent teratogen with a range of potential negative outcomes to the fetus, including low birth weight, cognitive deficiencies and fetal alcohol spectrum disorders.⁷

Alcohol is also an immunosuppressant, increasing the risk of communicable diseases, including tuberculosis and HIV. Alcohol can have considerable toxic effects on the digestive and cardiovascular systems. The International Agency for Research on Cancer has classified alcoholic beverages as carcinogenic, increasing the risk of several types of cancer.⁸ Additionally, alcohol is neurotoxic to brain development, potentially leading, in childhood and adolescence, to structural hippocampal changes, and in adulthood to reduced brain volume.^{9,10} Alcohol is a dependence-producing substance through its reinforcing properties and is associated with the development of tolerance due to neuro-adaptations of the brain.¹⁰

A combination of total volume of lifetime alcohol use, context of use, frequency of alcohol consumption and amount consumed per occasion increase the risk of the above range of health and social harms. The risks mainly increase in a dose-dependent manner according to the volume of alcohol consumed and the frequency of alcohol use, and also increase exponentially with the amount consumed on a single occasion.¹¹ Surrogate and illegal alcohols can bring extra health risks from a high concentration of alcohol and the presence of toxic contaminants.¹²

WHO's position is that any alcohol use is associated with some amount of risk – such as, for instance, the risk of alcohol dependence, or breast cancer (a linear relationship in women) or injury. Although the risk at the level of the individual may be low, from a public health perspective and at the population level there are no levels of consumption at which no risks are involved.

Governments have made commitments to reduce the harmful use of alcohol through several WHO and United Nations resolutions. WHO's Global strategy to reduce the harmful use of alcohol, adopted by the World Health Assembly in 2010, continues to be the most comprehensive international policy document with guidance on reducing the harmful use of alcohol at all levels. The harmful use of alcohol is referenced in several other global strategies and action plans and, most recently, in the Agenda 2030 SDGs – with a separate health target (3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol) – and in the context of NCD prevention and control, where the "best buy" framework identifies several cost-effective alcohol policy interventions.¹³





The SAFER strategies

The SAFER action package provides guidance to countries on evidence-based alcohol policy formulation and implementation in five areas. How can countries make these recommendations a reality?

Three strategies are essential:



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