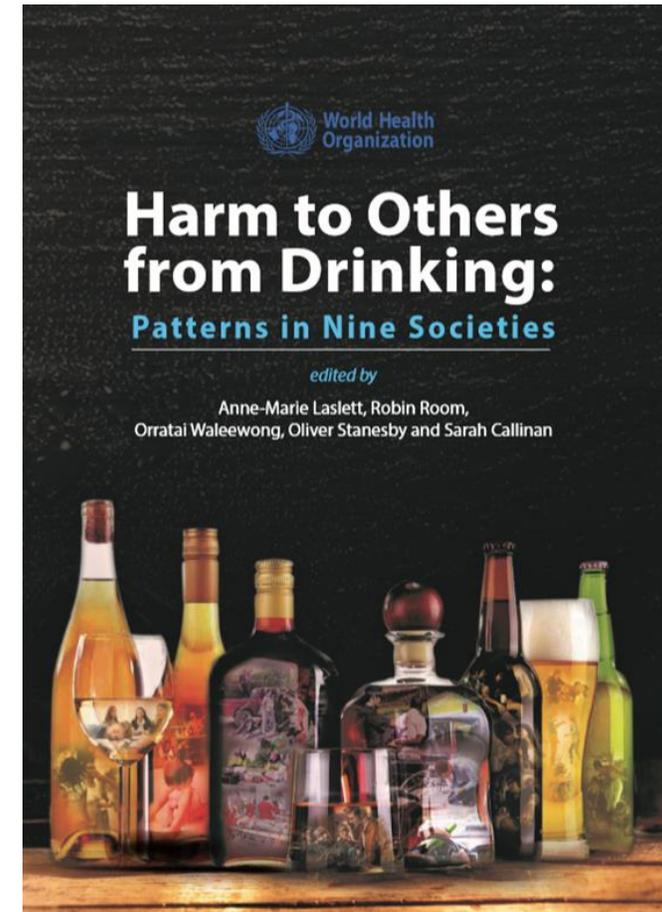


Psychoactive substances and harm

Psychoactive substances can harm the user and indirectly others by their:

- toxic effects on organs and tissues;
- intoxication, leading to impairment of physical coordination, consciousness, cognition, perception, affect or behaviour;
- Dependence producing propensities, whereby the drinker's self-control over his or her use is impaired.



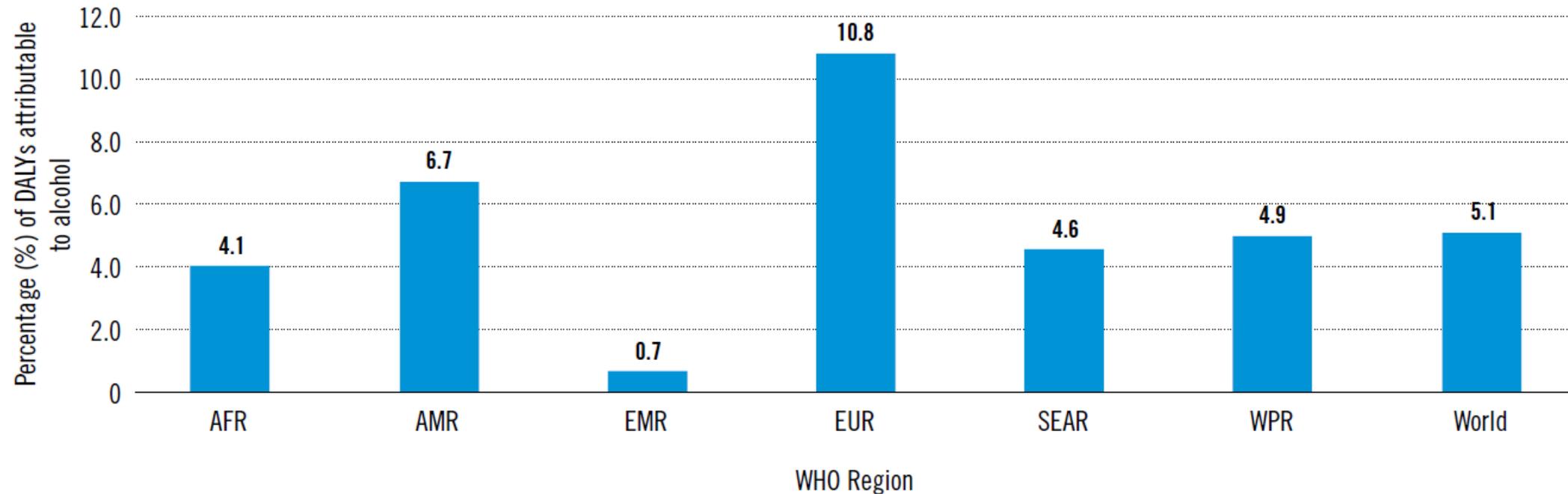
Psychoactive substance use and interventions to reduce the harmful use of them

At least three different health and care perspectives:

- The direct negative consequences from the use of psychoactive substances for individuals, communities and society at large
- The negative consequences for recreational users, communities as well as for society at large, associated with the control of psychoactive substances
- The problems with lack of availability of psychoactive substances for medical, therapeutic, care and scientific purposes

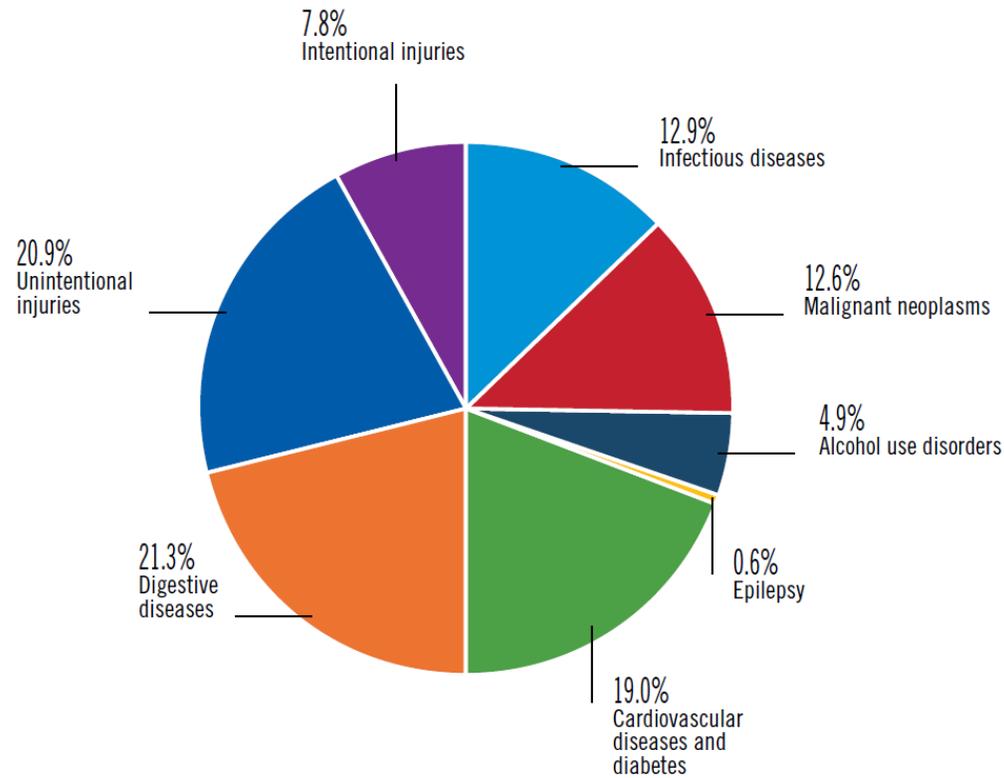
➤ These different health, social welfare and care perspectives are then combined with other perspectives (commercial, religious, cultural, historical philosophical, ideological, political, etc.)

Harmful use of alcohol is a global health problem



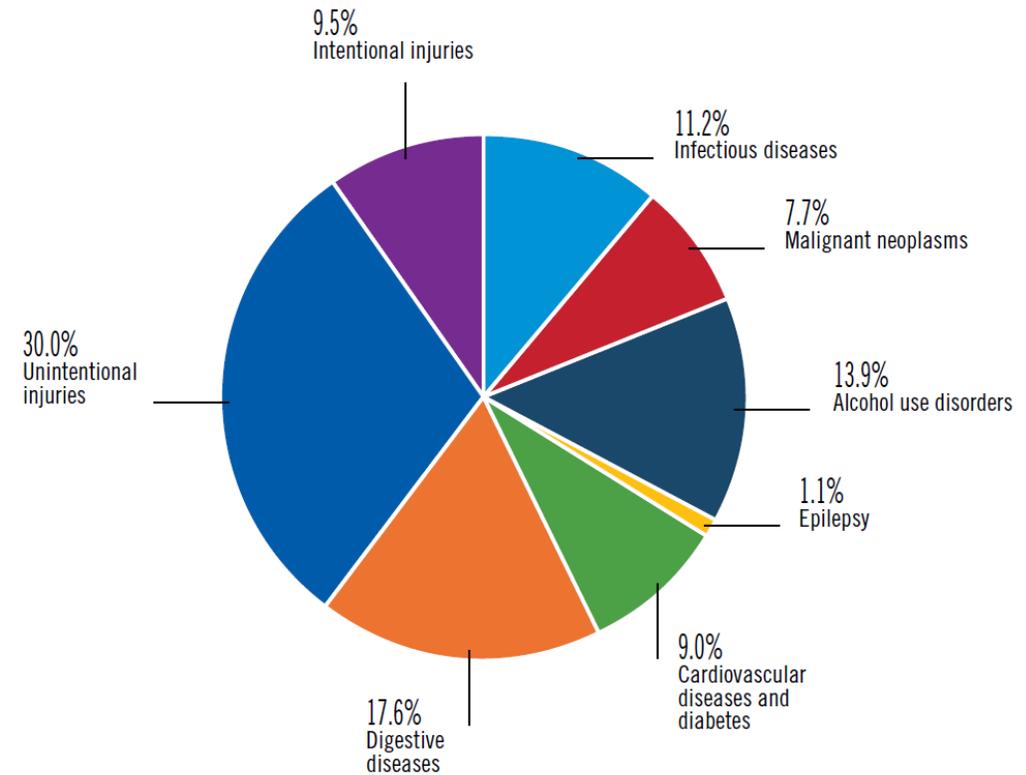
Distribution of alcohol related harms in disease categories

Deaths



Net total = 3.0 million deaths

DALYs



Alcohol attributional fractions for some disease categories



100% of alcohol use disorders



18% of suicides



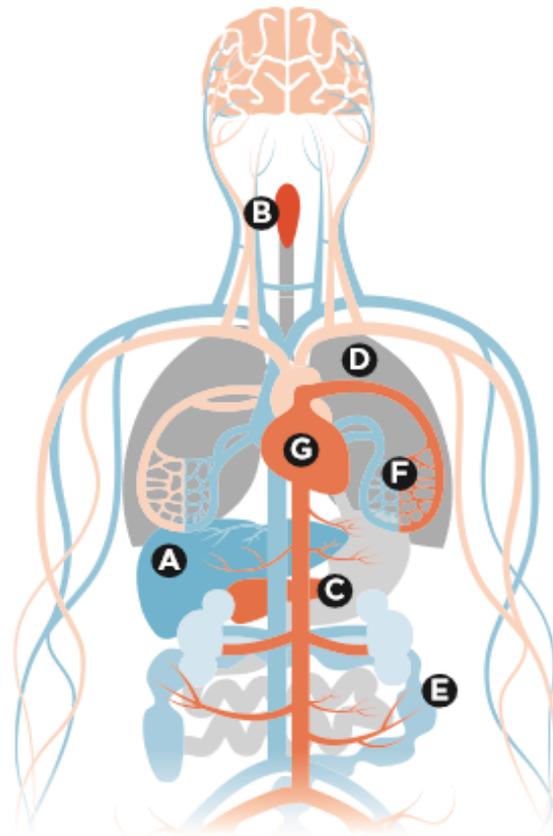
18% of interpersonal violence



27% of traffic injuries



13% of epilepsy



A 48% of liver cirrhosis

B 26% of mouth cancers

C 26% of pancreatitis

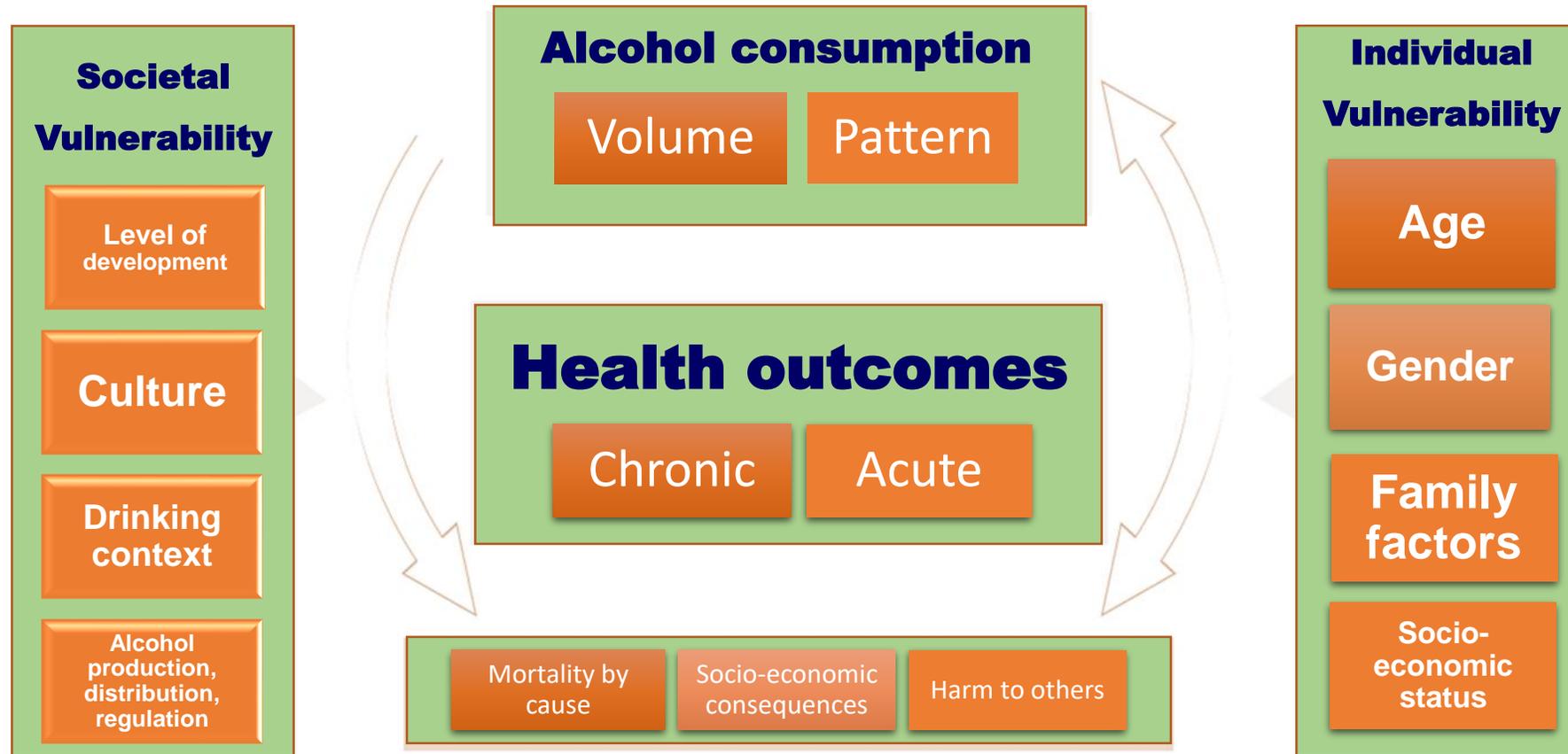
D 20% of tuberculosis

E 11% of colorectal cancer

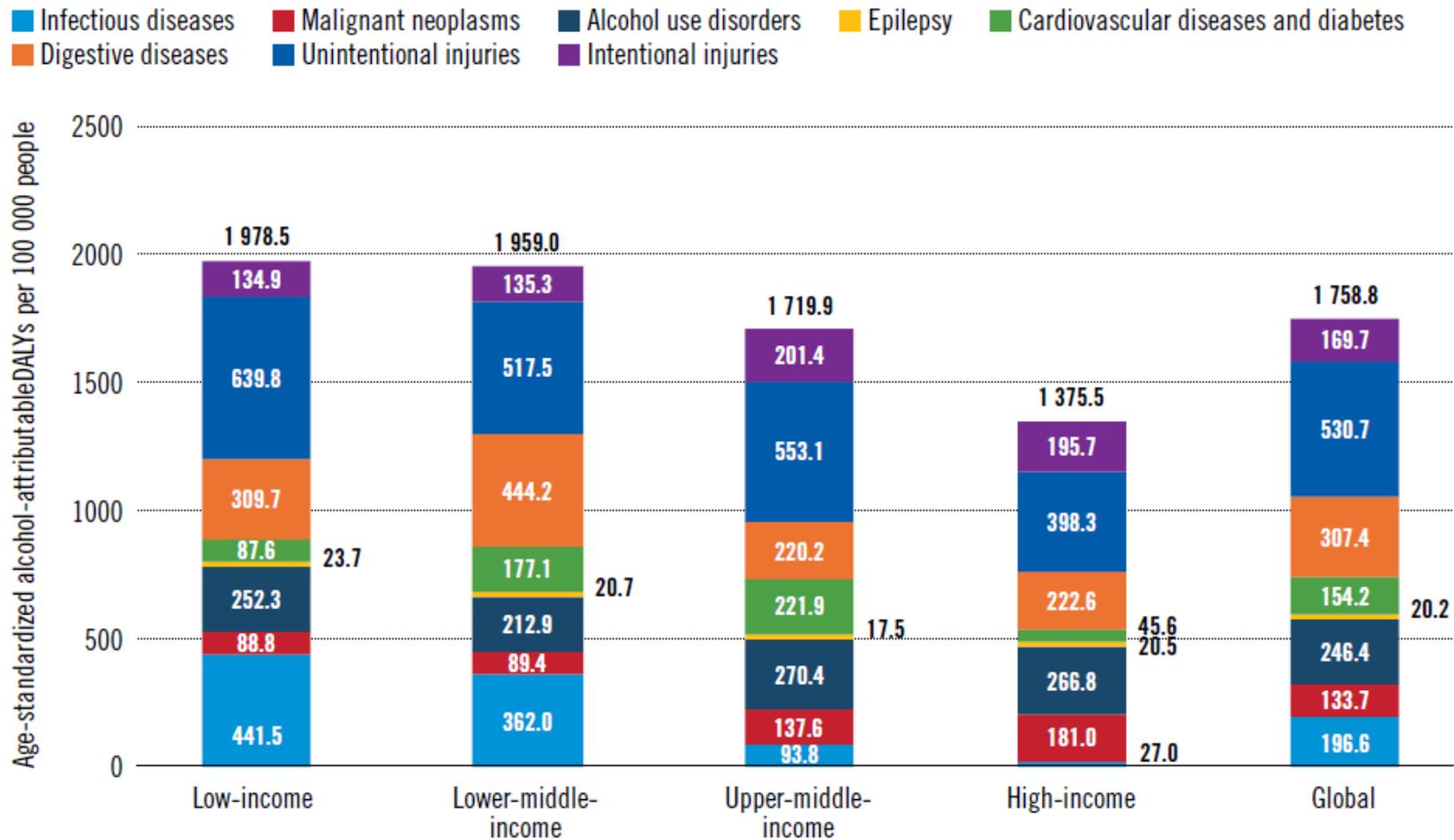
F 5% of breast cancer

G 7% of hypertensive heart disease

Conceptual causal model of alcohol consumption and health outcomes

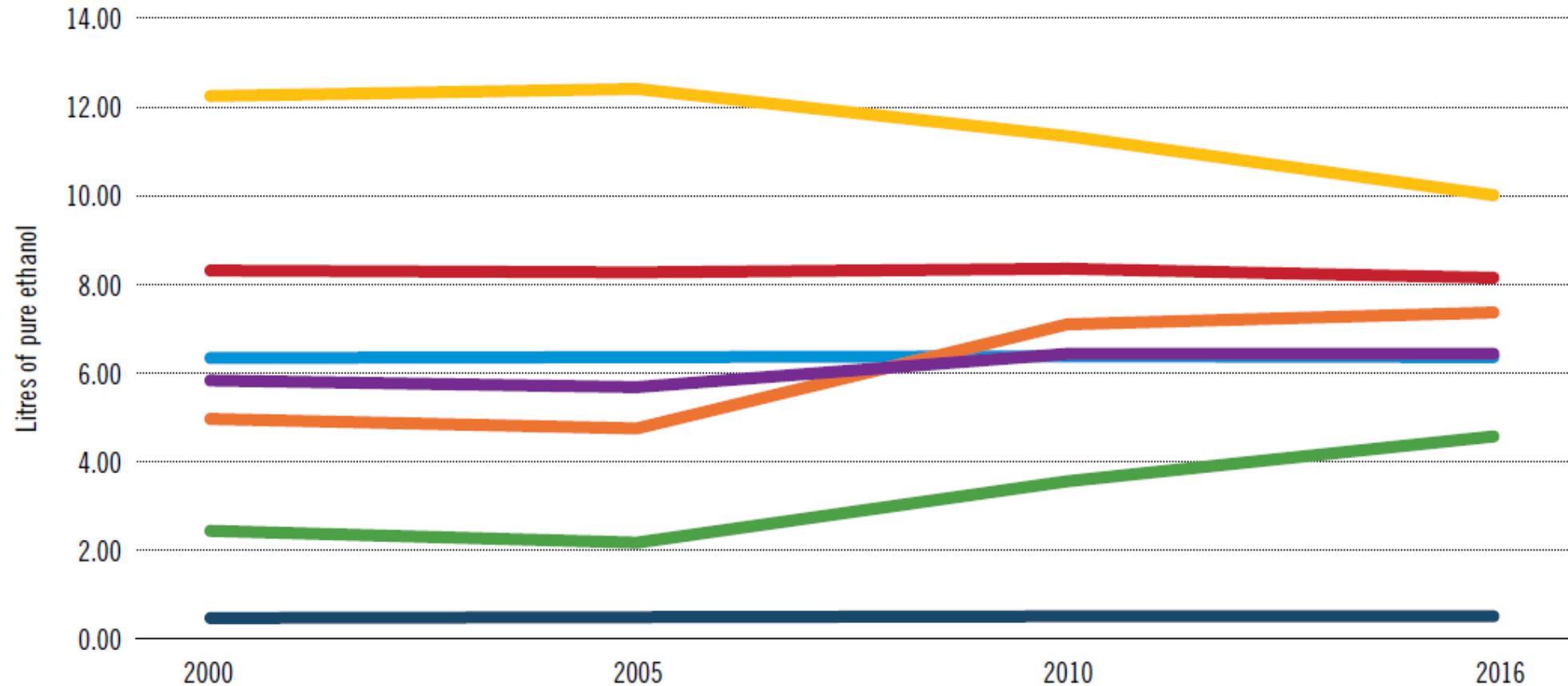


Alcohol-attributable DALYs per 100.000, by income group and globally, 2016

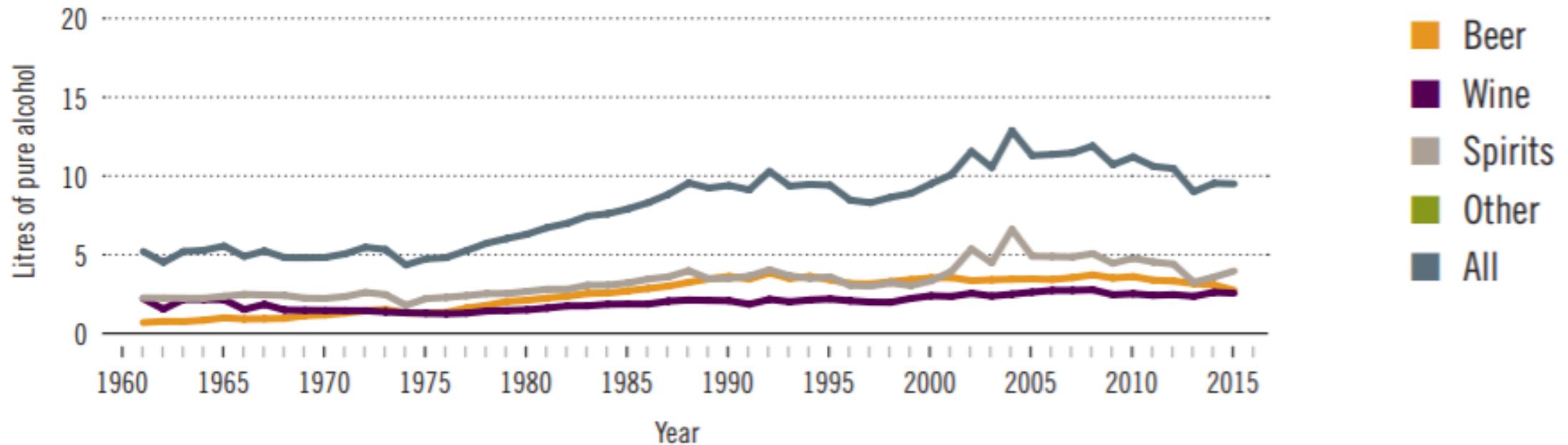


World Bank income groups

Trends in total alcohol per capita consumption in WHO regions, 2000–2016



Recorded alcohol per capita consumption in Cyprus



Effective interventions to reduce the harm

Best buy interventions

✓ **Regulate alcohol distribution**

✓ **Restrict or ban advertising**

✓ **Increase prices**

More key interventions



Raise awareness of alcohol-attributable health burden



Provide consumer information on alcohol containers



Prevent and treat alcohol use disorders



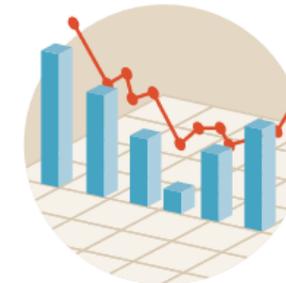
Support community action to prevent and reduce the harmful use of alcohol



Regulate informally produced alcohol



Implement drink-driving policies



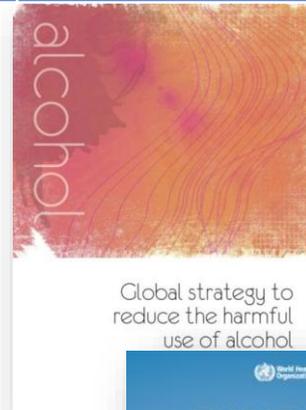
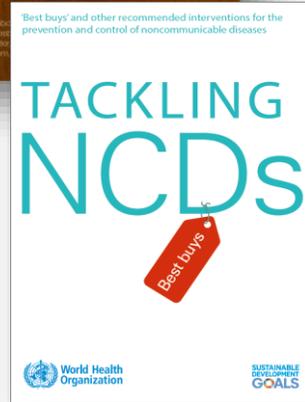
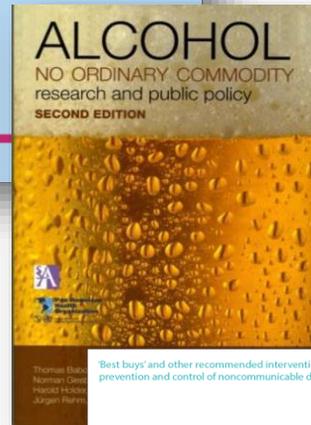
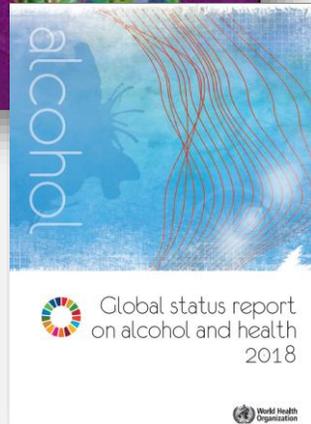
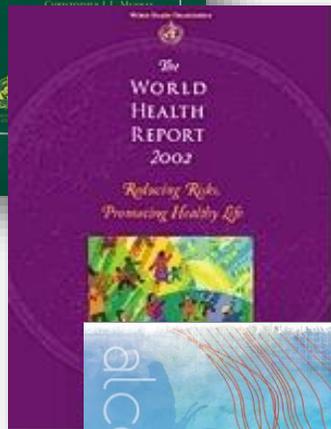
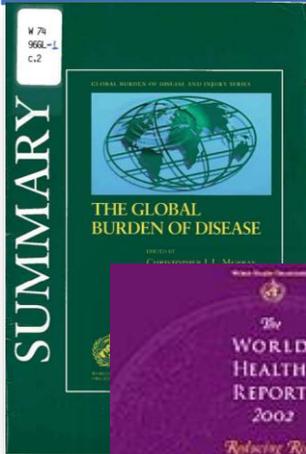
Develop surveillance systems for alcohol consumption, health consequences and policy

The problem

The solutions

The decisions

The actions



who.int/substance_abuse/safer





Working with partners to develop the SAFER framework

- Launched at the 3rd HLM on NCDs, 28 September 2018
- Developed with supporters to meet global, regional and country health and development goals, and to reduce human suffering and pain caused by the harmful use of alcohol.
- Overall objective is to provide support for Member States in reducing the harmful use of alcohol by boosting and enhancing the ongoing implementation of the global alcohol strategy and other WHO and UN instruments.
- Focus is on the most cost-effective priority interventions (“best buys”) using a set of WHO tools and resources to prevent and reduce alcohol-related harm



“We are proud to introduce SAFER – a package of proven interventions to reduce the harms caused by alcohol, and a new partnership to catalyze global action. We need governments to put in place effective alcohol control policy options and public policies to reduce the harmful use of alcohol.”

Dr Tedros Adhanom Ghebreyesus,
Director-General of WHO

Geneva, 28 September 2018





The SAFER interventions





**Strengthen restrictions
on alcohol availability**



**Advance and enforce drink-
driving counter measures**



**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 pricing policies**

The SAFER strategies

- 1. Implement:** Advocacy, resource mobilization, technical capacity building and programmatic action at country level are key components in the *implementation* of SAFER.
- 2. Monitor:** SAFER implementation must be supported by strong *monitoring* systems, to enable accountability and progress tracking. Such systems, at country level, should include monitoring of sales, consumption, health and social harms, economic impact, and industry practices. WHO will incorporate SAFER monitoring into its global monitoring and surveillance system.
- 3. Protect:** SAFER will support countries by ensuring that alcohol control measures are guided and formulated by public health interests and as such are *protected* from industry interference and commercial interests.

The 3 workstreams of SAFER

- Workstream 1:** A WHO-led package of technical guidance on effective policy and program interventions
- Workstream 2:** A programmatic component with a WHO/UN-led operational programme with partners focusing on country action as a key element
- Workstream 3:** Multi-stakeholder advocacy, communications and resource mobilization efforts.

WHO are the key target groups for SAFER?

- Government officials with responsibility for developing policy and action plans to reduce the harm done by alcohol at national and subnational levels.
- Given that alcohol-related harm extends beyond public health, and that preventing and reducing such harm requires multi-component action involving many stakeholders, this guidance should also be of use to those working in sectors other than health:
 - those responsible for alcohol pricing and tax policy;
 - for licensing the production, distribution and sale of alcohol;
 - for regulating and monitoring commercial communications on alcohol;
 - for identifying and stamping out illegally produced and traded alcohol;
 - for transport and drink–driving policy;
 - for commissioning health services for early identification, brief interventions, and treatment of alcohol use disorders if this is outside the health sector;
 - for collecting and analyzing data and reporting on alcohol related indicators.

Preparatory steps of a SAFER technical package implementation process:

1. Assessing the level and extent of alcohol consumption and alcohol related harm at national or sub-national levels;
2. Mapping existing policies, legislations and competencies for drafting, implementing and monitoring them;
3. Mapping current implementation and enforcement structures and levels;
4. Assessing development needs based on the above mapping and identify within country inequities worsen or led by alcohol related harms;
5. Assessing political and institutional readiness to strengthen the policies and interventions, including available resources;
6. Identifying potential key internal and external champions and drivers for the interventions
7. Identifying potential barriers and means to overcome or bypass them;
8. Creating a roadmap for SAFER policy formulation, implementation and evaluation according to identified priorities and feasibility.

Activities and timeline

The SAFER initiative has its horizon to 2030.

The initiative has four time-periods.

1. 2018 – preparatory phase: informal introduction at WHA71 and launch at HLM3 (NCDs 27 September) (*Completed*)
2. 2019 – 2020: Establishing phase(10 years post WHO Global strategy to reduce the harmful use of alcohol)
3. 2021 – 2025: Scaling up phase (NCD voluntary global targets)
4. 2026 – 2030: ROI phase (Agenda for Sustainable Development)



Thank you for your attention

More info at:

https://www.who.int/substance_abuse/

