Alcohol and Non-Communicable Diseases (NCDs) — a need for response to a consultation

30 March, 2012, Robin Room

Non-Communicable Diseases (NCDs) is an umbrella term for chronic diseases which account for a large part of the burden of disease globally, both in high-income countries and in low- and middle-income countries. Included are such diseases as heart disease, cancer, diabetes and chronic respiratory diseases. The UN General Assembly Special Session in September 2011 focused on this issue, with the aim of giving NCDs prominence in the Millenium Development Goals commensurate with the attention paid in the goals to infectious diseases.
As the Introduction to the WHO report, *Global Status Report on Noncommunicable Diseases, 2010,* states, almost two-thirds (63%) of deaths globally are due to NCDs.
(http://www.who.int/nmh/publications/ncd_report_full_en.pdf)

The Introduction the WHO report goes on to note, "NCDs are caused, to a large extent, by four behavioural risk factors:... tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol". The report discusses the heavy overall burden of disease attributable to alcohol (3.8% of deaths and 4.5% of Disability-Adjusted Life-Years) and the many substantial links of harmful use of alcohol to NCDs (p. 19). Three measures on alcohol controls are included among the ten "best buys" on "population-wide interventions" affecting rates of NCDs p. 4) And an alcohol indicator is one among the five behavioural risk factors listed as "core indicators for consideration as part of the framework for NCD surveillance" (Annex 5).

An independent analysis published in October, 2010 further detailed alcohol's role in the burden of NCDs, estimating it as 3.4% of deaths and 5.0% of Disability-Adjusted Life-Years (Parry, C. D., Patra, J. and Rehm, J. (2011), Alcohol consumption and non-communicable diseases: epidemiology and policy implications. *Addiction* 106: 1718–1724). As is implied by the prominence of alcohol measures in the "best buys" in the WHO report, alcohol is also a risk factor which can more readily be affected by policies and by behavioural change than is true for much of the NCD burden.

Alcohol maintained its position among the 4 or 5 major risk factors for NCDs in subsequent WHO documents implementing the new emphasis on NCDs in the wake of the UN General Assembly Special Session. Now, however, there are disturbing signals that this is changing.

There is an ongoing WHO process to adopt a "Monitoring frame and targets for the prevention of NCDs", http://www.who.int/nmh/en/. The first discussion paper for this process

(http://www.who.int/nmh/events/2011/consultation_dec_2011/WHO_Discussion_Paper_FINAL.pdf), dated 21 December, 2011 in its final form, included alcohol among the ten "proposed global targets and indicators" as one of the three "exposure targets" (along with tobacco smoking and salt intake). The proposed alcohol target was "10% relative reduction in persons aged 15+ alcohol per capita consumption".

A second draft of the Monitoring Frame document has now been produced, and is currently the subject of a series of consultations (http://www.who.int/nmh/events/2012/consultation_april_2012/en/index.html). In this second draft's listing of "targets and indicators" (Figure 1, p. 9), alcohol has been demoted from the core indicators with targets at the top of the diagram (hypertension, tobacco, salt and physical inactivity) to be listed among a dozen "other WHO core indicators", listed without any targets. Alcohol is also missing from Table 3's listing of five "voluntary global targets". Accordingly there is no alcohol section in the Annex back-up "detailed description of targets to be achieved by 2025". No explanation is offered in the document for the downgrading of alcohol. The document offers a list of five criteria which "guided" the selection of indicators and targets (p. 8). Alcohol would qualify easily for priority on all five of the criteria:

* high epidemiological and public health relevance;
* coherence with major [global] strategies...;
* availability of evidence-based effectiveness and feasible public health interventions;
* Evidence of achievability at the country level, including in low- and middle-income countries;
* Existence of unambiguous data collection instruments and potential to set a baseline and monitor changes over time.

There is currently a consultation process going on, with NGOs, industries and governments all being consulted about the second draft. Here is the relevant text about the consultation from http://www.who.int/nmh/events/2012/consultation_april_2012/en/index.html:

> "Member States and UN agencies are invited to submit their comments on the second WHO Discussion Paper by sending an email to ncdmonitoring@who.int by 19 April 2012. Relevant NGOs and selected private sector are invited to submit their views to the same email address."

It would be a substantial setback to the global strategy on alcohol, and to work on reducing alcohol-related problems in individual countries, for alcohol to be thus dropped from the list of core factors in NCDs for which targets are set.