NATIONAL INSTITUTE FOR HEALTH AND WELFARE

DATA BRIEF 21 • APRIL 2015

The public health goals of WHO require consistent work to reduce alcohol-related harm

Key Findings

- The long-lasting increase in the consumption of alcohol in Finland started to decline in 2007.
- The detrimental effects of alcohol remain a significant burden on the public health and the national economy.
- The alcohol strategy of WHO and the European action plan define measures to re-

WHO targets for 2010–2025

1. A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.
2. At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.
3. A 10% relative reduction in prevalence of insufficient physical activity.
4. A 30% relative reduction in mean population intake of salt/sodium.
5. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years.
6. A 25% relative reduction in the prevalence of raised blood pressure.
7. Halt the rise in diabetes and obesity.
8. At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes
9. An 80% availability of the affordable basic technologies and essential medicines required to treat major noncommunicable diseases.

INTRODUCTION

The World Health Organization (WHO) has published its action plan for the prevention and control of noncommunicable diseases for 2013–2020. The action plan includes proposals for health policy and practical action. The objective is for the member states to reach as many as possible of the nine international targets pertaining to the prevention and treatment of noncommunicable diseases by the year 2025. The attainment of the said targets is being monitored through 25 indicators, which represent risk of premature mortality, levels of noncommunicable disease risk and protective factors as well as the potential for and realisation of prevention and treatment. The baseline of the monitoring is year 2010.

The WHO action plan is primarily focused on four important disease groups: cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Disease prevention focuses on lifestyle factors: smoking, unhealthy diet, lack of physical activity, and harmful use of alcohol.

An evaluation has been conducted in Finland on the current state and previous development of noncommunicable diseases and their risk factors to estimate how realistic the targets set by WHO are for Finland. At the same time, national challenges have been identified along with possibilities for improving the prevention of noncommunicable diseases.

This “Data brief” publication reports the results of the evaluation on WHO’s objective no. 2, i.e. harmful use of alcohol. In accordance with the WHO objective, harmful use of alcohol should be reduced by at least 10% by 2025. WHO monitors the implementation of this target through three indicators:

- Total alcohol consumption
- Alcohol-related morbidity and mortality
- The prevalence of heavy episodic drinking

TOTAL ALCOHOL CONSUMPTION

Total alcohol consumption and its trends can be used as a general indicator of harmful use of alcohol because there is a strong connection between the total amount of alcohol consumed by the population and various alcohol-attributable harms. The total alcohol consumption per inhabitant aged 15 and over more than tripled between 1960 and 2007 in Finland (Figure 1).

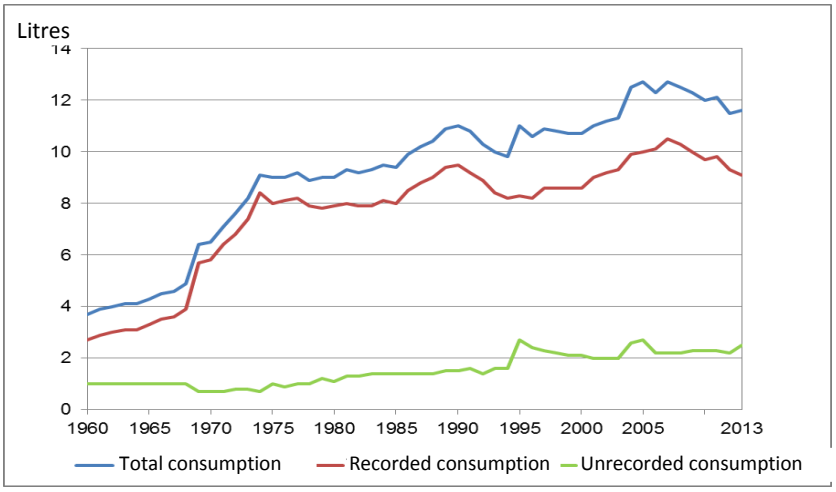

Figure 1. **Total alcohol consumption as 100% alcohol per inhabitant aged 15 and over from 1960 to 2013. Source: National Institute for Health and Welfare**

Total alcohol consumption has declined since 2007, which can be explained by increased taxes on alcohol and slow or negative income development. In 2007, the total consumption of alcohol per inhabitant aged 15 and over was 12.7 litres. The estimate for 2014 is 11.3 litres.

After the WHO baseline year, 2010, the total consumption of alcohol has dropped by approximately 4%. The global objective could be adapted to the Finnish circumstances using current consumption as a starting level. A 10% drop in the consumption from the 2014 level would lead to a total consumption level of 10 litres.

ALCOHOL-RELATED MORBIDITY AND MORTALITY RATE

Alcohol contributes to increased mortality under many disease categories. The best indicator for alcohol-related mortality can be created by combining two categories compiled by Statistics Finland: 1) death from alcohol-related disease or accidental poisoning by alcohol and 2) accidental or violent death with alcohol intoxication as a contributory cause (combined in Figure 2).

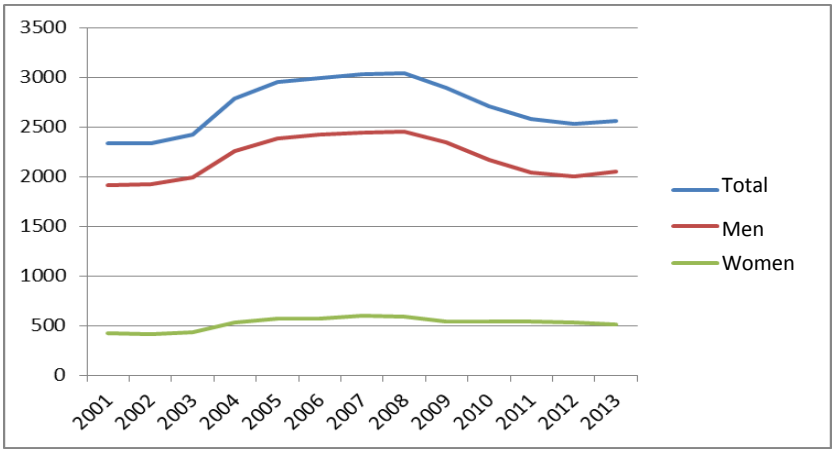

Figure 2. **Number of alcohol-related deaths in 2001-2013. Source: Central Statistical Office of Finland**

Indicators and information sources

Indicator 1. Total alcohol consumption:

- Total alcohol consumption (registered and estimated unregistered) per inhabitant aged 15 years and older in litres of 100% alcohol. Source: National Institute for Health and Welfare

Indicator 2. Alcohol-related mortality and morbidity among adolescents and adults:

- The number of deaths from alcohol-related diseases, accidental poisoning by alcohol, and accidental or violent deaths with alcohol intoxication as a contributory cause. Source: Central Statistical Office of Finland.

Indicator 3. The prevalence of heavy episodic drinking among adolescents and young adults:

- The percentage of 20 to 64-year-olds consuming 6 or more standard drinks on one occasion at least once a week. Source: Adult Population's Health Behaviour and Health survey, www.thl.fi/AVTK
- The percentage of 9th grade pupils who had consumed 6 or more standard drinks on one occasion in the last 30 days. Source: ESPAD material.

In 2013, there were 1,926 deaths in the former and 635 deaths in the latter category – i.e. altogether 2,561 casualties. This is 480 fewer than in the peak years of 2007-2008. Slightly less than half of the reduction is from disease and poisoning deaths, and slightly more than half from accidental and violent deaths.

Since 2007, the number of alcohol-related deaths has dropped faster than the total consumption of alcohol. If this was the case also as total alcohol consumption declined to 10 litres by 2025, the number of alcohol-related deaths would be 2,030, i.e. approximately 530 fewer than currently.

A significant proportion of the differences in life expectancy between various socioeconomic groups can be accounted for by alcohol-related deaths, and the proportion has increased in the last decades. Therefore, the reduction of deaths caused by alcohol is important also for narrowing socioeconomic health differences.

The available data on alcohol-related morbidity cannot be used as indicators for harmful use of alcohol, because the trends are affected, in addition to changes in morbidity, by changes in health care policies. Hospitalization data on alcohol-related liver diseases, accidents and psychoses are collected in the WHO GISAH database. Also they are affected by the varying registering and health care policies.

THE PREVALENCE OF HEAVY EPISODIC DRINKING

Also heavy episodic drinking has become less commonplace among the adult population compared to the peak year of 2007: the percentage of the population consuming 6 or more standard drinks on one occasion at least weekly in the 20-64 age group has dropped from 18% to 13% (Figure 3). A new target could be to reduce the current level of 13% to as far below 10% as possible by 2025.

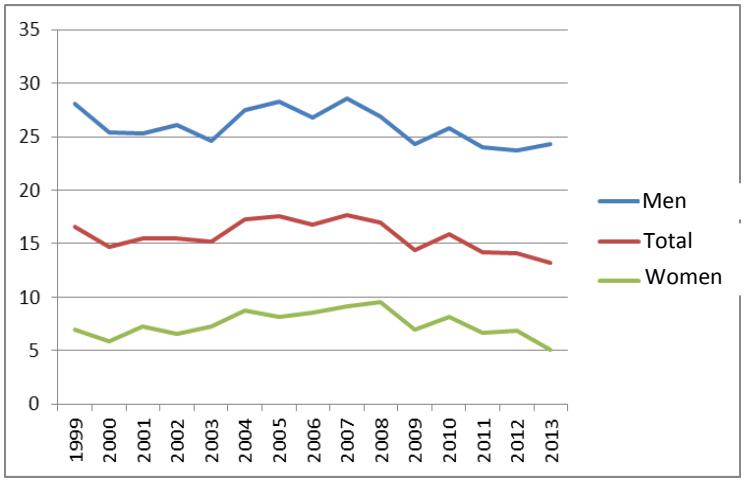

Figure 3. **The percentage of the population consuming six or more standard drinks on one occasion at least weekly, age group 20–64, 1999–2013.**
Source: Adult Population's Health Behaviour and Health survey, THL

According to the European School Survey Project on Alcohol and Other Drugs (ESPAD), there has been a decline in heavy episodic drinking among 15-16-year-old girls and boys in Finland from 1995 to 2011, when approximately a third of both girls and boys had consumed 6 or more standard drinks on one occasion in the last 30 days (Figure 4). A new objective here could be to halve the percentage from a third to 15% by 2025.

BIBLIOGRAPHY

WHO. Global Action Plan for the Prevention and Control of Non-communicable diseases 2013-2020. WHO, Geneva, 2013. http://www.who.int/nmh/events/ncd_action_plan/en/

WHO. European action plan to reduce the harmful use of alcohol 2012-2020. WHO, Copenhagen, 2012. http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf

Karlsson, T. ym. (toim.) (2013) Alkoholi Suomessa.. Report 13/2013. http://urn.fi/URN:ISBN:978-952-245-896-4

Helldán ym. Suomalaisen aikuisväestön terveyskäyttäytyminen ja terveys, kevät 2013. THL 2013. http://urn.fi/URN:ISBN:978-952-302-051-1

Raitasalo ym. Nuorten päihteiden käyttö Suomessa 1995-2011 : ESPAD-tutkimusten tulokset. THL 2012. http://urn.fi/URN:ISBN:978-952-245-735-6

Authors:

Thomas Karlsson
Senior Researcher, THL

Marjatta Montonen
Senior Adviser, THL

Pia Mäkelä
Senior Researcher, THL

Esa Österberg
Senior Expert, THL

National Institute for Health and Welfare
P.O.BOX 30 (Mannerheimintie 166)
FI-00271 Helsinki, Finland
Tel. +358 29 524 6000

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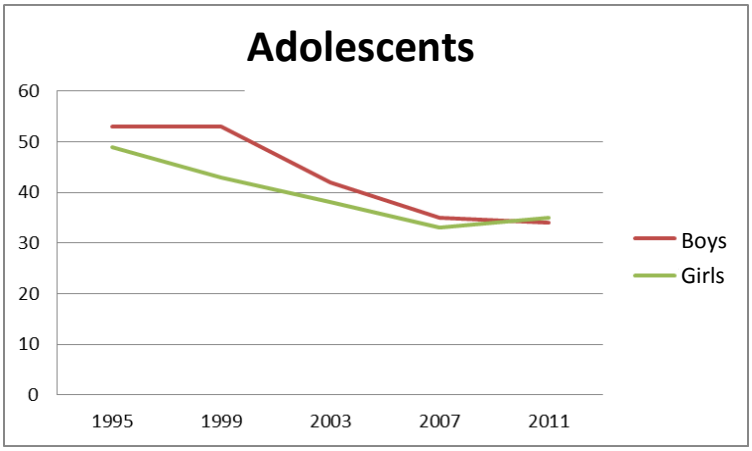

Figure 4. **The percentage of those aged 15–16 who had consumed 6 or more standard drinks on one occasion within the last 30 days, 1995-2011.**
Source: ESPAD survey, THL

DISCUSSION: HOW TO REACH THE GOALS?

The goal set in the WHO action plan to reduce the harmful use of alcohol by at least 10% by the year 2025 is achievable in Finland. To reduce alcohol-related harm and to ensure a healthy population and workforce, the target in Finland could be to decrease total consumption of alcohol to the mid-1990s level, i.e. 10 litres of pure alcohol per capita aged 15 and older. Sustained evidence-based policies are needed to support the current downward trend in alcohol consumption also if purchasing power is boosted by an upward trend in economy.

In order to reach the target of reducing harmful use of alcohol, the WHO recommends the implementation of the global alcohol strategy endorsed by the member states in 2010, with emphasis on the most cost-effective measures: raising the tax on alcohol and limiting the availability and advertising of alcoholic beverages.

In Finland, the alcohol retail monopoly and the licensing system are essential and effective approaches for controlling availability. Availability could be further limited by restricting the hours for sale and serving and by lowering the maximum alcohol content of beverages sold in food stores. For reducing alcohol intoxication, WHO puts emphasis on influencing on-premise serving practices. There is also a call for support for a shift in culture towards less tolerance of drunkenness and the harms caused thereby to others than the drinker.

As regards the response by health services, the WHO recommends to shift emphasis from specialist treatment of alcohol use disorders to preventive counselling, brief interventions targeting hazardous drinkers, and to the treatment of less severe disorders in primary health care.

A significant part of the harm caused by alcohol arises from drinking by the mainstream population through occasional drunkenness or through risks accumulated over a longer period. The smaller the proportion of heavy drinkers in the population, the smaller the number of problem drinkers. Attaining public health goals requires therefore a reduction in risks across the population.

Reference for this publication: Karlsson, Montonen, Mäkelä, Österberg. The public health goals of WHO require consistent work to reduce alcohol-related harm Data Brief 21/2015, April 2015. National Institute for Health and Welfare (THL), Helsinki.