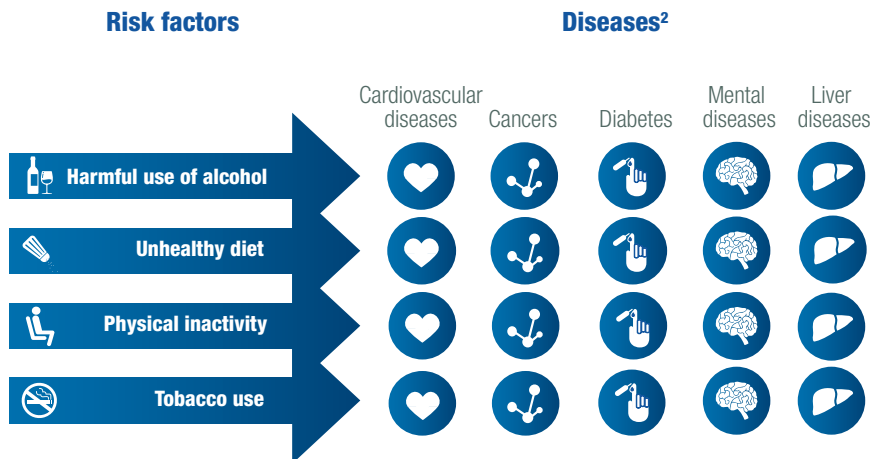


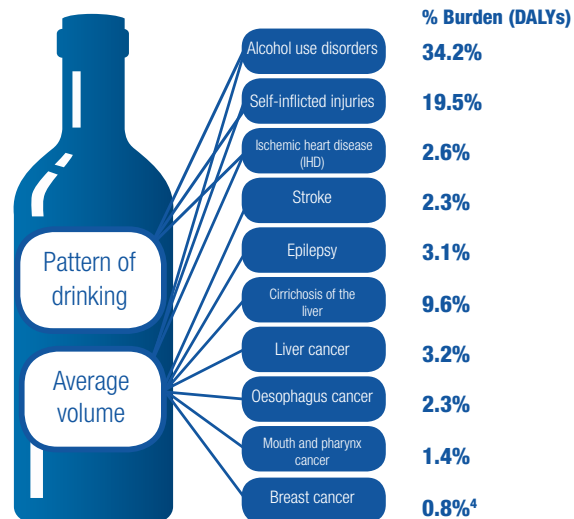


The prevention of harmful alcohol consumption reduces the socio-economic costs of chronic diseases

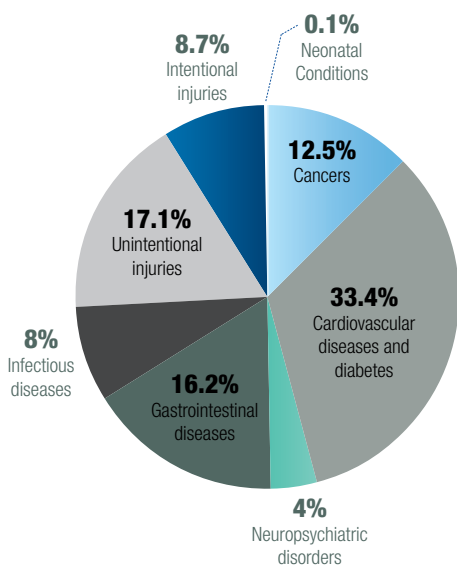
The toll and the costs of chronic diseases could be reduced by improvements in prevention, earlier interventions, access to treatment options and adequate support services¹



Alcohol is a risk factor to over 60 types of diseases³



Distribution of alcohol-attributable deaths (2012)⁵



77% of the disease burden in the WHO European region is due to chronic diseases⁶



Chronic diseases including mental health disorders are responsible for 86% of all deaths in the WHO European region⁷

16% of men with hypertension are alcohol dependent in Europe⁸



€700 billion

70% to 80% of healthcare costs in Europe are spent on chronic diseases⁹ and these costs are expected to increase in the coming years¹⁰

Target

Indicator

11



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

- Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases



At least **10%** relative reduction in harmful alcohol consumption, as appropriate, within the national context

- 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



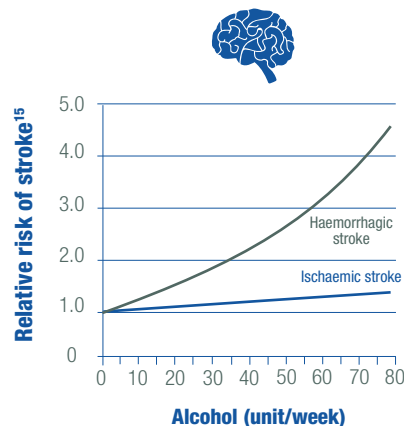
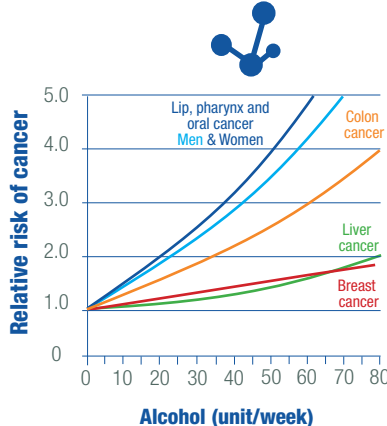
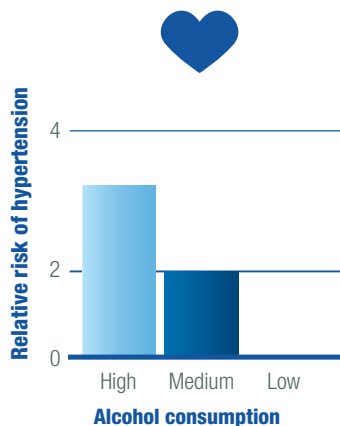
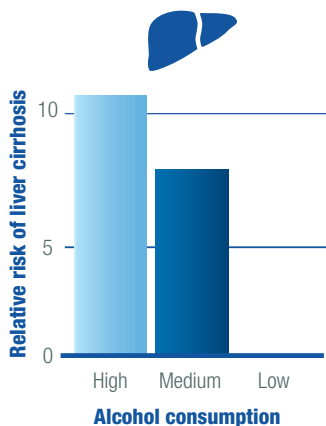
Objective 4 of the WHO non-communicable diseases action plan is to “strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.”¹²



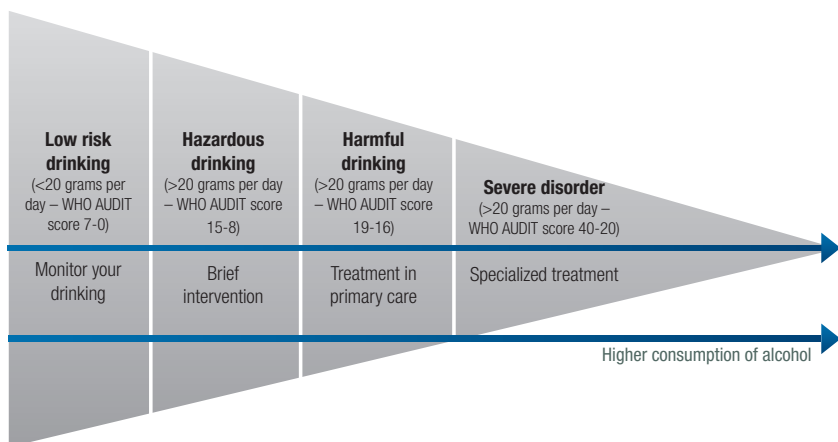
The prevention of harmful alcohol consumption reduces the socio-economic costs of chronic diseases



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



Healthcare interventions for harmful alcohol consumption



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

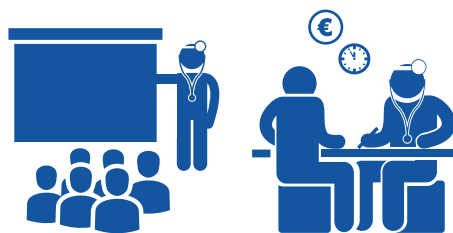


What can policy-makers do?

- 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 interventions¹⁹
- 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 diseases²⁰



Within the four risk factors, alcohol is the least monitored by primary healthcare professionals¹⁷

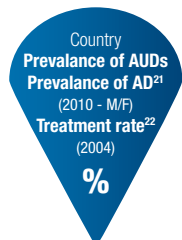


Primary healthcare professionals need training and resources (financial and time) to screen for alcohol use disorders (AUDs)¹⁸



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

Map Key

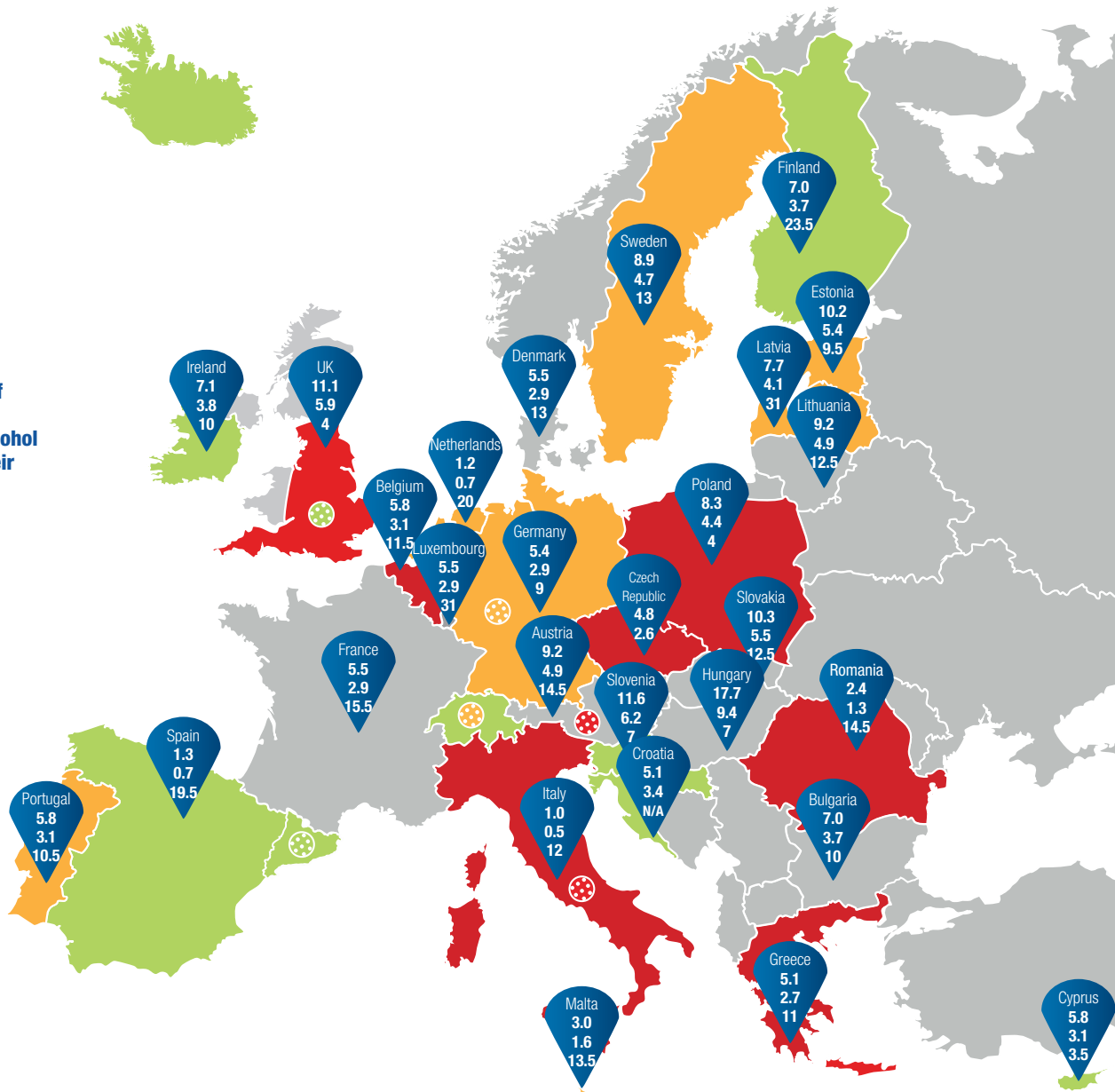


Perceived accountability of GPs to provide advice for hazardous and harmful alcohol consumption as part of their routine clinical practice:²³

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

Familiarity of GPs with alcohol screening tools and brief interventions:²⁴

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



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