

<b>Forum:</b>	World Health Organization
<b>Issue:</b>	Global strategy to reduce harmful use of alcohol and early alcoholic abuse among Gen Z
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## Overview

Alcohol is used in diverse cultures throughout the centuries extensively, which possess the addictive psychoactive substance. In modern societies, those alcoholic beverages are a routine part of the social landscape for many cultures. This is particularly true for those with high visibility in the society and great social influence, where socializing is accompanied with alcohol. In this context, it is easy to overlook or discount the health and social damage caused or contributed to by drinking(WHO)To. Alcohol influences individuals and societies in many aspects. Chronic diseases such as alcohol disorders, epilepsy, and cancers which affect individuals' health. Suicide, traffic accident, and violence caused social damages. The death attributes to alcohol, 28% were due to injuries, such as those from traffic crashes, self-harm and interpersonal violence 21% due to digestive disorders; 19% due to cardiovascular diseases, and the remainder due to infectious diseases, cancers, mental disorders and other health conditions(WHO). Works from WHO shows that the burden from drinking alcohol is widely distributed. "Far too many people, their families, and communities suffer the consequences of the harmful use of alcohol through violence, injuries, mental health problems and diseases like cancer and stroke," according to Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO. "It's time to step up action to prevent this serious threat to the development of healthy societies."



## Sustainable Development Goal

On September 25, 2015, the United Nation adopted a set of goals to save humanity from poverty, save a healthy planet for our future generations, and build peaceful, and to build a peaceful society that ensures lives of dignity for all. Multiple contents in those 169 goals stated in the SDG are related to the health of individuals. This replaces the Millennium Development Goals and world leaders have agreed to achieve those goals by the year 2030.

The harmful use of alcohol is one of the leading risk factors of an abundance of health issues and it has a direct impact on health-related target of Sustainable development Goals (SDGs), the production of Alcohol and consumption is highly relevant to many other goals and targets of the 2030 Agenda for Sustainable Development. The consumption of alcohol is one of the indicators of SDG health target 3.5-- “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”. Alcohol is often consumed with several psychoactive medicines or addictive substances such as tobacco. The comorbidity of alcohol and tobacco dependence is strong and well documented (National). Public health policies, strategies, and interventions should consider the frequent association of alcohol consumption with the use of psychoactive substances, particularly with stronger ones such as opioids and benzodiazepines. To further accomplish SDG 3 and prevent associated health issues

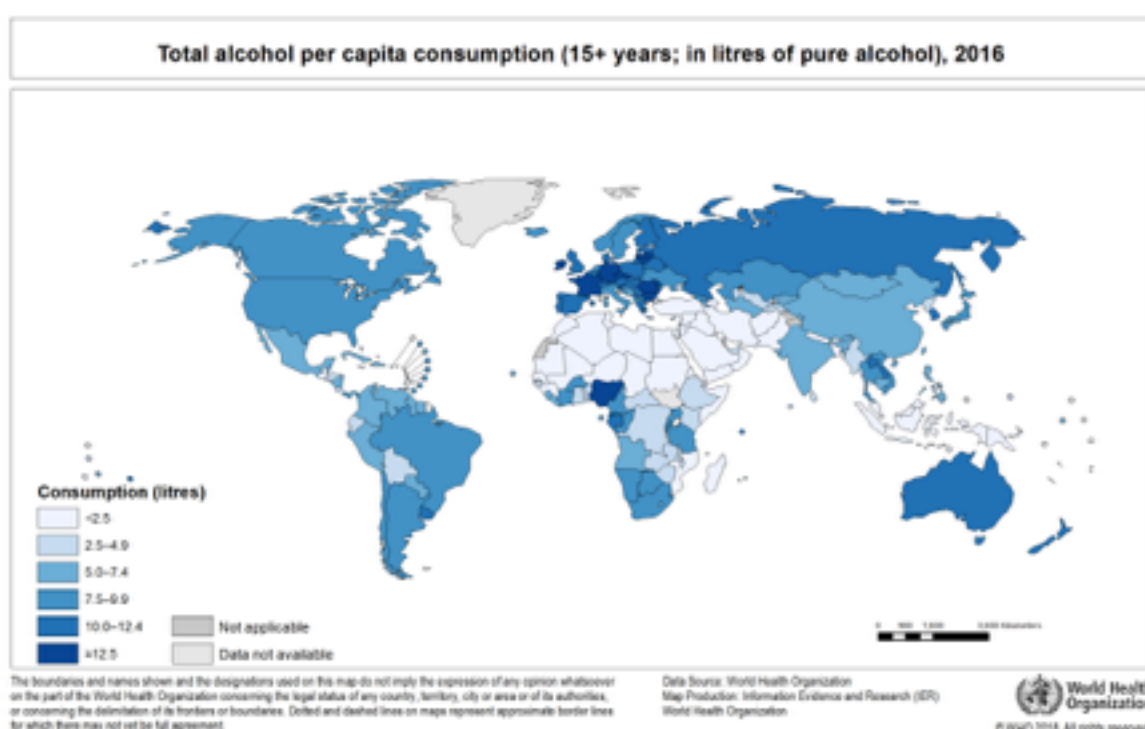
Moreover, measures posted to reduce the harmful use of alcohol can contribute to other goals in SDG. There are 16 SDGs that related to health or contribute to health indirectly. SDG 3 especially, which is “Ensure healthy lives and promoting well-being for all at all ages” is fortified by 13 targets that cover a wide spectrum of WHO’s work. Reducing use of alcohol will contribute a keystone in sustainable development.

## Alcohol Consumption

Alcohol consumption has a wide distribution of impact around the globe. For example, Gender, age, health status, economic wealth in a country, lifestyle choices, religion, and culture. The factors listed also influence the form in which alcohol is consumed. For instance, those alcoholic beverages that are unrecorded often cheaper, as an inferior good, it is more produced and consumed in those low-income countries. Some countries regulate or ban alcohol use, resulting in that the alcohol per capita recorded is low.



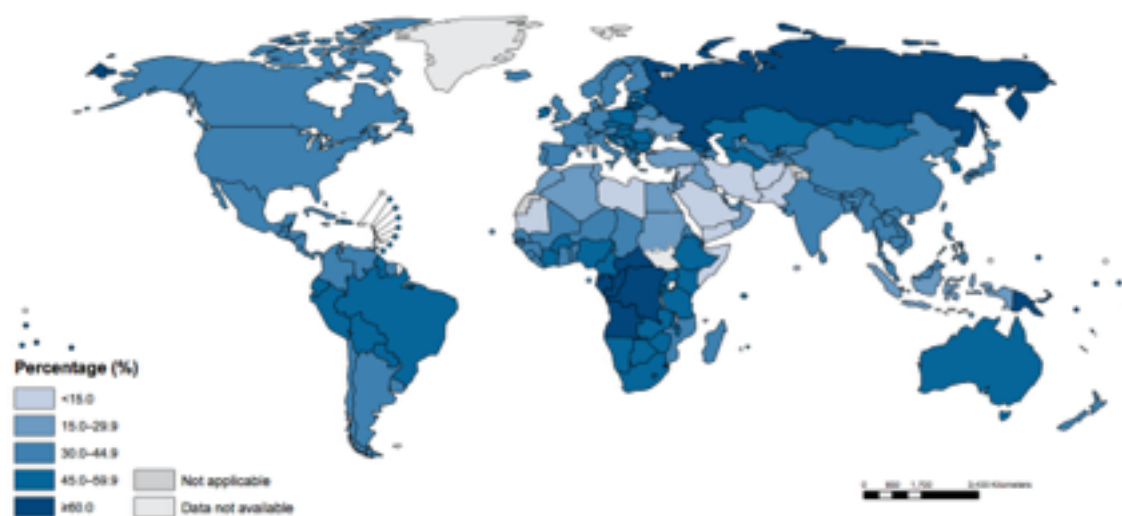
More than half of the global population that aged 15 years and over had abstained from drinking alcohol in the previous 12 months, but there are still 57% men and women are current drinkers. More than half of the alcohol consumption populations are in mainly 3 WHO regions, which is the Americans, Europe, and Western Pacific. According to the Global report of alcohol, the total alcohol per capita (per a person) consumption that is 15 years old and over rose from 5.5 liters of pure alcohol in 2005 to 6.4 liters in 2010 and was still at the level of 6.4 liters in 2016. The highest levels of per capita alcohol consumption are observed in countries of the WHO European Region. The increase in consumption is observed by the WHO in the Western Pacific and South-East Asia Regions (Global Report).



As shown in the data, relatively high (7.5–9.9 liters of pure alcohol per capita) are often found in developed countries, particularly in the regions like the Americas and the Western Pacific Region, but also this high consumption is found in some countries in the African Region. Relative low consumption (less than 2.5 liters) are common lives in the Eastern Mediterranean Region or in other Muslim-majority countries such as the Middle East, and Indonesia in the South-East Asia Region (SEAR), or Azerbaijan in European.

## Heavy Episodic Drinking (Harmful use of Alcohol)

Heavy Episodic Drinking (HED) that is defined as over 60 grams of pure alcohol on at least one single occasion per a single month(WHO). The percentage of HED among drinkers are high- greater than 60% of current drinkers in Russian Federation, some other European countries(Bulgaria, Poland, Romania) and some African country( Angola, Congo).on the regional level, APC is commonly associated with the prevalence of HED, which high APC regions often have a high preference on HED



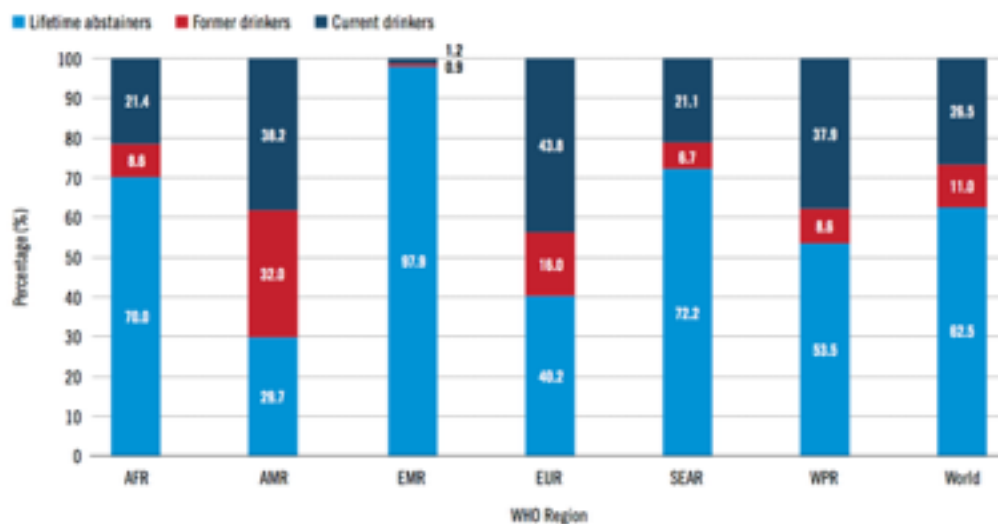
The South-East Asia Region has an average APC (15+ years) of 4.5 liters, while the percentage of HED is around 13.9% among the population that is above 15. The region of the Americas has a higher APC (8.0 liters), compares to the South-East Asia Region, and the preference of HED is 21.3% in the total population aged 15 years or older. The association is clear. There are almost one billion drinkers are heavy episodic drinkers in the world.

## Alcohol Use among Young People

Alcohol use among adolescents will affect the verbal learning, visual processing, memories and even the ability to concentrate during class and the development and integrity of the central nervous system. This alteration due to the alcohol use of teenagers seems to be relevant to the social, emotional and academic problem later in life.



Most of the alcohol abuse among adolescents is due to an unhealthy parental relationship and parental drinking. There is a clear and direct association between parental and offspring drinking showed by a large amount of evidence. Perceived alcohol problems from parents are significantly associated with the likelihood of emotional problems, depression, and low self-esteem.



Comparing the popularity rate of abstainer and current drinkers among people in the age of 15-19 with those in the entire population. It can be noted that the drinking behaviors of young people mirrors the entire populations. For instance, the percentage of current drinkers in the European region in this age group is 43.8%, which corresponds to the entire population. Europe has a higher rate of the current drinker.

Results from the reports of WHO indicate that the use of alcohol is common among young generations in many countries. Those results point towards the high prevalence of alcohol use in many countries located in the Americas, Europe, and Western Pacific during the past 30 days.

In many countries located in the Americas, Europe, and the Western Pacific region, the prevalence rates can be in the range of 50–70%. In countries around Africa that implement the survey have a range of the percentage located possibly around 10%-30%. In a few countries, the prevalence can be even higher. In general, we find the highest percentage in Europe followed by the Region of the Americas and vary from 1.2% to 74.0% in boys and zero to 73.0% in

girls. Young generations, compared to the overall populations of abusers, are low. But still, it is a concern since youth generations are vulnerable facing the threat of alcohol relevant diseases. Preventing them from abusing alcohol is important and necessary to be resolved.

### **Health Consequences**

WHO's Global Status Report on Alcohol and Health in 2018 reveals that almost 3 million people, mostly men, were caused by harmful use of alcohol. Those factors which attributable to alcohol including but not limited to accidents injuries, digestive disorders, and other health conditions. The rate of mortality caused by consuming alcohol, which is (5.3% of all deaths) is much larger than other well-known factors such as HIV (1.8%), violence (0.8%), diabetes (2.8%) etc. Alcohol abuse also less to a large burden of disease and injuries, causing 132.6 million years of death and disability-adjusted life years (DALYs), which is a sum for the year lost in life due to premature mortality and living with disabilities.

### **Alcohol Use Disorders, Poisoning, and fetal Alcohol Syndrome**

WHO has estimated that 283 million people that are 15+ had an alcohol use disorder (WHO). This term is defined as a pattern of alcohol use that involves problems of controlling your drinking, preoccupied with alcohol, refuse to cease the usage of alcohol even if it causes problems. Anything that put your health and safety in risk due to alcohol is considered an unhealthy use of alcohol. Alcohol use disorders can cause syndromes such as alcohol intoxication, that the amount and concentration of alcohol in your bloodstream increase, more impaired you become. The intoxication alcohol will cause you to behave extremely different. For instance, abnormal behaviors include unstable mood, slurred speech, impaired attention or memory, and poor coordination. A certain blood alcohol levels can lead to death. Alcohol use disorders will directly lead to alcohol-related liver disease (ARLD), which refers to liver damage caused by excess alcohol intake. ARLD thought to progress over many years, because it doesn't usually cause any symptoms until the liver has been severely damaged. Besides, exceeding alcohol take a serious toll on people's brain and heart likewise, causing problems of high blood pressure and decelerate your brains communication speed. The geographic distribution of disease and alcohol use disorders is highly associated with the preva-

lence and alcohol drink per capita in each region, which it often occurs in European and African regions and less common in the East Mediterranean regions.

## **Injuries, Violence, Homicides**

### **Injuries**

Alcohol is an important risk factor in different types of injury. It contributes to the occurrence of unintentional injuries such as road traffic injuries, drowning, burns, poisoning and falls. However, because of the lack of surveillances, the exact intensity and frequency of alcohol-related injuries remain unclear in many low- and middle-income countries. From the global scale, the overall burden of alcohol-attributable injuries is substantial.

Traffic injuries and accidents are the most frequent results of over-drinking: Research comes out that a driver's attention and driving skills are increasingly undermined according to how many drinks he or she has had before driving, with the decrement in performance starting with the second drink. In addition, even the disruption come from drunken passengers in a vehicle can distract the driver and lead to minor accidents. The advanced technology in alcohol-detection has changed the way that police recognize drunk drivers in some developed countries and regions, where laws against driving drink-driving. However, the laws need to be implemented and quite intensively enforced if they are to be effective in deterring drink-driving and reducing rate of alcohol-related casualties. The increasingly high rate of alcohol-related traffic casualties in many countries serves as strong evidence that enforcement of the laws is often weak.

### **Violence**

Based on a research by Duke University in 2011, Experimental studies have found a dose-response connection between BAC (Blood alcohol concentration) and aggression, with the effects becoming significant with a BAC of 0.05% and rising with higher BAC levels. Noteworthy, while earlier studies often focused on alcohol's role in street violence, predominantly male-on-male, there has been an increased focus in recent years on alcohol's role in the violence in the family and in intimate relations, including sexual violence. Studies of alcohol





involvement in sexual aggression perpetration by young males have generally found a strong connection even in the high-income society. The issue shows the difficulties to regulate drinkers' behaviors at home and usually, to their intimate families or partners. Especially in some low-income paternalistic countries, women consider physical violence and sexual violence by their drunk husband to be reasonable and suffer without revealing the seriousness of the issue to the public (WHO).

## Homicides

Drinking by the perpetrator or by the victim or by both is frequently a factor in homicide, arguably the most extreme form of aggression. By studies started by Europe to other parts of the world, it shows a consistent pattern that the connection between drinking and homicide is strongest in societies where drinking is often heavy enough to induce intoxication. Meta-analyses of these studies have found that nearly 50% both of victims and of perpetrators had been drinking when the homicide occurred.

However, the mechanism behind homicides and drinking needs to be validated in more detail. Current explanations mainly come from two aspects: while socialists consider drinking to trigger moral degradation, isolation, and destructive social behaviors, biologist explains this correlation as the toxicities of alcohol to weaken or impair the functions of human brains, also by slowing down the spread of 5-hydroxytryptamine (5-HT) neurons in the brainstem.

## Key Terms

### Alcohol intoxication

Alcohol intoxication, also known as alcohol poisoning, is a series of negative behaviors and physical effects due to the recent drinking of alcohol. Symptoms at lower doses include mild sedation and poor coordination; at higher doses, slurred speech, trouble walking, and vomiting are also of high risks.

### Blood alcohol concentration (BAC) limit

BAC refers to the concentration of ethanol in human's blood. Every country sets different limits to regulate alcohol abuse: The majority (97) of responding countries have a maximum





permissible blood alcohol concentration (BAC) limit to prevent drink-driving at or below 0.05%. However, 37 countries have a BAC limit of 0.08%, and 31 responding countries have no BAC limits at all.

### **Noncommunicable diseases (NCDs)**

Noncommunicable diseases (NCDs), is a medical condition or disease that is not caused by infectious agents. NCDs can refer to chronic diseases which last for long periods of time and progress slowly, including heart disease, stroke, cancer, diabetes, and chronic lung disease, are collectively responsible for almost 70% of all deaths worldwide.

### **Burden of disease**

Burden of disease is defined as the gap between current health status and an ideal situation in which everyone lives to old age free of disease and disability. Premature death, disability and risks that contribute to illness and injury are the causes of this health gap.

### **Disability-adjusted life years (DALYs)**

Disability-adjusted life years (DALYs) represent a time-based measure of overall burden of disease for a given population. DALYs are the sum of years of life lost due to premature mortality as well as years of life lost due to time lived in less than full health.

### **Alcohol-attributable deaths**

Alcohol-attributable deaths are defined as the number of deaths attributable to alcohol consumption. They assume a counterfactual scenario of no alcohol consumption. Thus, alcohol-attributable deaths are those deaths that would not have happened without the presence of alcohol.

### **Age-standardized (or age-adjusted) alcohol-attributable deaths or DALY rates**

Age-standardized (or age-adjusted) alcohol-attributable deaths or DALY rates refer to a weighted average of the age-specific death or DALY rates per 100 000 persons, where the weights are the proportions of persons in the corresponding age groups of the WHO standard population.

### **Alcohol-attributable fraction (AAF)**

Alcohol-attributable fraction (AAF) is the proportion of all diseases and deaths that are attributable to alcohol. AAFs are used to quantify the contribution of alcohol as a risk factor to disease or death. AAFs can be interpreted as the proportion of deaths or burden of disease which would disappear if there had not been any alcohol. AAFs are calculated on the basis of the level of exposure to alcohol and the risk relations between the level of exposure and different disease categories.

### **Important Events/Timelines**

<b>Date</b>	<b>Event</b>
<b>1948</b>	WHO was founded as an organization in 1948 as a member of the United Nations Development Group.
<b>1997</b>	The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) by an international group of substance abuse researchers to detect and manage substance use and related problems in primary and general medical care settings. The program was forming in 1997 and the international validity study starts on 2000.
<b>2008</b>	Dissemination, implementation and evaluation of ASSIST-based interventions in different settings and contexts has been conducted by WHO since 2008.
<b>2010</b>	In 2010 the Management of Substance Abuse team in the WHO Department of Mental Health and Substance Abuse starts updating ATLAS-SU program to provide resources for the prevention and treatment of substance use disorders worldwide.



- 2014** In April 2014 the WHO Department of Mental Health and Substance Abuse in collaboration with the WHO Regional offices distributed a survey to countries and an updated version of the Atlas is foreseen in 2015.
- 2018** In September 28, The World Health Organization (WHO) released SAFER, a new initiative that helps governments to reduce the harmful use of alcohol.

## Major Nations/Organizations

### The World Health Organization

The World Health Organization is a specialized agency of the United Nations that is concerned with international public health.

### United Nations Office on Drug and Crime (UNODC)

The Joint UNODC-WHO Programme on Drug Dependence Treatment and Care is a collaboration between UNODC and WHO to support the development of comprehensive, integrated health-based approaches to drug policies that can reduce demand for illicit substances, relieve suffering and decrease drug-related harm to individuals, families, communities, and societies. The Joint UNODC-WHO programme is closely linked to the Mental Health Gap Action Programme (mhGAP), which was set up by WHO in November 2008 to identify strategies for scaling up care for mental, neurological and substance use disorders.

### The Expert Committee on Drug Dependence (ECDD)

The Expert Committee on Drug Dependence consists of an independent group of experts in the field of drugs and medicines. The ECDD assesses the health risks and benefits of the use of psychoactive substances according to a set of fixed criteria. The ECDD recommendations are presented by the Director-General of the WHO to the UN Secretary-General and the United Nations Control Narcotic Board (CND).

## Important Documents/Passed Solutions

1. One latest major resolution passed by World Health Assembly is Resolution WHA58.26. It recognized the public-health problems caused by harmful use of alcohol and requested the member states and the Director-General to provide support on regulating alcohol use.
2. Global status report on alcohol and health 2018



### 3. Resource tool on alcohol taxation and pricing policies (June 2017)

#### **Possible Solutions**

The greatest discrepancy between the countries on the issue of alcohol abuses is that every country holds different standards on what is ‘alcohol abuse’, especially the extent of restriction and regulation. As a UN committee, the WHO must not only raise up the issue but also design different strategies for different nations upon this issue. It’s suggested that delegates think deeply into the problem and the cause of it in various parts of the world according to the different status of the issue and the different stances your nations are on, to provide more targeted, well-oriented solutions than general proposal without concrete measures. You can build up your solutions from different aspects on a global scale including political, economic, cultural and educational measures.

With the accelerating pace of economic globalization, the alcoholic beverage production has become increasingly concentrated and globalized in recent decades, from beer, spirits to wine. As noted in the Global status report on alcohol and health 2018, “very significant proportions of the commercial alcohol market are consumed in heavy drinking occasions, meaning the central interests of alcoholic beverage producers are inherently at odds with the public health interest. The significant influence of alcohol industries on political decisions which affect them has been documented at national and subnational levels.” It has been long recognized by the WHO that the issue of alcohol is significantly interfered by the economic interest which is control by both the governments, global trade groups and alcohol producers in-cent by high profits of the alcohol market. Thus, it’s important that you bring the consideration of related economic situation into your proposal and solutions of the issue.

What’s more, the cultural position of drinking as well as corresponding social concepts also exerts a strong influence on alcohol consumption and abuse. In some developing countries, alcohol brands are often a symbol of luxury for the rich to squander for. In contrast, poor people tend to be addicted to cheap alcohol just for relaxation or the state of stupefaction. As noted by the Global status report on alcohol and health 2018, ‘the concept and the messaging,



pointing to individual responsibility as the mechanism of preventing harm, is considered by public health experts to be strategically ambiguous and against the public health interest'. Delegates are expected to dynamically connect social values and norms on the issue of drinking to the harmful effects it has on people's health from a comprehensive perspective.

Finally, education serves as a crucial element of regulating the behaviors of people, especially our focus this year, Gen Z. Although parents and school have tried hard to protect their children from alcohol addiction, the measures they conduct are usually blocking all the information related to alcohol with a didactic tone chattering about the harmful effects of alcohol. This form of education is less an alarm to their children of the risks of alcohol than an incentive for them to give their first try. In this conference, it's suggested that a more effective prospect of educational forms is introduced. Also, the lagging educational methods relinquish the responsibility of conveying a correct cultural value about alcohol to online media and advertisements, who label extravagant alcohol consumption as a fashion of rich people. Regulation on advertising may also be a possible solution from a cultural perspective, but the downside of it should also be considered.

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