

European status report on alcohol and health 2014

Monitoring and surveillance



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Background

One important element of an effective national action plan or strategy on alcohol is that it contains objectives and outcomes and that progress toward these goals is monitored, evaluated and publicized. Process and outcome indicators should be developed, with regular reports to keep stakeholders informed. Routine monitoring and evaluation allows for the identification of successful and unsuccessful components and enables regular revision of the plan or strategy.¹

Monitoring and surveillance requires strong leadership, multisectoral coordination and action, and the adequate allocation of resources to data collection and reporting. The national instrument and monitoring reports should be made public, and stakeholders should be invited to provide comments and feedback.¹

Strategies

As set out in the *European action plan to reduce the harmful use of alcohol 2012–2020*,¹ Member States are advised to publish regular comprehensive reports on alcohol that include information covering the following topics:

- drinking among adults, including trends in alcohol consumption, types of alcohol consumed, socioeconomic variables, demographic characteristics, drinking and pregnancy, adults' drinking behaviour and knowledge of alcohol, and geographical patterns of alcohol consumption;
- underage drinking, including trends in alcohol consumption, types of alcohol consumed, socioeconomic variables and drinking among different ethnic groups, associations with other substance use, and drinking behaviour and knowledge of alcohol;
- drinking-related ill health, including hazardous, harmful and dependent drinking, consultations about drinking with health professionals, alcohol-related hospital admissions and alcohol-related mortality;
- availability and affordability of alcohol;
- costs to society, including expenditure on alcohol-related harm, alcohol-related crime and alcohol-related traffic accidents; and
- policy responses.

¹ *European action plan to reduce the harmful use of alcohol 2012–2020*. Copenhagen, WHO Regional Office for Europe, 2012.

Methods

This chapter presents the results from the WHO survey on alcohol and health, carried out during the period February–December 2012. Unless otherwise noted, the responses reflect the policy situation in each Member State as at 31 December 2011. The survey was sent to the WHO national focal points for alcohol policy in each Member State, to be completed in consultation with various national experts. All 53 Member States of the WHO European Region participated in the survey.

Results

Thirty-nine Member States reported that there had been an adult national survey on alcohol consumption since 2000, and 44 Member States reported that there had been a youth national survey on alcohol consumption since 2000. These could refer to surveys where alcohol is addressed specifically or where it is part of a larger or international survey.

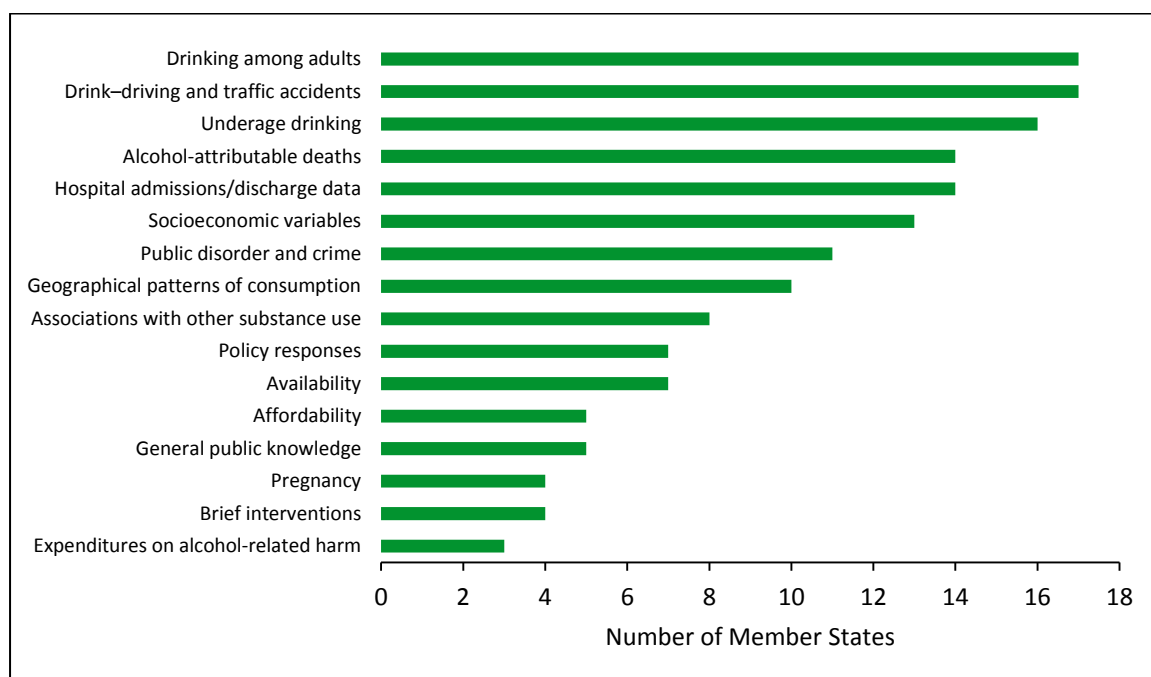
Thirty-two Member States² reported that they had a national system for monitoring alcohol consumption and its health and social consequences. This type of system refers to a data repository including a range of population-based and health facility data. The main population-based sources of health information are censuses, household surveys and (sample) vital registration systems. The main health facility-related data sources are public health surveillance, health services data and health system monitoring data. Of the Member States with national monitoring systems, 28 reported that data are collected on alcohol consumption, 26 reported that data are collected on the health consequences of alcohol consumption, 14 reported that data are collected on the social consequences of alcohol consumption, and 10 reported that data are collected on alcohol policy responses.

Twenty Member States reported the regular publication of a comprehensive report on the national alcohol situation.³ Among the most commonly covered topics are drinking among adults (17 Member States), drink–driving and alcohol-related traffic accidents (17 Member States) and underage drinking (16 countries). Regular reporting on the retail availability and affordability of alcohol, identified by WHO as areas where control measures targeted to alcoholic beverages have the most potential for contributing to a reduction in the burden from noncommunicable diseases (best buys), is less common (Fig. 1).

² Data missing from one Member State.

³ Data missing from five Member States.

Fig. 1. Topics covered in regular published reports on alcohol situation, by number of Member States



Conclusion

The *European action plan to reduce the harmful use of alcohol 2012–2020*¹ proposes a portfolio of policy options to improve national systems for monitoring and evaluation. One strategy set out in the action plan is for each Member State to assemble all the available data on alcohol in one report covering consumption, harm, social costs and policy responses and to publicize the report widely. This report could also include, on a rotating basis, more detailed information on specific topics. A further option in the area of monitoring and surveillance is for Member States to refine the analytical methods used in generating data on alcohol. As noted in the action plan, morbidity and mortality data should include calculations of the amounts attributable to alcohol. It is also important for Member States to estimate the social costs, particularly the avoidable social costs, which result from implementing specific alcohol policy measures.

Results from the 2012 WHO survey on alcohol and health show that less than half of the Member States regularly produce a comprehensive report on the national alcohol situation.³ The action plan mentions the following topics as particularly important for monitoring alcohol consumption and alcohol-related harm: drinking among adults; underage drinking; drinking-related ill health; availability of alcohol; affordability of alcohol; costs to society; and policy responses. The most commonly covered topics – drinking among adults and underage drinking – are included in the regularly published reports of 17 Member States. Expenditure on alcohol-related harm, which falls under the topic of costs to society, was the least frequently cited topic, covered by three Member States.