

# Protecting the unborn baby from alcohol

1st Baltic conference on Fetal Alcohol Spectrum Disorders Prevention

Dr Lars Møller

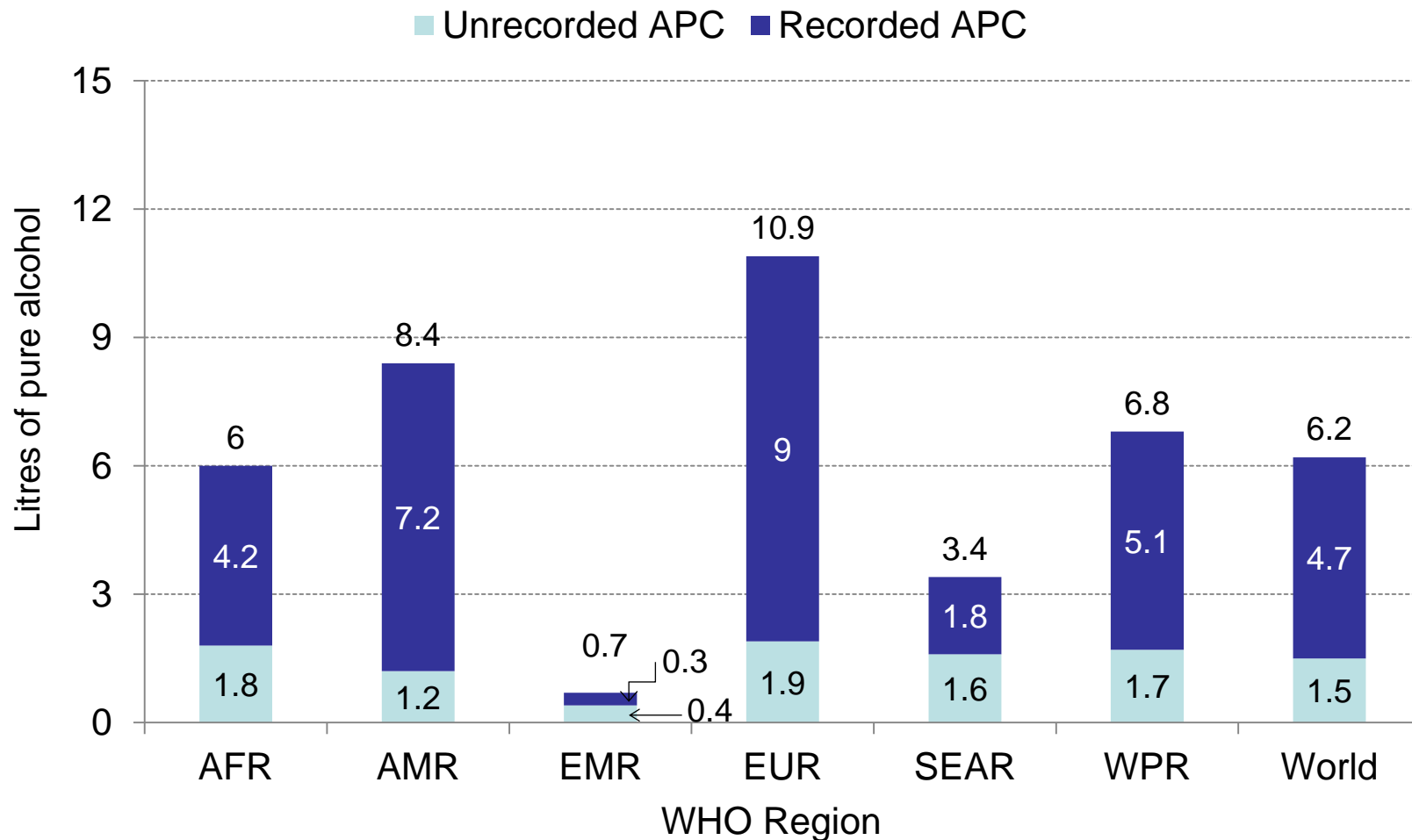
Programme Manager

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# Total, unrecorded and recorded alcohol per capita (15+ years) consumption in litres of pure alcohol by WHO region and the world, 2010

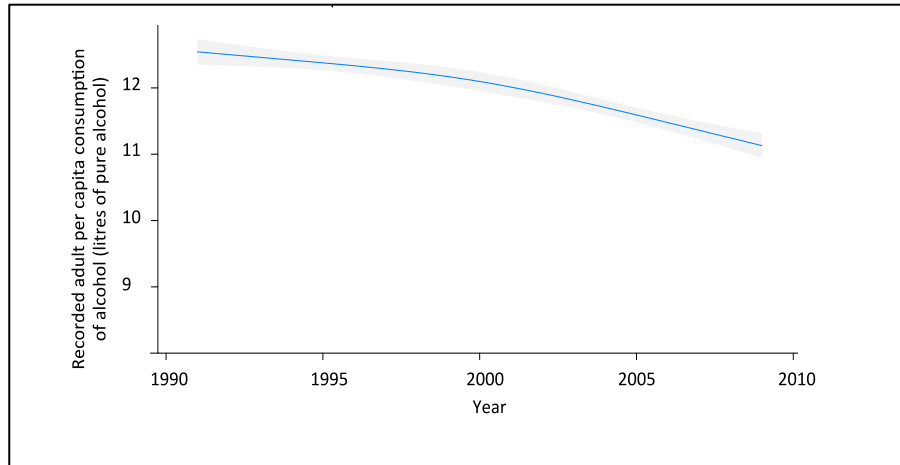


## Total alcohol per capita (15+ years) consumption by WHO region, 2005 and 2010

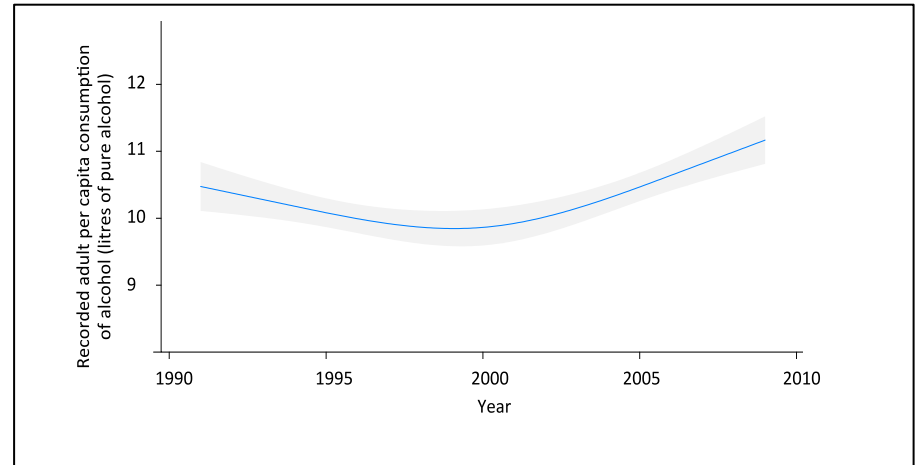
| WHO regions | Total APC 2005 | Total APC 2010 |
|-------------|----------------|----------------|
| EUR         | 12.2           | 10.9           |
| AFR         | 6.2            | 6.0            |
| AMR         | 8.7            | 8.4            |
| EMR         | 0.7            | 0.7            |
| SEAR        | 2.2            | 3.4            |
| WPR         | 6.2            | 6.8            |
| World       | 6.1            | 6.2            |

In the WHO European Region, was a 10% decrease in total per capita consumption from 2005 to 2010.

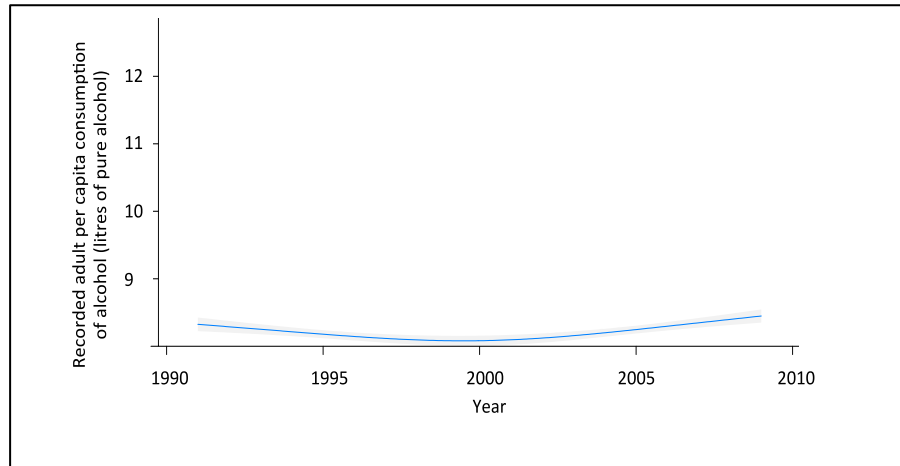
## Central-Western and Western Country Group



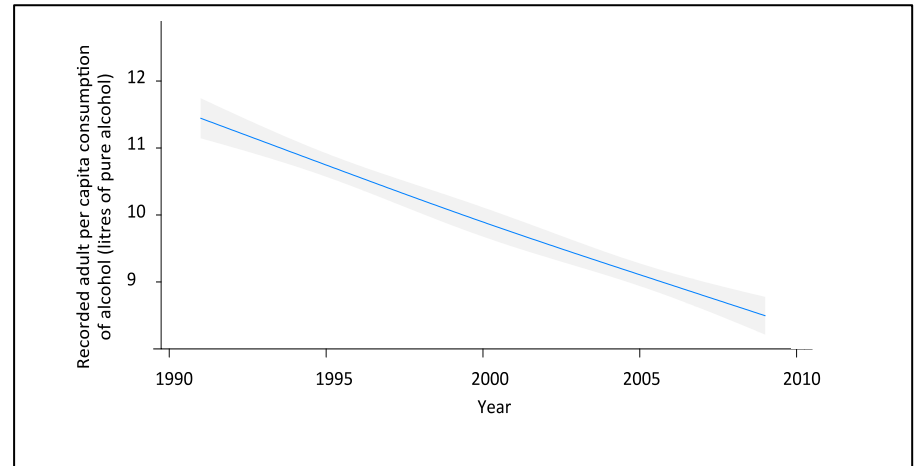
## Central-Eastern and Eastern Country Group



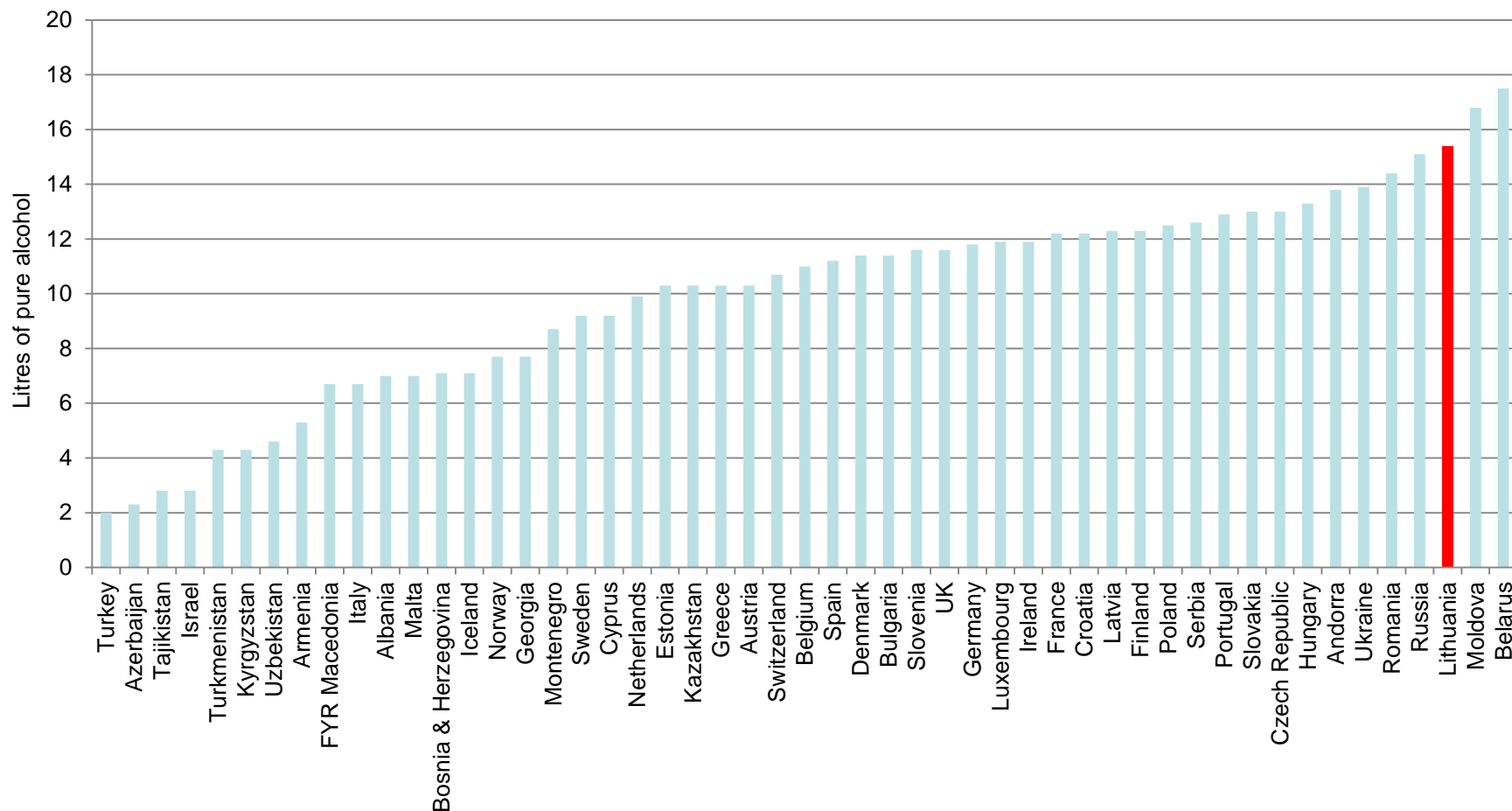
## Nordic Countries



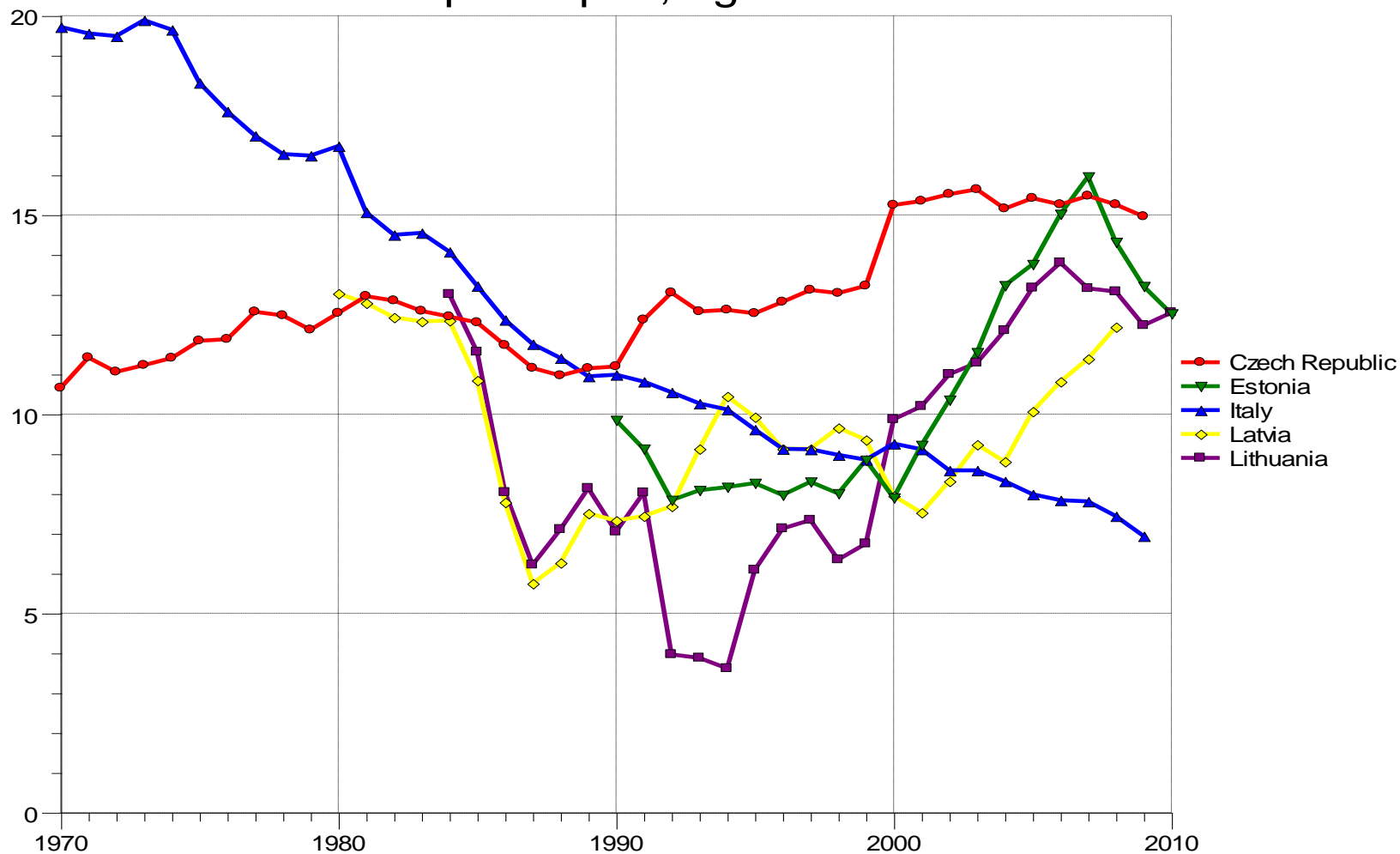
## Southern Europe



# Total average alcohol per capita consumption, recorded and unrecorded, 2008-2010, men and women



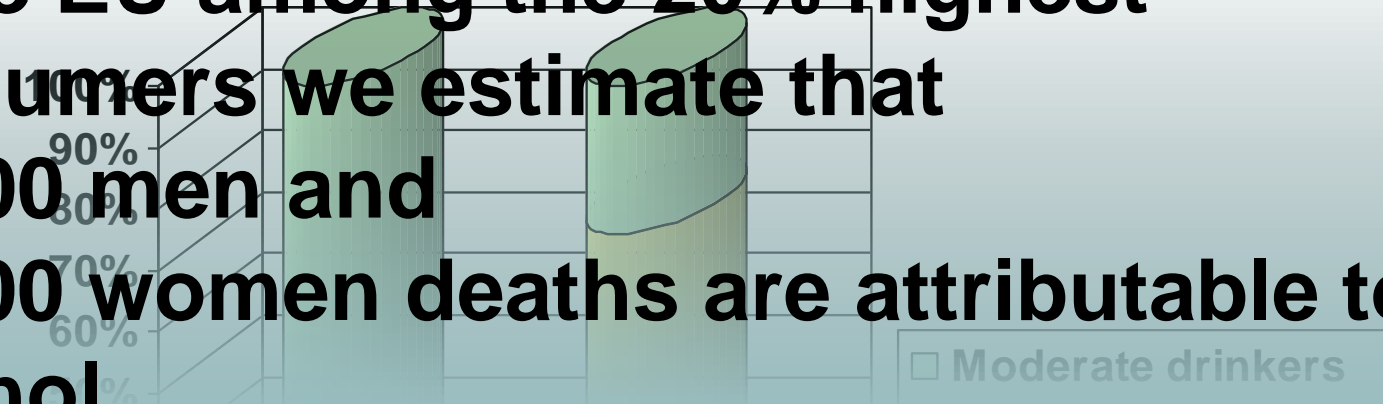
## Pure alcohol consumption, litres per capita, age 15+



## The Pareto principle

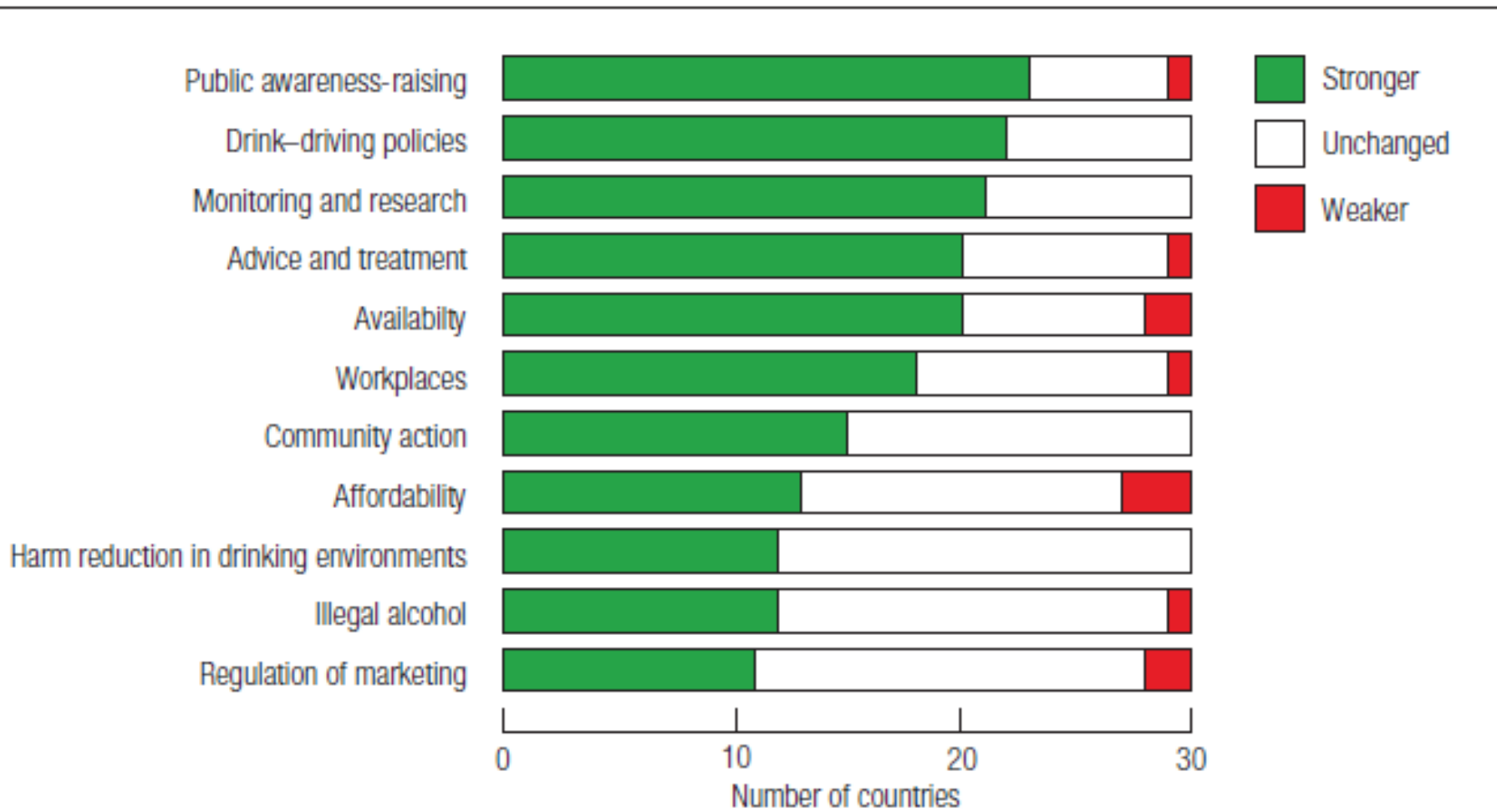
1/5 of consumers consume 4/5 of any product

**In the EU among the 20% highest consumers we estimate that 75.000 men and 17.000 women deaths are attributable to alcohol.**



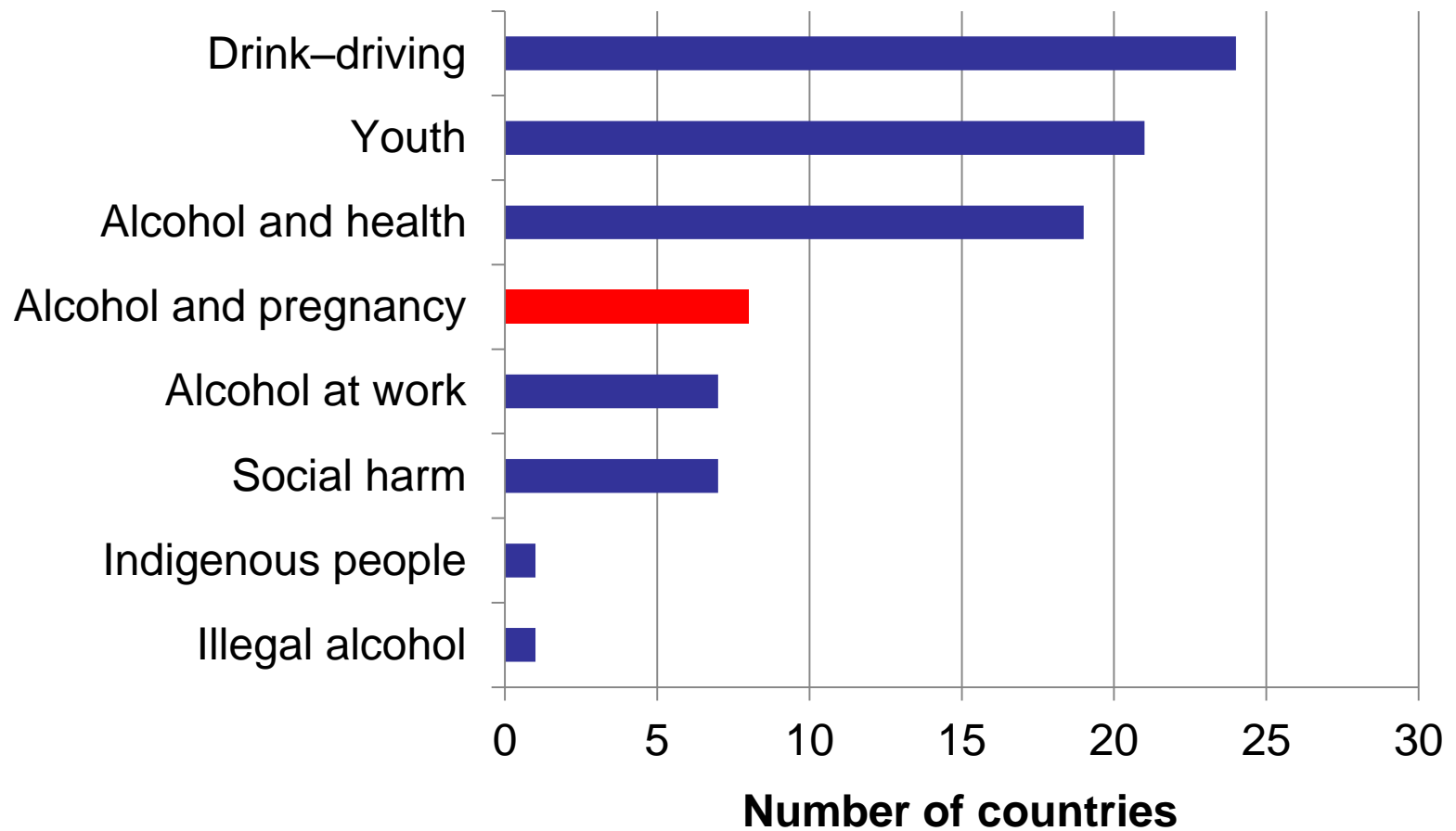
**We estimate in the EU that 5.4% of men and 1.5 % of all women are alcohol dependent**

# Changes in alcohol policy areas over the five years 2006 - 2011 (N=30)

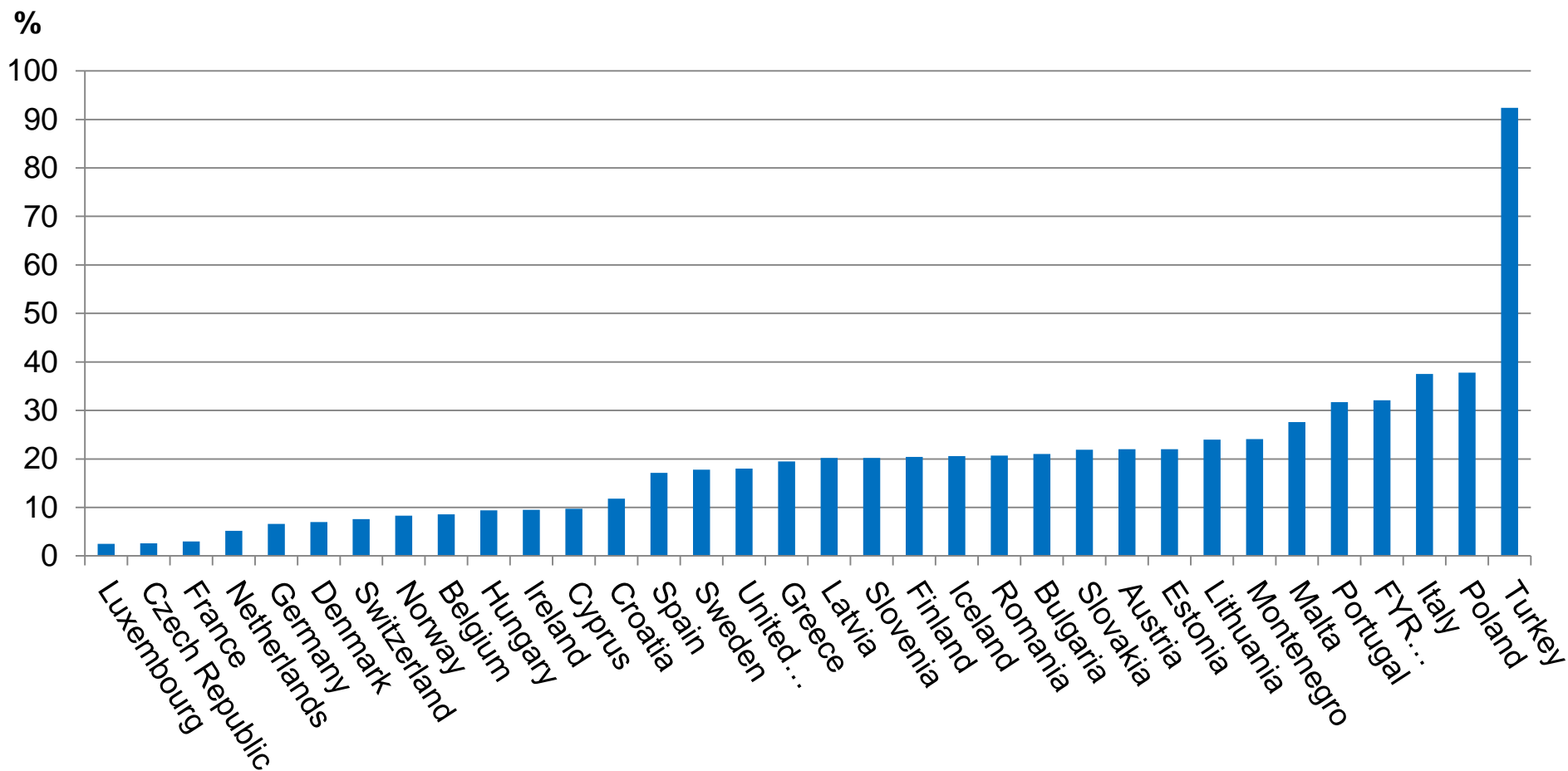




## Number of countries carrying out national awareness-raising activities during 2009-2011 (N=30)



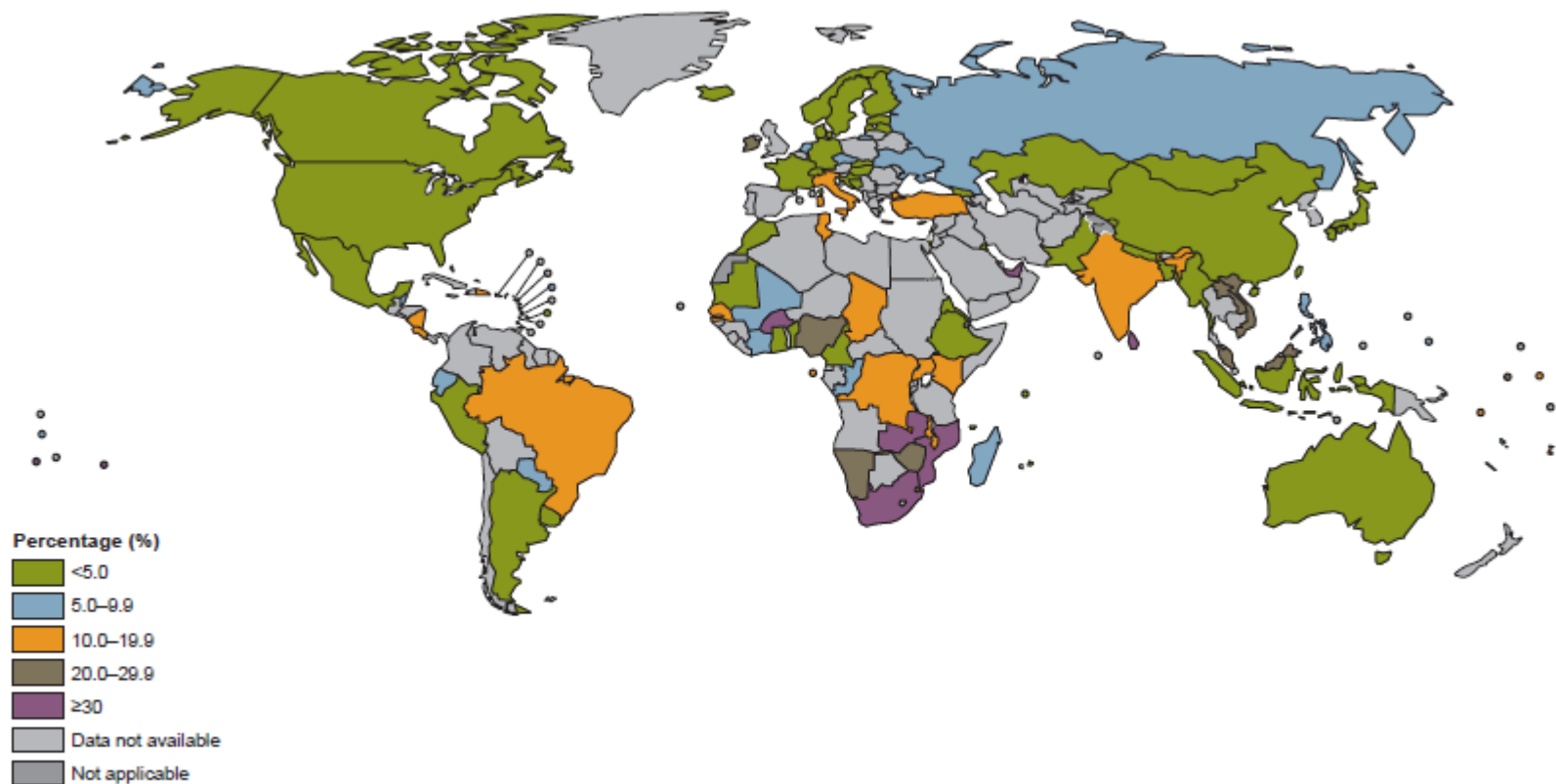
# Lifetime abstainers in the EU, candidate countries, Norway and Switzerland, **females**



# Current drinkers among women (WHO, 2014)

- Proportion of current drinkers (15+):
  - World – 28.9%
  - African Region – 19.6%
  - Eastern Mediterranean Region – 3.3%
  - European Region (53 Member States) – 59.9%
  - Region of the Americas – 52.8%
  - South-East Asia Region – 5.0%
  - Western Pacific region – 32.2%

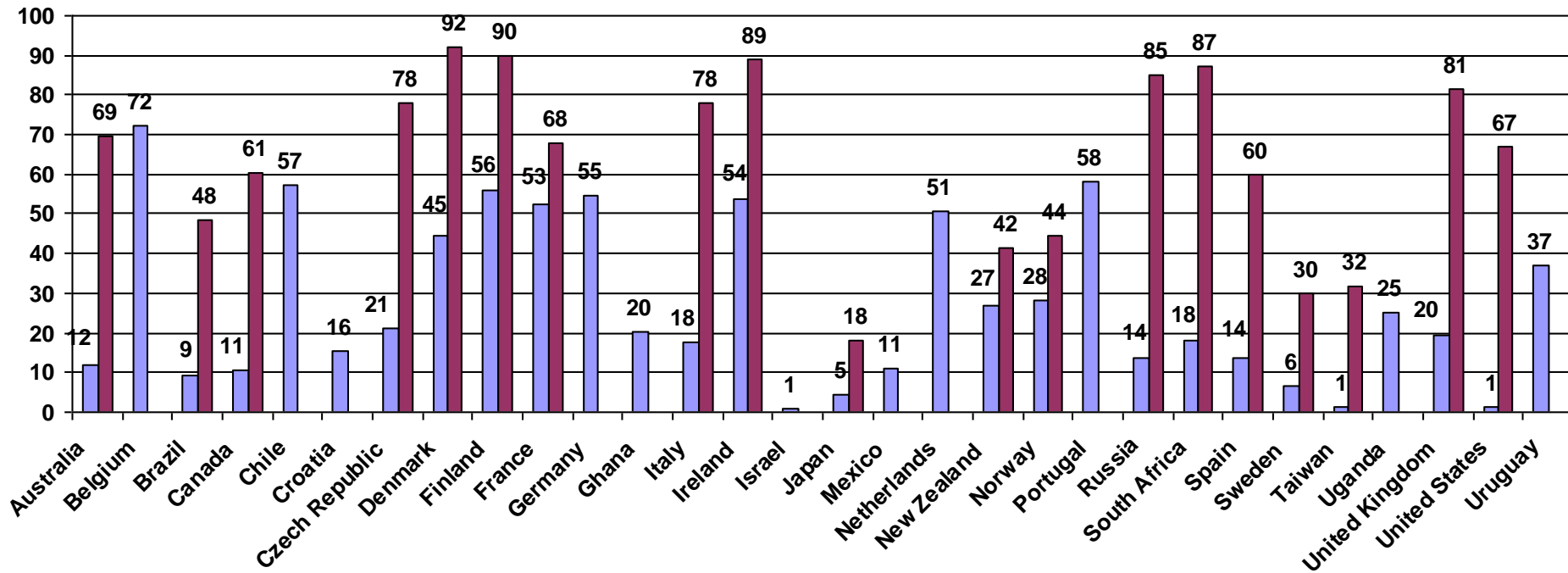
# Prevalence of heavy episodic drinking among past-year female drinkers (WHO, 2011)



<sup>a</sup> Best estimates for 2004 based on surveys carried out within the time period 1997-2009.

# Maternal Alcohol Use during Pregnancy by Country

The ranges are inclusive of any amount of alcohol consumed and at any point during pregnancy



The upper estimate  $\geq 85\%$ : Denmark (92%); Finland (90%); Ireland (89%); SA (87%); Russia (85%)

The lower estimate:  $< 5\%$  Israel (1.1%); Taiwan and the US (1.4%); Japan (4.6%)

# Prevalence of FASD

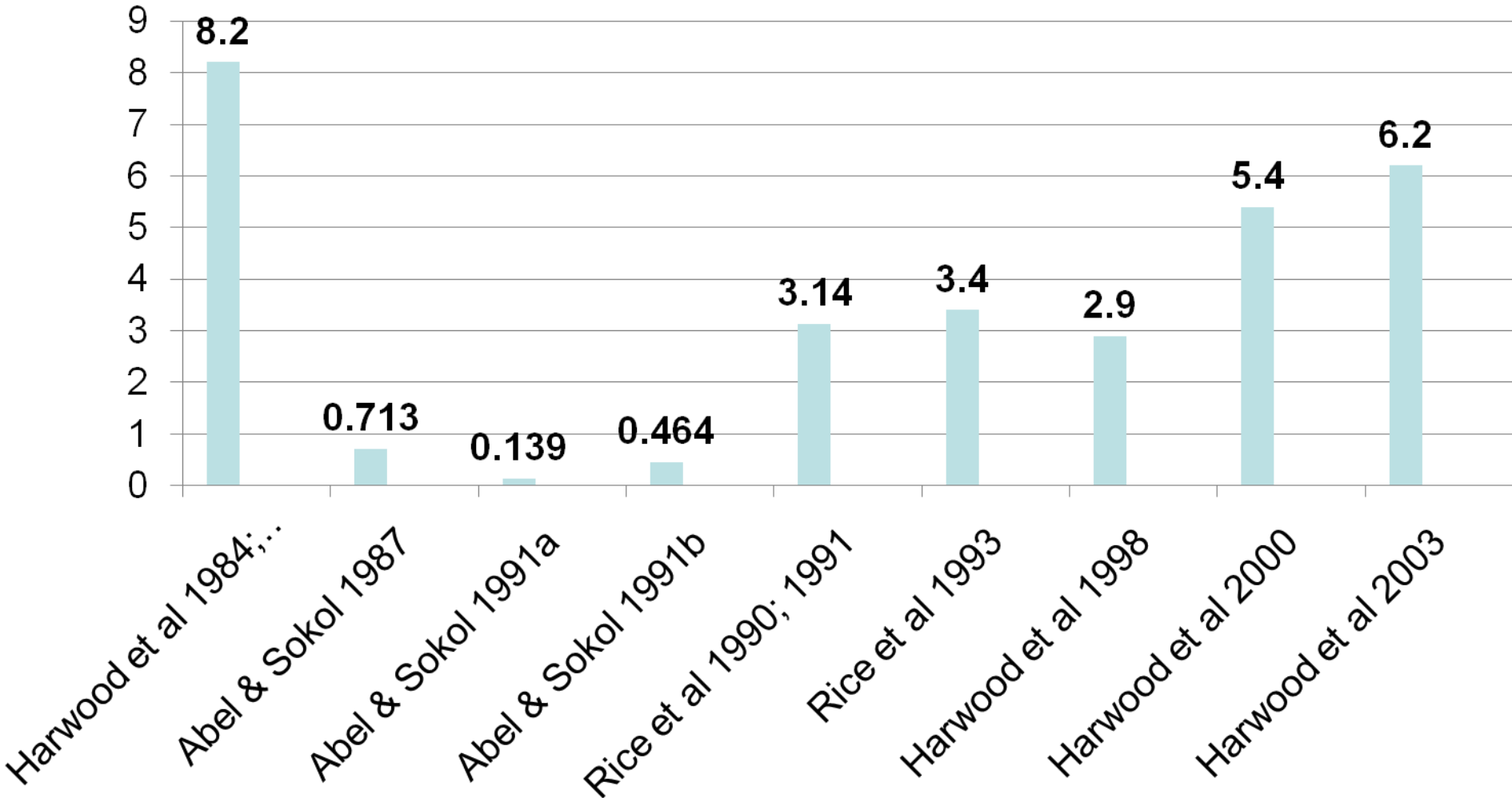
- Data available in only 21 countries, often outdated and methodologically unreliable
- Prevalence estimates:
  - USA<sup>1</sup>: FAS: 2-7 per 1000  
FASD: estimated 2-5% in young school children
  - Italy<sup>2</sup>: FAS: 3.4 - 7.4 per 1000 primary school children  
FASD: 35 per 1000 primary school children
  - France<sup>3,4</sup>: FAS: 1.3 – 4.8 per 1000 births  
FASD: 5.6 per 1000 births
  - Norway<sup>5</sup>: FAS: 1.2 per 1000  
FASD: 1.5 per 1000

# Annual and lifetime cost per individual associated with FASD in Canadian studies (CND; Adjusted for inflation January 2009)

| Reference  | Year of study          | Prevalence    | Age  | Annual cost (95% CI)      | Annual cost per individual (95% CI)    |
|--|------------------------|---------------|------|---------------------------|--|
| Stade et al 2006                                   | 2003                   | 3             | 1-21 | \$386.6M                  | \$16,105<br>(\$14,582-\$17,627)        |
| Stade et al 2009                                   | 2007                   | 3             | 0-53 | \$5.5B<br>(\$4.2B-\$6.6B) | \$22,260<br>(\$20,409-\$24,728)        |
| Than & Jonsson 2009<br>(based on Stade et al 2006) | Various years, Alberta | 3-9 incidence | 0-72 | \$148.4M-\$428.4          | \$1.23M (lifetime cost per individual) |

# Results from the USA studies

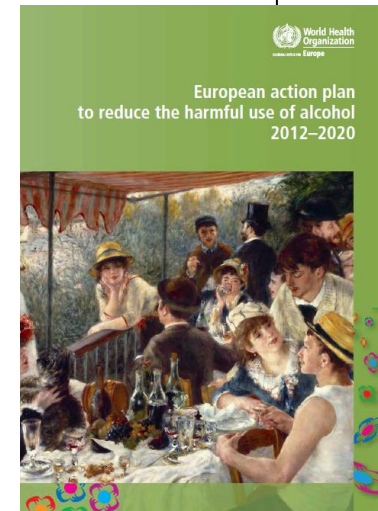
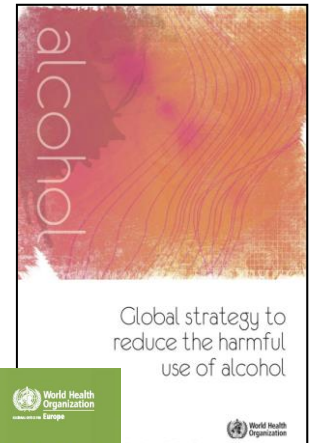
Annual Cost associated with FAS, USA studies  
(Millions USD; Adjusted for inflation Jan 2009)



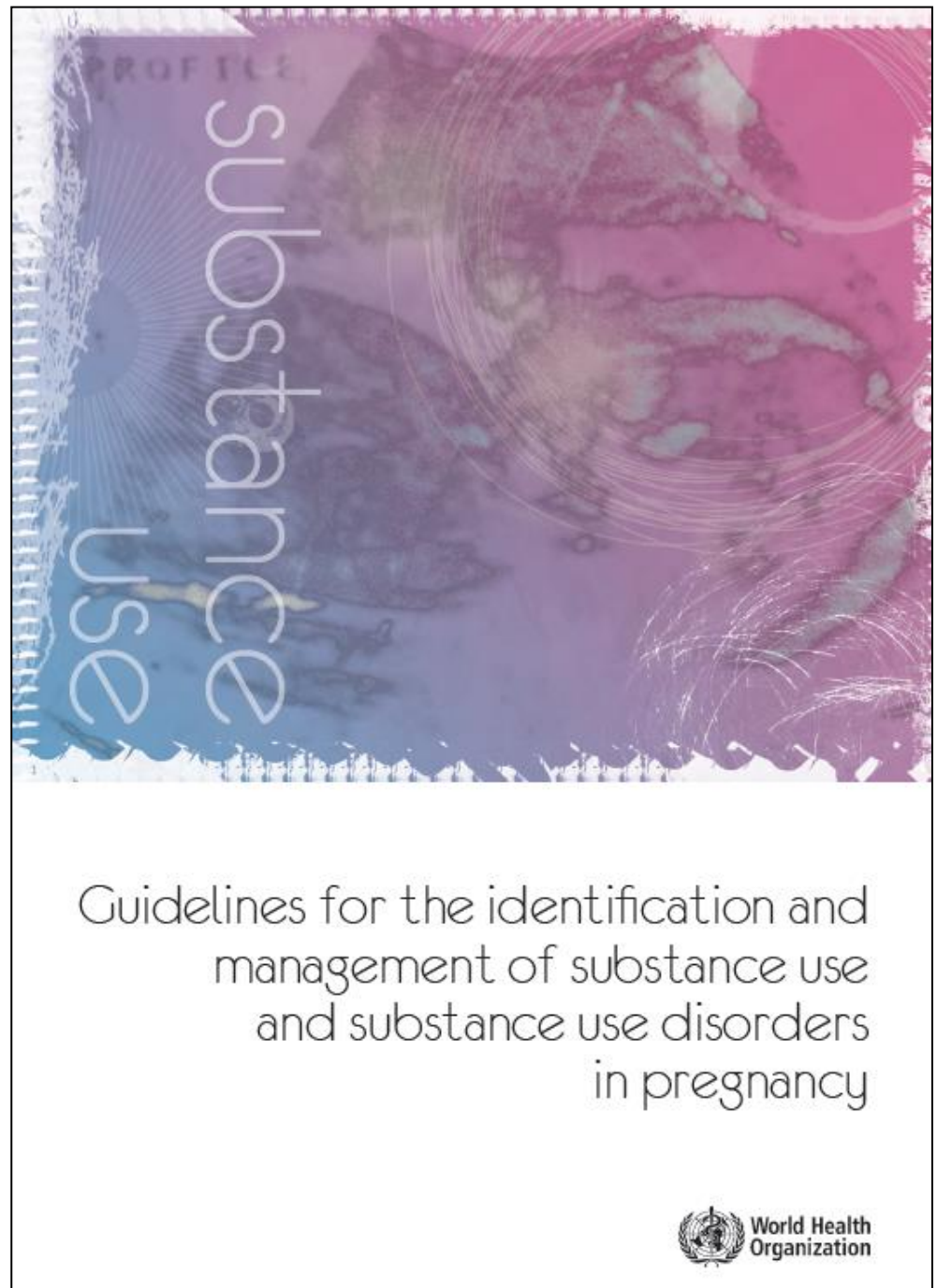


# Global Strategy and European action plan to Reduce the Harmful Use of Alcohol: Health Services' Response

- (b) supporting initiatives for screening and brief interventions for hazardous and harmful drinking at primary health care and other settings; such initiatives should include early identification and management of harmful drinking among pregnant women and women of child-bearing age;
- (c) improving capacity for prevention of, identification of, and interventions for individuals and families living with fetal alcohol syndrome...; ...



- Screening and brief intervention
- Psychosocial control
- Detoxification
- Dependence management
- Infant feeding
- Management of infant withdrawal



# Recommendations (1/2)

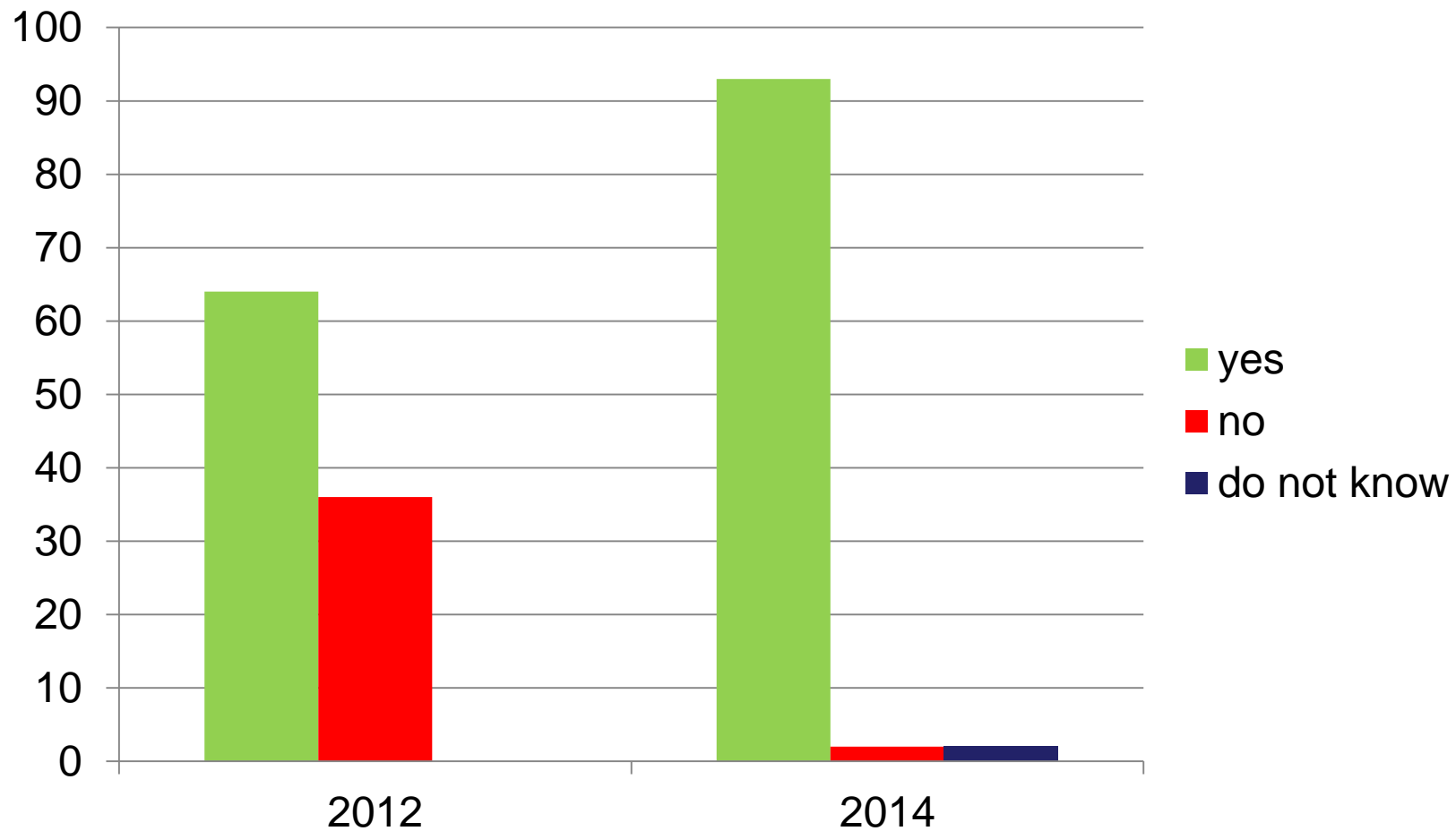
- Health care providers should ask all pregnant women about their use of alcohol and other substances as early as possible in the pregnancy and at every antenatal visit.
- Health-care provider should offer a brief intervention to all pregnant women using alcohol or drugs.

## Recommendations (2/2)

- Health-care providers managing pregnant or postpartum women with alcohol or other substance use disorders should offer comprehensive assessment and individual care.
- Health-care providers should, at the earliest opportunity, advise pregnant women dependent on alcohol or drugs, to cease their alcohol or drug use and offer, or refer to, detoxification services under medical supervision where necessary and applicable.

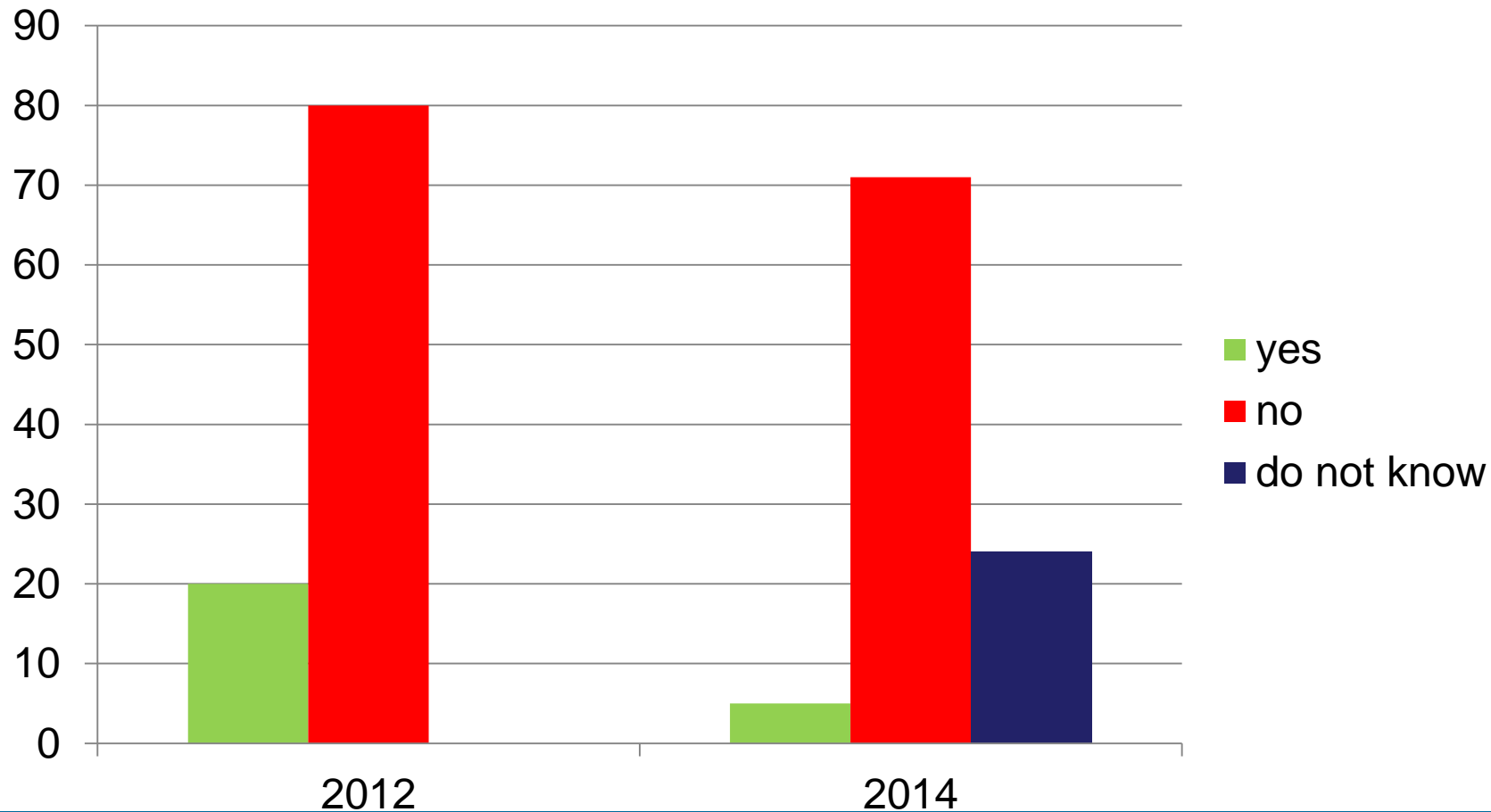
## Example from Republic of Moldova – before and after awareness campaigns (n=1500)

Q: alcohol during pregnancy can lead to serious disabilities to the child?



# Example from Republic of Moldova – before and after awareness campaigns (n=1500)

Q: the effects by alcohol on the unborn child will disappear with the growing child?



# More rigorous epidemiological prevalence studies are needed

- The first step in understanding the severity and impact of FASD is to determine how many people have this condition.
- Policies and programs can be planned to benefit those living with FASD and to prevent more children from being born with this condition.
- WHO Research Project on Child Development with a Focus on FASD:
  - Generate new knowledge on prevalence of FASD among children of 7-9 years old and prevalence of prenatal risk factor exposure (focus on alcohol)

# Alcohol policy implementation in EURO

- 51 MS have a blood alcohol concentration limit of 0.5 g/L or less for driving
- 47 MS have a legally binding regulations on alcohol advertising
- 46 MS are using random breath-testing
- 43 MS have a minimum 18-year age limit for off-premise sales of alcohol
- 38 MS have a written national or subnational alcohol policy



# Alcohol policy implementation in EURO

- 36 MS have a legally binding restrictions on alcohol product placement
- 15 MS require health warnings on alcohol advertising
- 13 MS adjust taxation for inflation
- 9 MS require product information on alcohol containers

# Useful information

1. List of ingredients
2. Nutritional information
3. Serving size and servings per container
4. Definition of “moderate” intake and
5. Health warnings

**Captain Morgan** *Henry Morgan*

*Born in 1635, Captain Henry Morgan gained the loyalty of nearby buccannars who followed him without question and won the respect of nobles and kings. He was knighted in 1675 for his service to England & became Governor of Jamaica in 1680.*

DIAGEO North America, Inc.; 6 Landmark Square, Stamford, CT 06901 **DIAGEO** 1.800.123.5567

| <b>Alcohol Facts</b>   |                            | <b>Amount Per Serving</b> |    |
|--|----------------------------|---------------------------|----|
|  Serving Size 1.7 fl oz | Servings Per Container 15  | <b>Total Fat</b> 0g       | 0% |
| Calories Per Serving 100   | Alcohol Per Serving 0.6 oz | <b>Sat Fat</b> 0g         | 0% |
| *Only those carbs that cause a noted effect on blood sugar.  |                            | <b>Cholest</b> 0g         | 0% |
|  |                            | <b>Total Carb</b> 0g      | 0% |
|  |                            | <b>Net Carbs*</b> 0g      | 0% |
|  |                            | <b>Protein</b> 0g         | 0% |

**GOVERNMENT WARNING:** (1) ACCORDING TO THE SURGEON GENERAL, WOMEN SHOULD NOT DRINK ALCOHOLIC BEVERAGES DURING PREGNANCY BECAUSE OF THE RISK OF BIRTH DEFECTS. (2) CONSUMPTION OF ALCOHOLIC BEVERAGES IMPAIRS YOUR ABILITY TO DRIVE A CAR OR OPERATE MACHINERY, AND MAY CAUSE HEALTH PROBLEMS.

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# Health warnings:

- Effective way to inform all consumers of risks associated with alcohol including alcohol and pregnancy
- Could potentially reduce dangerous drinking behaviour
- Consumers overwhelmingly support health warnings on alcohol products.

# ***Thank you!***

**Contact details:**

[LMO@euro.who.int](mailto:LMO@euro.who.int)

**Website:** <http://www.euro.who.int/alcohol>

**European information system on alcohol  
and health:**

<http://who.int/gho/eisah>