

An international consensus for medical leadership on alcohol

2 billion people worldwide consume alcohol, and of these 76.3 million have alcohol misuse problems,¹ with substantial morbidity, mortality, and social harm. Alcohol use is the third leading risk factor for preventable and premature disease, with a lamentable lack of any global remediable action.²

Despite the clear evidence of harm from excess alcohol, there is little will to prioritise the problem in the global health agenda. Therefore the challenge is to reduce this harm by strengthening policies and their implementation locally, nationally, and globally. Such strengthening requires influence and commitment at all levels of the health, political, and legal systems, but the health harms mandate that physicians must take a lead.

Evidence-based cost-effective interventions reduce harm from alcohol, but advocacy for an alcohol policy is not politically attractive. The conflict between government-driven health policy and commercial or social governmental influences impedes the progress of any national or international policy. There is, therefore, an urgent need to put pressure on governments to recognise, adopt, and scale up appropriate health policies.

WHO's *Global strategy to reduce harmful use of alcohol*,³ ratified at the World Health Assembly in 2010, is the

first step towards the introduction of an effective co-ordinated response. Physicians are in a unique position to lead and inform this initiative. An international clinical network with a coherent voice should demand action to reduce alcohol misuse across the globe.

Medical professionalism includes the responsibility to speak out, to lead, and to voice advocacy. It is every clinician's responsibility to address alcohol harm, both on a daily basis with individual patients and in the wider context of health harms and inequalities at the population level. The voice of doctors is valued and trusted within societies, and therefore we call on all doctors to show effective leadership by holding ministries of health accountable for their lack of action in the face of such robust evidence. We ask governments to act urgently and to champion evidence-based initiatives for the implementation of effective alcohol strategies at all levels to improve the health of populations worldwide.

We declare that we have no conflicts of interest.

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- 1 WHO. Global status report on alcohol 2004. http://www.who.int/substance_abuse/publications/global_status_report_2004_overview.pdf (accessed Sept 12, 2011).
- 2 WHO. Global Health risks: mortality and burden of disease attributable to selected major risk factors. Geneva: World Health Organization, 2009. http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf (accessed Sept 12, 2011).
- 3 WHO. Global strategy to reduce harmful use of alcohol. http://www.who.int/substance_abuse/activities/gsrhua/en/index.html (accessed Sept 12, 2011).



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