



ADD Fact Sheet:  
**World Health Report 2002**  
Latest updated 30.01.2007

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The World Health Reports are published by the World Health Organization. The 2002 edition of the report analyses more than 20 important risk factors for ill health and mortality, eg. alcohol, drugs and tobacco.

Some of the conclusions from the report related to alcohol are summarized in the Document A58.18 to the World Health Assembly, May 2005:

- Public health problems associated with alcohol consumption have reached alarming proportions, and alcohol has become one of the most important risks to health globally; it is the leading risk factor in developing countries with low mortality rates and ranks third in developed countries.
- In 2000 alcohol use was responsible for 4.0% of global disease burden, slightly less than the damage caused to society by tobacco use (4.1%) and high blood pressure (4.4%).
- Globally use of alcohol is estimated to have caused 1.8 million deaths, or 3.2% of the total, in 2000.
- Alcohol consumption contributes to disease, injury, disability and premature death more than any other risk factor in developing countries with low mortality, where alcohol is responsible for 6.2% of DALYs lost.
- In developed countries it is responsible for 9.2% of all disability-adjusted life years (DALYs) lost, with neuropsychiatric conditions (e.g. dependence, psychoses and depression) and unintentional injuries (e.g. road traffic crashes, burns, drowning and falls) accounting for most DALYs lost.
- Alcohol consumption is also responsible for many negative consequences that are not taken into account in the analysis of global disease burden. By definition, estimates of that burden and DALYs lost are restricted to the consequences of disease and injury, and do not account for other effects on society as a whole or the social problems that affect drinkers and those close to them, including nondrinkers.

- Drinking to intoxication is a significant cause of alcohol-related harm that accounts for the greatest proportion of DALYs lost in countries with high mortality. This loss is due in large part to acute events such as some cardiovascular diseases and injuries. Unintentional and intentional injuries are responsible for up to 10% of the global burden of disease. Alcohol use accounts for 13% of DALYs lost due to unintentional injuries and nearly 15% due to intentional injuries (e.g. suicides and homicides).
- Overall, there are causal relationships between and more than 60 types of disease and injury. Most of these relationships are detrimental, but there are beneficial relationships with coronary heart disease, stroke and diabetes mellitus, provided low-to-moderate average volume of consumption is combined with non-binge patterns of drinking.
- Alcohol consumption is associated with a range of high-risk behaviours, including unsafe sex and use of other psychoactive substances. As a result, alcohol-use disorders carry a high degree of comorbidity with other substance-use disorders, including nicotine dependence, and sexually transmitted infections. Recent evidence suggests an association between alcohol-use disorders and HIV/AIDS.

**World Health Report 2002, the complete text:**

<http://www.who.int/whr/2002/en/>

**World Health Report 2002, chapter 4, Quantifying Selected Major Risks to Health:**

[http://www.who.int/whr/2002/en/whr02\\_ch4.pdf](http://www.who.int/whr/2002/en/whr02_ch4.pdf)