

Indicator Proposal Summary Template

Note: This document is provided as a template for the 1-2 page summary that should accompany your Indicator proposal for the 2020 Comprehensive review

Additional information/documentation that should accompany the summary include:

- Draft metadata (*Word file only please*)
- Available data and/or link to where data can be located-
- Any methodological documents and/or links to these documents

Full name of the Indicator: 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

Custodian Agency(ies): World Health Organization (WHO)

Goal and target addressed: 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

What type of proposal (replacement, refinement, adjustment and addition), for replacement, refinement and adjustment, please list the original indicator and its number:

We recommend the addition of the following indicators to 3.5.2:

- Age-standardized prevalence of heavy episodic drinking among adolescents and adults
- Alcohol-related morbidity and mortality among adolescents and adults

In the event that additional indicators are not feasible, we recommend replacing the current indicator for 3.5.2 with either of the above indicators.

Background and rationale for the indicator proposal

Background:

- Reducing the harmful use of alcohol is an important and valuable policy goal, as reflected by its inclusion within the SDG Framework (3.5.2), as well as the [WHO Global Action Plan for NCDs 2013-2020](#).
- However, we are concerned that the indicators on this goal in these two interlinked, Member State agreed multilateral strategies are not aligned. Whereas the WHO Global Action Plan for NCDs monitoring framework includes total alcohol per capita, heavy episodic drinking and alcohol-related morbidity and mortality (Appendix 2, p.62), the SDG Framework only currently measures total alcohol per capita (aged 15+).
- We believe 3.5.2 should be made consistent with indicators previously agreed by Member States, to measure the harmful use of alcohol, namely those set out in the WHO Global Action Plan for NCDs, endorsed by the World Health Assembly, by including:
 - Age-standardized prevalence of heavy episodic drinking among adolescents and adults
 - Alcohol-related morbidity and mortality among adolescents and adults

Rationale:

- A. We believe that, as it currently stands, the sole indicator is insufficient and does not map progress against the SDG target, as it focuses solely on per capita consumption and does not measure alcohol-related harms or patterns of drinking. The WHO's [recent Global status report on alcohol and health 2018](#) showed that despite global per capita consumption remaining unchanged between 2010 and 2016, the global alcohol-attributable mortality rate fell by 13%¹ and heavy episodic drinking fell by more than 10%². These data, from the custodian agency of this SDG, demonstrate that important progress on goal 3.5 is not being captured by the current indicator on its own. They also provide a 2016 baseline data for almost every Member State.

¹ See Table 4.6

² See Table 6.1

- B. In addition, the total alcohol per capita (aged 15+) indicator is insufficient on its own to compare between Member States as it does not account for the size of the drinking population. For instance, comparing between two countries which have the same total per capita consumption is not valid if 90% of people in one country are current drinkers but only 50% are in the other country. WHO data shows wide variation in the proportion of current drinkers in different Member States, meaning that consumption per capita is insufficient for many international comparisons.
- C. The addition of the two indicators proposed above, would not increase the reporting burden on Member States as the World Health Organization already gathers, validates and publishes this data for almost every Member State in these areas.
- D. Finally, if the addition of two more indicators for 3.5.2 is not feasible, we would recommend at least the replacement of the current indicator of alcohol per capita consumption with either one of the proposed additional indicators that more accurately reflect trends in the **harmful use** of alcohol (rather than use per se), in line with the mandate approved by Member States for the focus of WHO and the SDGs.

1. Information on how and when the methodology has become an international standard and who is the governing body that approves it

The WHO's Global Information System on Alcohol and Health (GISAH) provides data on heavy episodic drinking and alcohol-attributable mortality for almost all Member States. The WHO is the custodian agency and works directly with Member States to generate and validate the data, stating that "By the end of 2016, 173 WHO Member States had responded. This represents a response rate of 89.2% (2012, 91.2%) from WHO Member States, covering 98.3% (2012, 97.2%) of the world's population."³

2. Data sources and data availability

Data is available from the WHO Global Information System on Alcohol and Health⁴. Metadata on heavy episodic drinking⁵ and age-standardized death rates (15+ years) of alcohol-related conditions⁶ are also available.

3. Confirmation/explanation of joint submission with other partner/co-custodian agencies (if applicable) N/A

4. Conclusion

Goal 3.5 is focused on reducing the harmful use of alcohol, but data from the WHO clearly shows that important progress in meeting this goal is not being measured by the sole indicator of alcohol consumption per capita. The WHO already produces data on heavy episodic drinking and alcohol-attributable mortality for almost every Member State. These indicators should be added to the SDG Framework as indicators for Goal 3.5, or, alternatively at least one should be chosen to replace the current indicator of alcohol per capita consumption, as this would:

- 1. Improve the ability of the indicator to track progress on the goal and facilitate international comparisons
- 2. Ensure alignment between the SDG Framework and the WHO Global Action Plan for NCDs 2013-2020
- 3. Not increase the reporting burden on Member States as there is an agreed methodology and available data

³ [WHO, Global status report on alcohol and health 2018](#)

⁴ [WHO, Global Information System on Alcohol and Health \(GISAH\)](#)

⁵ [WHO, Global Health Observatory, Indicator Metadata Registry](#)

⁶ [WHO, Global Health Observatory, Indicator Metadata Registry](#)