



RESET Alcohol

Policy Brief

**ALCOHOL HARM IN THE PHILIPPINES
ACCORDING TO GLOBAL BURDEN OF
DISEASE DATA**



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1 INTRODUCTION

In late May 2024, the Institute for Health Metrics and Evaluation (IHME) released new data from the Global Burden of Disease (GBD) project. The data shows among other things that [cancer caused by alcohol is increasing globally](#), and that the overall number of cases of non-communicable diseases because of alcohol is decreasing very slowly, despite the global NCD action plan. Movendi International has analysed the data for specific countries.

1.1 Background

This brief contains an analysis of alcohol harm in the Philippines using data from the Global Burden of Disease study and highlights key findings to inform advocacy and communication.

The focus of this analysis of the Philippines data from the 2024 GBD study regarding alcohol harm is to illustrate the alcohol burden and the need for action in the Philippines.

The [GBD study](#) is the largest global effort by the Institute for Health Metrics and Evaluation (IHME) to quantify health harm from a large number of risk factors, including alcohol. The latest data is from 2021, but the GBD data goes back all the way to 1990. The GBD study is one of the most comprehensive studies of its kind and relies on the work of thousands of collaborators around the world.

1.2 DALYs and the Global Burden of Disease

The GBD project is measuring the total burden of more than 450 health outcomes and risk factors in 204 countries. This is extremely complex, requiring a baffling 607 billion estimates to be made.

The overall burden of disease is assessed using the disability-adjusted life year (DALY), a measure that combines years of life lost due to premature mortality

and years of life lost due to time lived in states of less than full health. One DALY represents the loss of the equivalent of one year of full health.

The data in this brief comes from the Global Burden of Disease (GBD) dataset. In this dataset, analysis is possible of both risk factors (such as alcohol use, smoking, high-body mass index) and causes (the various diseases and disorders causing the DALYs).

The researchers behind the GBD project have decided to use the term “High alcohol use” in the dataset. This is unfortunate as it risks creating confusion about the risks of low dose alcohol use.

In the GBD study “high alcohol use” is defined as alcohol consumption in excess of the theoretical minimum risk exposure level (TMREL). For young people, TMREL is set to 0, for adults around 0.5 grams of alcohol per day, and for elderly between 0.5 and 1. Some variations between regions exist.

([The GBD data can be further explored here](#). Note: alcohol is likely to be underestimated as a risk-factor in the GDB dataset.)

2 KEY FINDINGS

- Alcohol caused more than **24,500 deaths** in the Philippines in 2021.
- Among 15–49-year-olds, alcohol is **third biggest risk factor** for disease burden in the Philippines.
- In the Philippines there has been a **dramatic increase** in cardiovascular disease due to alcohol. Measured in DALYs per 100,000 people, cardiovascular disease due to alcohol has increased **238%** since 1990.
- The Philippines faces a dramatic increase in cancers caused by alcohol. Since 1990 there has been a **58%** increase in DALYs from cancers due to alcohol.
- The contribution of alcohol to health harm is **growing** in the Philippines.

3 ALCOHOL HARM IN THE PHILIPPINES

3.1 Alcohol as a risk–factor for disease and premature death in the Philippines

Alcohol ranks eleventh among the biggest risk factors for ill-health and premature mortality in the Philippines:

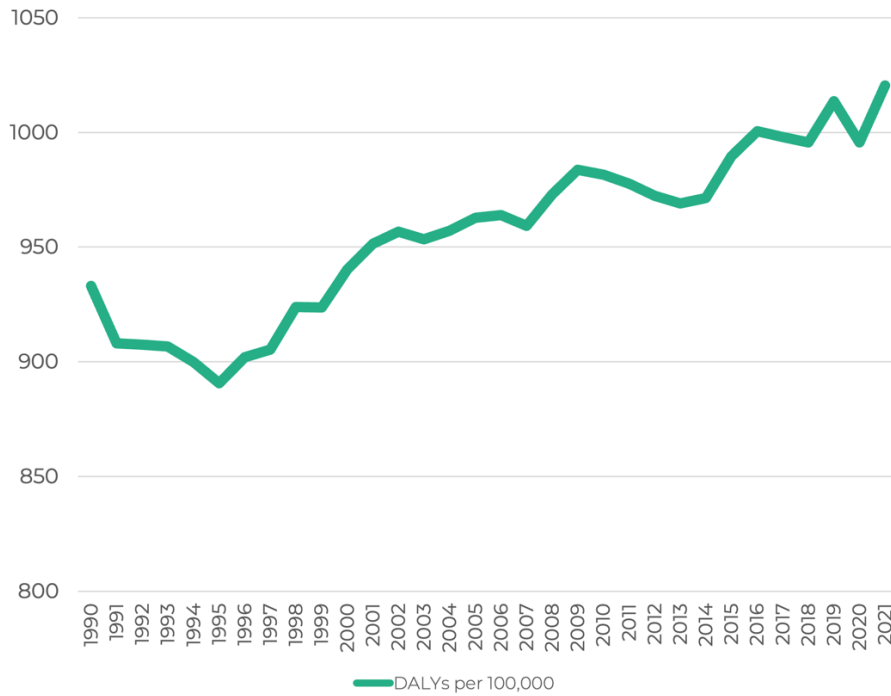
1. High blood pressure
2. Smoking
3. High fasting plasma glucose
4. Kidney dysfunction
5. Household air pollution
6. Low birth weight
7. High body-mass index
8. High LDL
9. Ambient particulate matter
10. Short gestation

11. Alcohol use

Alcohol is up from 14th place in 1990, so the contribution of alcohol to health harm is **growing** in the Philippines.

Since 1990, DALYs (per 100,000 people) due to alcohol have **increased by 9.5%** in the Philippines.

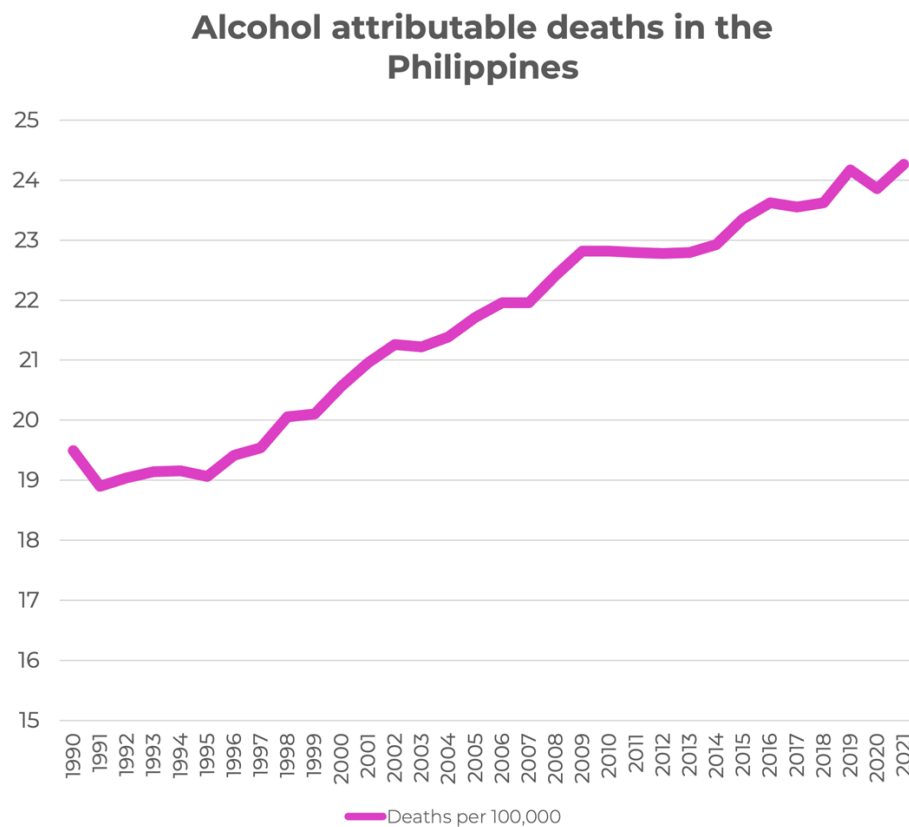
Alcohol attributable DALYs in the Philippines



Among children (5-14 years), alcohol ranks on 20th place for its contribution to death and disease.

Among 15–49-year-olds, alcohol is third biggest risk factor for disease burden in the Philippines.

Alcohol caused more than **24,500 deaths** in the Philippines in 2021. (3.1% of total deaths) Alcohol deaths (per 100,000 people) have increased by 25% since 1990.

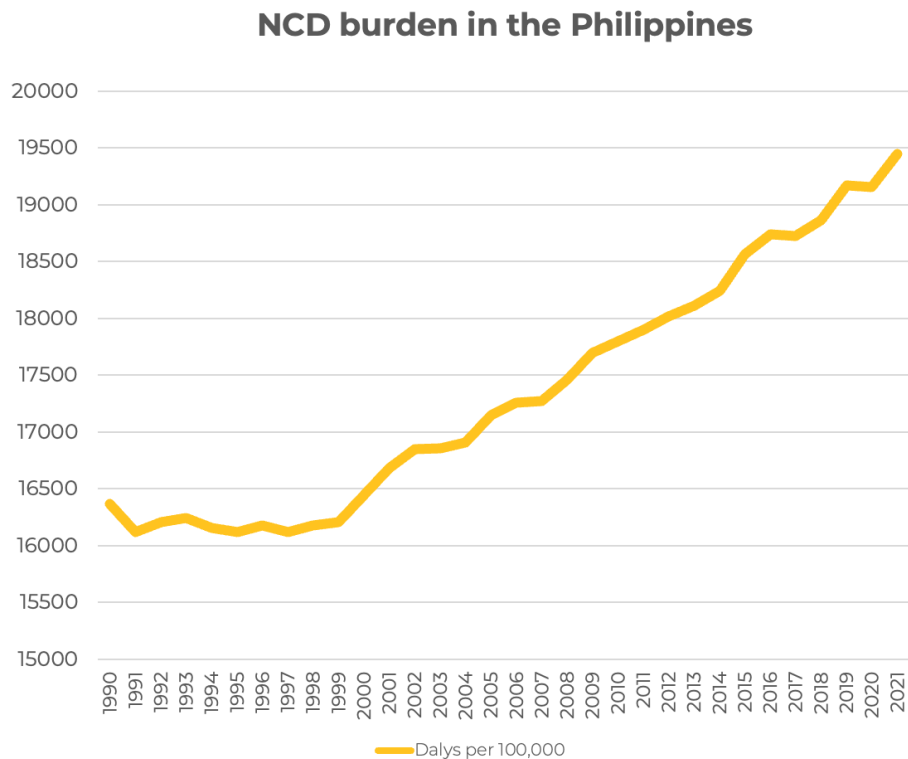


3.2 Non-Communicable Diseases

Alcohol is one of the major risk factors for Non-Communicable Diseases (NCDs). The most common NCDs in the Philippines are:

1. Cardiovascular diseases (15.8% of all DALYs),
2. Neoplasms/ cancer (6.5%),
3. Diabetes (5.9%),
4. Other non-communicable diseases (5.1%), and
5. Mental disorders (5%).

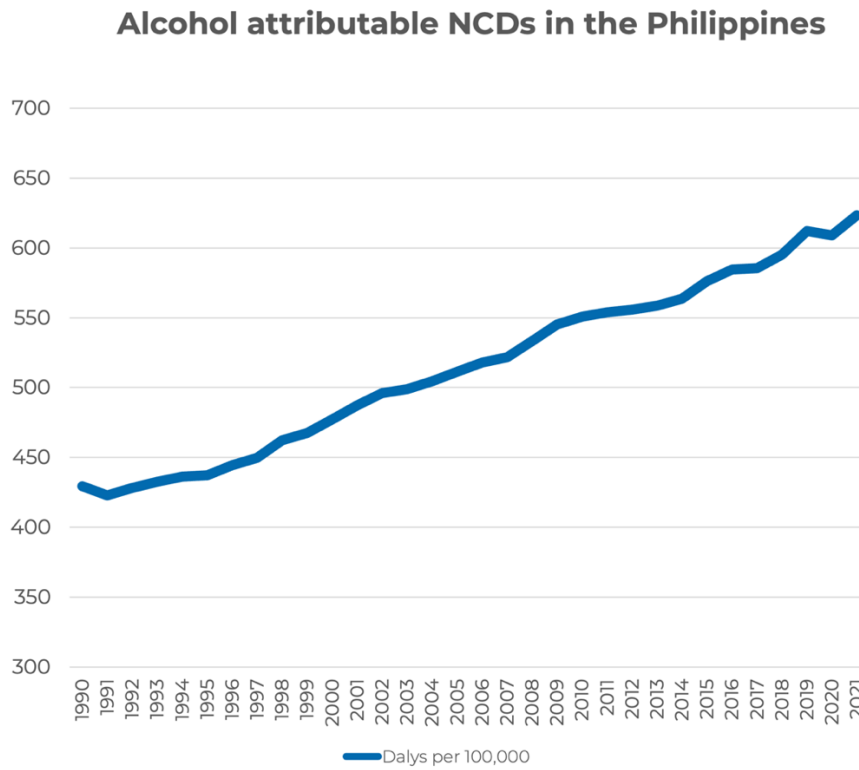
Alcohol is an important risk factor for most of these NCDs.



The overall NCD burden in the Philippines is steadily increasing. Measured in DALYs, there has been a **19% increase since 1990**, and there is no sign of any changes to this development.

NCDs caused by alcohol is increasing

The Global Burden of Disease data shows that NCDs due to alcohol have increased dramatically. There has been a 45% increase since 1990 in the Philippines.

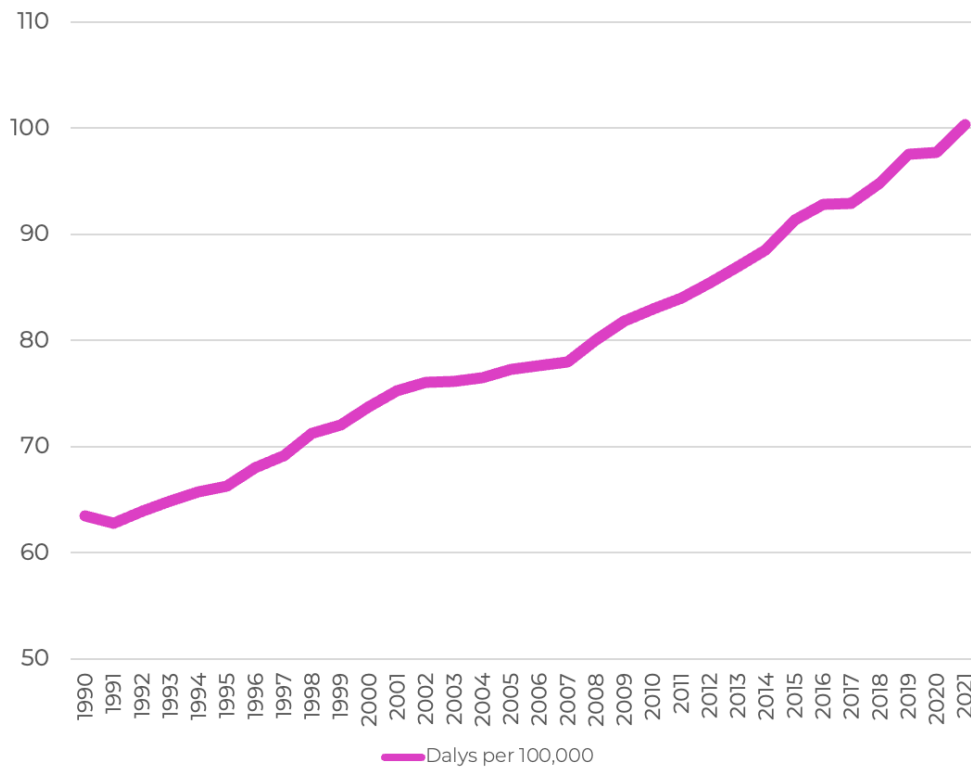


Cancer due to alcohol is increasing

The Philippines faces a dramatic increase in cancers caused by alcohol. Since 1990 there is a **58% increase** in the number of DALYs per 100,000 people due to cancer caused by in the country.

In 2021, cancer due to alcohol caused at least 3,500 deaths in the Philippines.

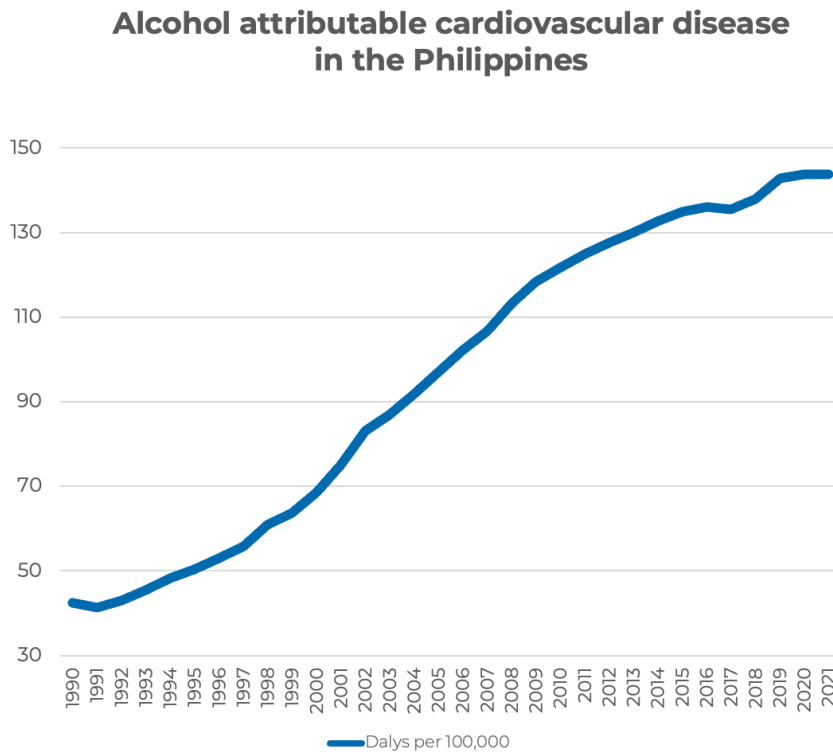
Alcohol attributable cancers in the Philippines



Dramatic increase in alcohol-related cardiovascular disease

In the Philippines there has been a dramatic increase in cardiovascular disease due to alcohol. Measured in DALYs per 100,000 people, there has been a **238% increase** since 1990.

In 2021, cardiovascular disease due to alcohol caused at least 5,800 deaths in the Philippines.



3.3 Communicable diseases & injuries

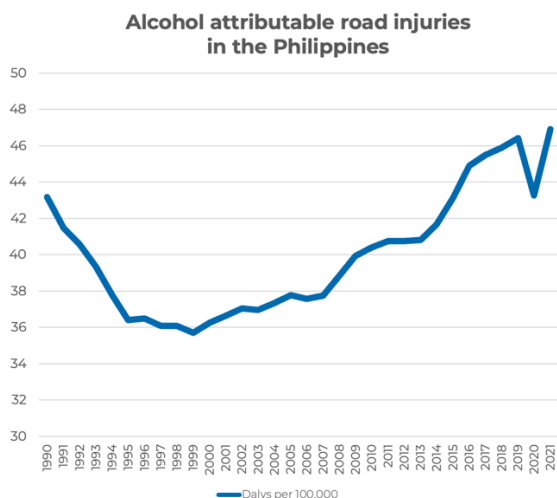
HIV/Aids and other STDs cause 0.9% of DALYs. Alcohol is linked to both the spread of HIV (and other STDs) as well as to adverse treatment outcomes.

Self-harm and interpersonal violence caused 3.1% of DALYs and 19,700 deaths in the Philippines in 2021 . Alcohol is a major risk factor for both. Among 15–49-year-olds, self-harm and interpersonal violence is the fourth most common cause of DALYs.

Transport injuries (2% of DALYs) and other unintentional injuries (2.7% of DALYs) also have clear links to alcohol. Transport injuries caused 14,000 deaths in the Philippines in 2021 – out of which at least 1,000 were caused by alcohol.

3.4 Road injuries due to alcohol

Road injuries due to alcohol are increasing in the Philippines. Measured in DALYs per 100,000 there has been a **31% increase** since 1999 in the country.



4 CASE FOR URGENT ACTION

The latest GBD data reveal a clear and urgent case for action on alcohol as major cause of death and disease in the Philippines.

The harm caused by the practices and products of the alcohol industry can be reversed through implementation of evidence-based, cost-effective and high-impact public policy measures: the alcohol policy best buys.

WHO has identified a set of evidence-based alcohol policy “best buy” interventions that are not only highly cost-effective but also feasible and appropriate to implement within the constraints of national budgets.¹ The current available scientific evidence supports prioritization of multiple cost-effective policy actions:

- Increasing alcohol beverage excise taxes,
- Restricting access to retailed alcohol beverages, and
- Comprehensive advertising, promotion and sponsorship bans.

In a peer-reviewed paper, researchers of the Copenhagen Consensus Center examined benefit-cost analyses of various NCD interventions in low-income (LICs) and lower–middle–income (LMCs) countries.² They analysed 30 interventions recommended by the Disease Control Priorities Project, including six intersectoral policies, such as health taxes and various clinical services.

The researchers conclude that there are several cost-beneficial opportunities to tackle NCDs in LICs and LMCs. Among these interventions, [alcohol policy in general and alcohol taxation in particular have been ranked as the second and third most effective intersectoral policies](#). In countries with very limited resources, the best-investment interventions could begin to address the major NCD risk factors, especially tobacco and alcohol, and build greater health system capacity.

Improving alcohol policies could reduce overall alcohol consumption and avert 150,000 deaths globally over the rest of the decade until 2030. Each dollar spent on alcohol policy development will deliver \$76 of social benefits. The most cost-

effective intervention – alcohol tax – can alone increase generate large, if slightly lower, benefits at \$53 back on every dollar spent.

5 SOURCES

The data in this brief is derived from the GBD Compare health data tool, accessible here: <https://vizhub.healthdata.org/gbd-compare>

¹ <https://movendi.ngo/what-we-do/advocacy/aiap/alcohol-policy-best-buys/>

² Watkins D, Ahmed S, Pickersgill S. Best Investments in Chronic, Noncommunicable Disease Prevention and Control in Low- and Lower-Middle-Income Countries. *Journal of Benefit-Cost Analysis*. 2023;14(S1):255-271. doi:10.1017/bca.2023.25. Available here: <https://copenhagenconsensus.com/publication/halftime-sdgs-chronic-diseases>