MOVENDI INTERNATIONAL

Policy Brief

ALCOHOL HARM IN VIET NAM 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 Viet Nam using data from the Global Burden of Disease study and highlights key findings to inform advocacy and communication.

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

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, you can analyse at 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 on 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 that alcohol is likely to be underestimated as a risk-factor in the GDB dataset.)

2 KEY FINDINGS

- Alcohol caused **46,156 deaths** in Viet Nam in 2021. (6.6% of total deaths)
- Alcohol is the **number one risk factor** for death and disease among 15–49-year-olds in Viet Nam.
- The **contribution of alcohol to the burden of disease** in Viet Nam **has grown dramatically** since 1990.
- In 2021, **cancer** due to alcohol caused **8,064 deaths** in Viet Nam.
- In 2021, **cardiovascular disease** due to alcohol caused **14 806.81 deaths** in Viet Nam. The country is facing a **6411.5% increase** in cardiovascular deaths due to alcohol since 1990.

3 ALCOHOL HARM IN VIET NAM

3.1 Alcohol as a risk–factor for disease and premature death in Viet Nam

Alcohol ranks 4th among the biggest risk factors for ill-health and premature mortality in Viet Nam:

1. High blood pressure
2. Smoking
3. High fasting plasma glucose
4. **Alcohol**

Alcohol is up from 22nd place in 1990, so the **contribution of alcohol to health harm is growing dramatically** in Viet Nam.

Among children (5-14 years), alcohol ranks on 9th place for its contribution to death and disease.

Among 15–49-year-olds, alcohol is the number one risk factor.

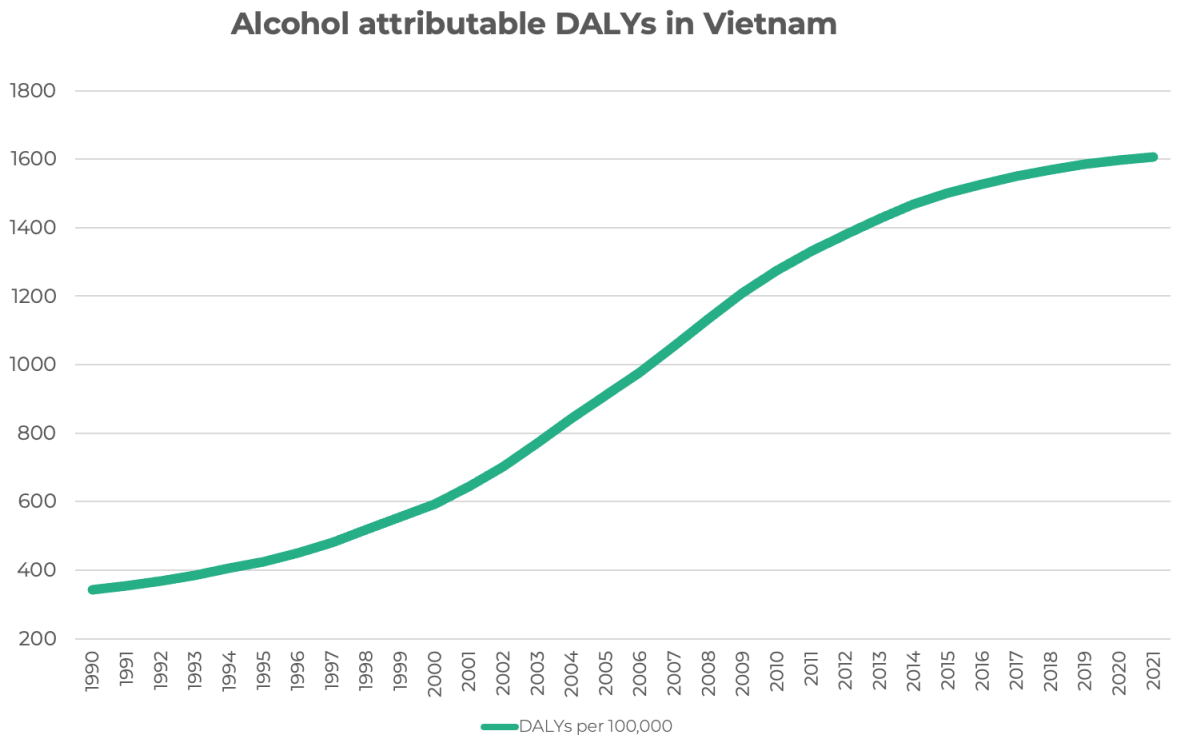
Alcohol caused **46,156 deaths** in Viet Nam in 2021. (6.6% of total deaths.)

Disability-Adjusted Life Years (DALYs) represent both lost years of life and the burden of living with illness and are an important measure to illustrate the alcohol burden in Viet Nam.

The country faces a **dramatic increase in DALYs due to alcohol**:

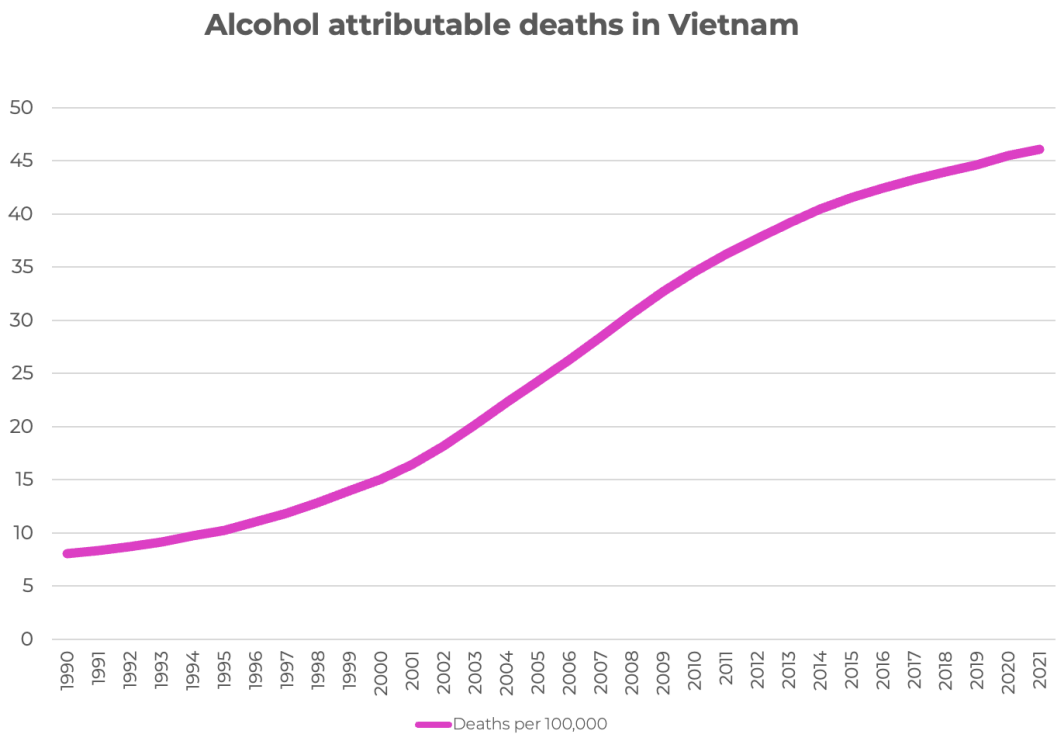
In 1990, DALYS per 100.000 people due to alcohol were: 342.92

- In 2021, DALYS per 100.000 due to alcohol were: 1606.26
- That is an **increase of 368.44%!**



Alcohol's death toll is very high in Viet Nam and has been increasing dramatically since 1990.

- Per 100.000 people alcohol caused deaths in 1990: 8.01
- Per 100.000 people alcohol caused deaths in 2021: 46.03
- That is an increase of 474.66%!



3.2 Non–Communicable Diseases

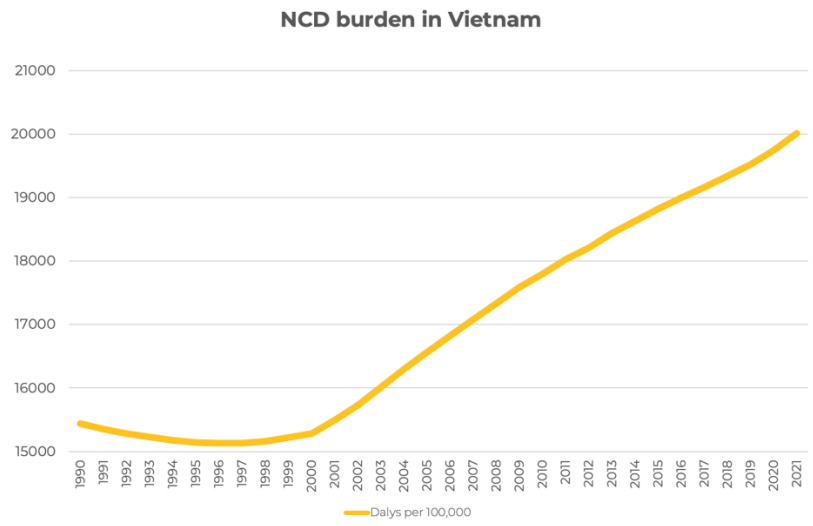
Alcohol is one of the major risk factors for Non-Communicable Diseases (NCDs). The most common NCDs in Viet Nam are:

1. Cardiovascular diseases (11.6% of all DALYs)
2. Neoplasms/ cancer (9.4%)
3. Mental disorders (7.8 %)
4. Musculoskeletal disorders (7.1%)
5. Other non-communicable diseases (5.4%)

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

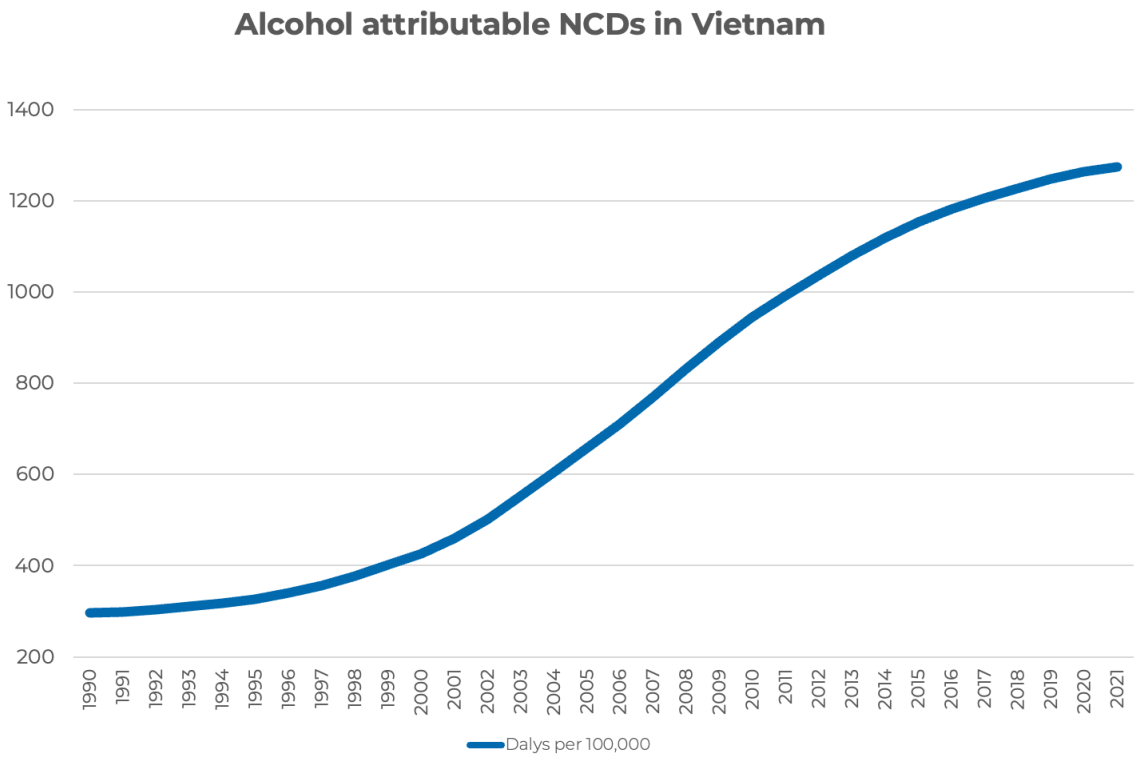
The NCD burden in Viet Nam is steadily increasing. Measured in DALYs, there has been a **29.6% increase** since 1990, and there is no sign of any changes to this development.

In 2021, NCDs caused 20.000 DALYs per 100.000 people.



Disability-Adjusted Life Years (DALYs) represent both lost years of life and the burden of living with illness. Viet Nam faces a **dramatic increase in DALYs due to NCDs caused by alcohol**.

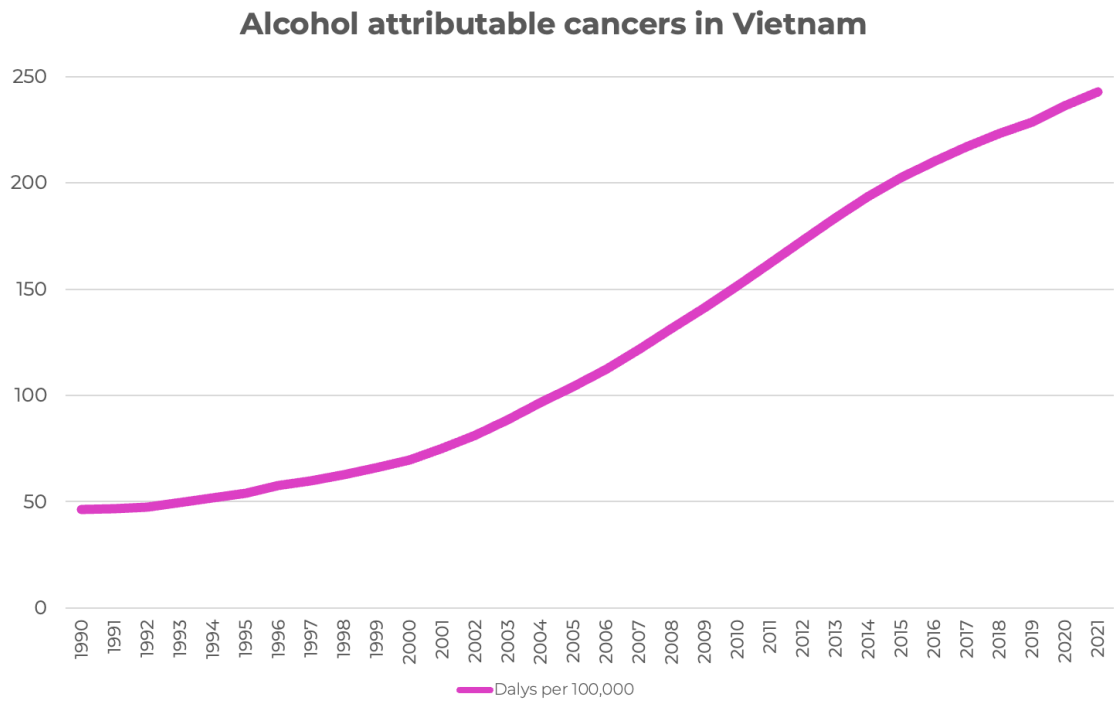
- In 1990, DALYS per 100.000 people due to NCDs caused alcohol were: 296.2
- In 2021, DALYS per 100.000 due to alcohol were: 1274.62
- That is an **increase of 330.38%**!



Cancer due to alcohol is increasing

Viet Nam faces a **dramatic increase in cancers caused by alcohol**. Since 1990 there is a **424.5% increase** in the number of DALYs per 100,000 people due to cancers caused by alcohol in the country.

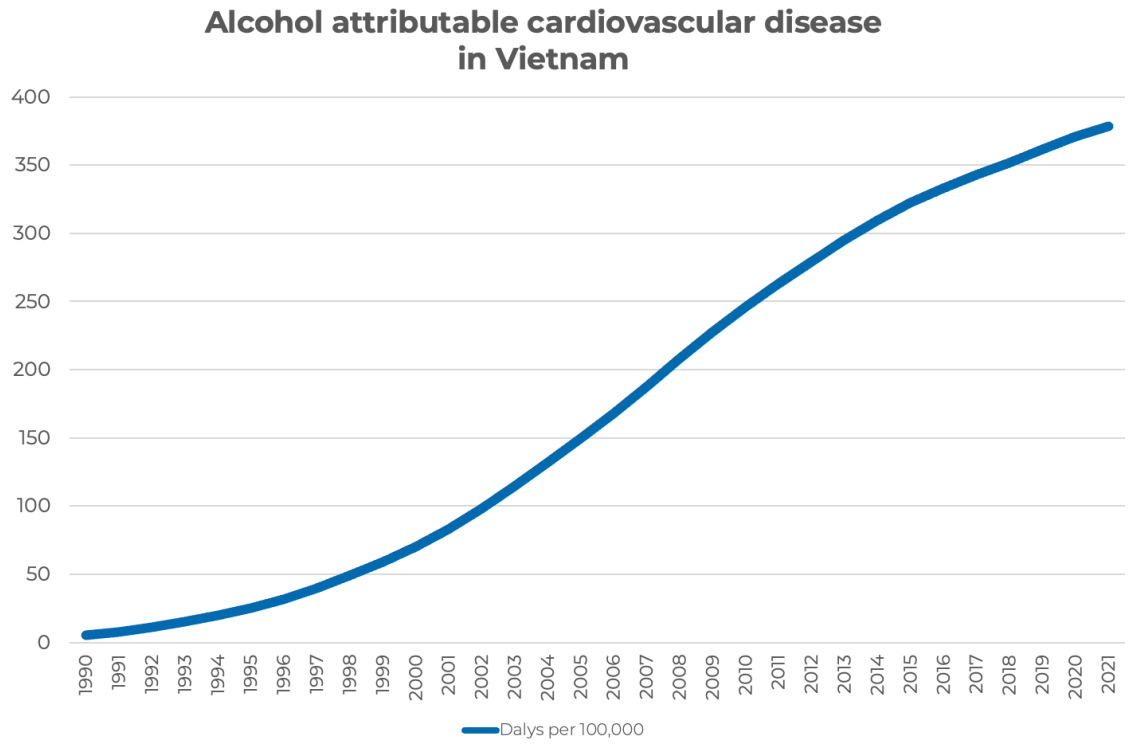
In 2021, cancer due to alcohol caused **8,064 deaths** in Viet Nam. The country is facing a **625.26% increase** in cancer deaths due to alcohol since 1990.



Cardiovascular disease due to alcohol is increasing

Viet Nam faces a **dramatic increase in cardiovascular disease caused by alcohol**. Since 1990 there is a **6695.7%% increase** in the number of DALYs per 100,000 people due to cardiovascular disease caused by alcohol in Viet Nam!

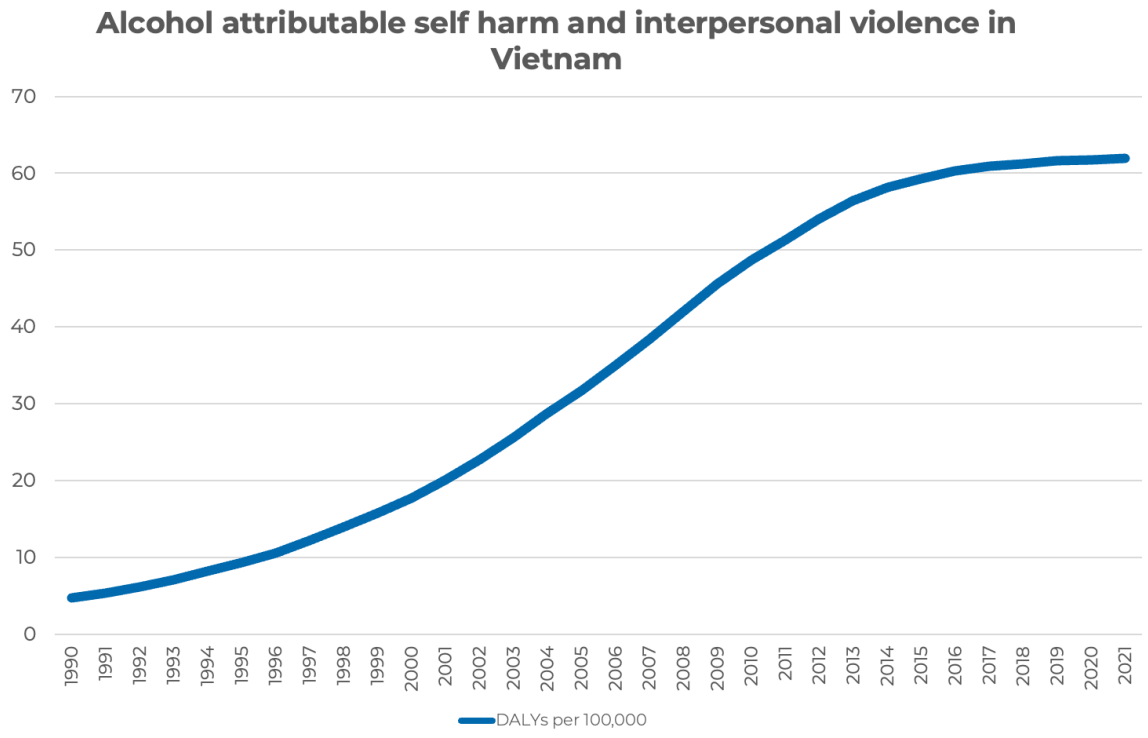
In 2021, **cardiovascular disease due to alcohol caused 14806.81 deaths** in Viet Nam. The country is facing a **6411.5% increase** in cardiovascular deaths due to alcohol since 1990.



3.3 Self–harm and interpersonal violence

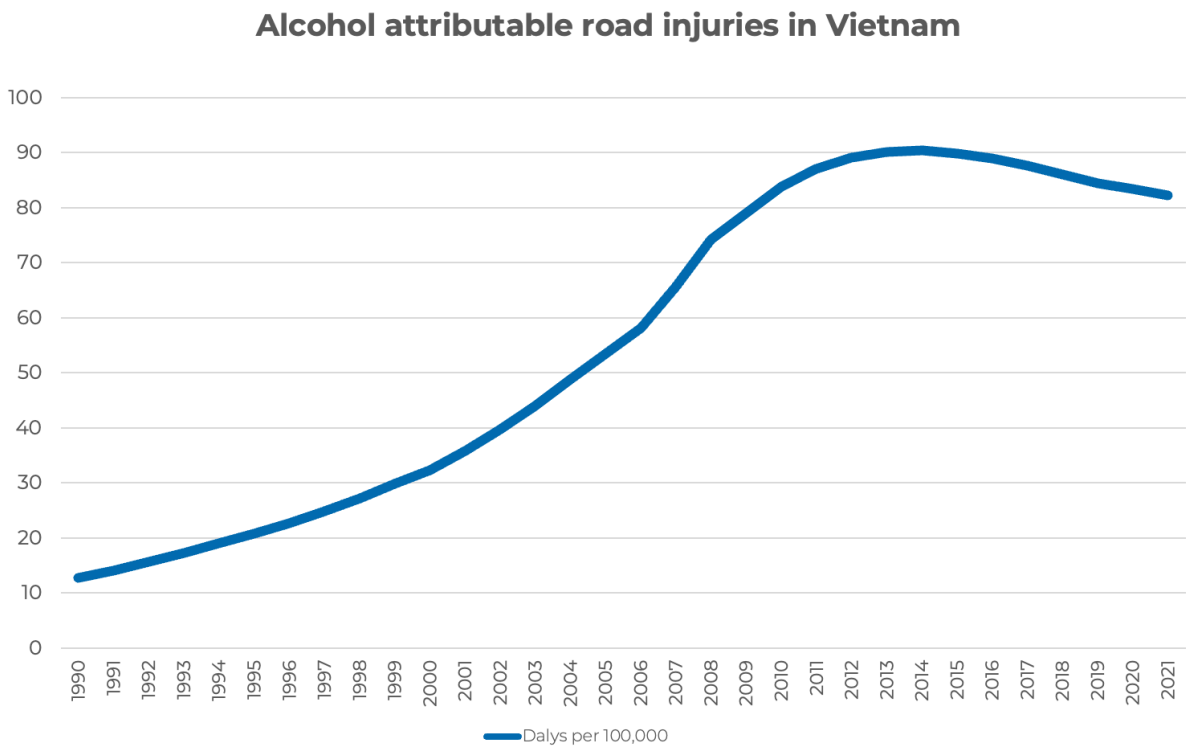
Viet Nam faces a **dramatic increase in self-harm and interpersonal violence due to alcohol.** Since 1990 there is a **1221.4% increase** in the number of DALYs per 100,000 people due to self-harm and interpersonal violence due to alcohol in the country.

In 2021, self-harm and interpersonal violence due to alcohol caused **1266.63 deaths** in Viet Nam. The country is facing a **2371% increase** in self-harm and interpersonal violence deaths due to alcohol since 1990.



3.4 Road injuries due to alcohol

Road injuries due to alcohol have increased dramatically in Viet Nam. Measured in DALYs per 100,000 there has been a **546% increase** since 1990 in the country, despite a small decrease since 2015.



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 Viet Nam.

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 generate 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

Endnotes:

[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