

# Global Strategy to Reduce Harmful Use of Alcohol

*Report on the WHO Regional Technical Consultation  
24- 26 February 2009, Nonthaburi, Thailand*

*Convened by the WHO Regional Office for South-East Asia  
and WHO Headquarters  
Co-sponsored by Ministry of Public Health, Government of Thailand*





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# 1. Introduction

## Opening session

Professor Udomsil Srisangnam, Chairperson, Stop-Drink Network and Chairperson of the Executive Committee Section I of the Thai Health Promotion Foundation, welcomed the delegates. He outlined the wide spectrum of harm associated with alcohol use and highlighted the detrimental effects of alcohol on productivity, the economy and social capital. Professor Udomsil stressed that a global alcohol policy, taking into account the context of different regions, is needed.

Dr Samiee Plianbangchang, WHO Regional Director for South-East Asia, in his address (delivered by Dr. Vijay Chandra, Regional Adviser for Mental Health and Substance Abuse, WHO/SEARO Annex A) thanked the Government of Thailand for hosting the consultation. He said this consultation was an important step in the development of the Global Strategy to Reduce Harmful Use of Alcohol.

Dr Bundit Sornpaisarn was elected as Chairman and Dr. Rajat Ray as Co-Chairman. Dr. Prasantha De Silva was elected as Rapporteur.

## Background and context of the Regional Consultation

Dr Vladimir Poznyak, Co-ordinator, Management of Substance Abuse, Department of Mental Health and Substance Abuse, WHO-HQ, outlined the disease burden from alcohol use. In 2002 an estimated 2.3 million people died worldwide of alcohol-related causes, which accounted for 3.7% of global mortality in all age groups. In 2004, the alcohol-attributable disease burden was estimated worldwide at 3.7% of deaths and 4.4% of DALYs .

The World Health Assembly (WHA) resolutions on alcohol since 1979 were briefly described. In 2005, WHA Resolution 58.26 identified specific action for reducing harm from alcohol. The process leading to the 2008

WHA Resolution 61.4 and developing a Global Strategy to Reduce Harmful Use of Alcohol, in accordance with the resolution, was described. The broad consultation process included the web based public hearing, the roundtable meeting with economic operators and the roundtable meeting with non-governmental organizations and health professionals. The work carried out on the Global Information System on Alcohol and Health (GISAH) was also discussed.

Dr. Vijay Chandra, presented the public health issues related to alcohol use in the Region. Some historical aspects of alcohol use were outlined. The approach taken by SEARO to address harm related to alcohol was described. The main aims are to advocate for reducing harm from alcohol use, a community-based approach, evidence-based strategies, the concept that no quantity is "safe", overcoming myths and initiating intersectoral strategies for prevention of harm from alcohol use. The overall statistics of prevalence in several countries of the South-East Asia Region were presented. It was emphasized that alcohol use is higher in poorer communities and that the average age of initiation is reducing rapidly.

Issues unique to the Region were highlighted. Traditionally, alcohol was used by men, but now there is an increase in the number of women using alcohol. However, even among men, there is a significant proportion of life-time abstainers. Among users, the proportion of dependent users is large. The number of drinking occasions is fewer, but the amount of alcohol consumed on these occasions is large. Frequent use of small quantities of alcohol is not the predominant pattern of use as is common in some European countries. Several issues of concern were highlighted. They were: pay-day drinking, violence, including domestic violence, alcohol as a contributor to poverty, illicit and home-brewed alcohol and heavy use of alcohol on special occasions. The initiatives taken by the WHO Regional Office for South-East Asia to address these issues were outlined.

## **Objective and Scope of the meeting**

The main purpose of the regional technical consultation is to ensure effective collaboration with Member States on the development of a draft global strategy. The consultation process is to ensure that different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities

and capabilities are taken into account. This includes full details of ongoing and emerging regional, sub-regional and national processes as vital contributions to a global strategy. Among the objectives is to ensure that the draft global strategy is based on all available evidence and existing best practices in Member States, with special emphasis on protection of at-risk populations, young people and those affected by the harmful drinking of others.

Mr. Dag Rekve, Technical Officer, Department of Mental Health and Substance Abuse, WHO-HQ, outlined the consultation process and the main discussion paper for the consultation; "Towards a global strategy to reduce harmful use of alcohol" was introduced. Mr Rekve outlined the proposed structure of the draft strategy, which includes:

- Background with a situational analysis
- Scope and aims of a global strategy, including four proposed objectives
- Guiding principles for action
- Policy options and 10 priority target areas
- Implementation considerations
- Follow-up (e.g. assessment and re-examination of the actions taken)

## **2. Background and situational analysis**

The situational analysis will be a description of the size and magnitude of chronic and acute alcohol-attributable health and social harms, and the possible determinants of these harms. The purpose will be to synthesize the evidence in order to present a common evidence base, to identify needs and the potential for action at all levels and to map the existing interventions and best practices. The analysis will build on the views and information provided by Member States in the regional technical consultations, as well as on the substantial amount of technical and political information available. Member States were invited to provide information relating to ongoing national and sub-regional processes, national needs, priority areas for global actions and coordination and examples of best practices. The two global challenges highlighted in the draft document - increased alcohol-attributable harm in developing countries and the need for action in all relevant policy areas were described.

A number of additional challenges for the Region were discussed. Participants said that the changing patterns and context of drinking is a growing challenge. The increase in consumption among youth, females, deprived and rural populations and minorities and the increase in the number of regular users in many countries are such issues. Alcohol marketing practices and increasing availability are specific challenges in many countries. These factors, among others, contribute to shifts in the social norms relating to alcohol, making it more socially accepted and tolerated. In several countries, the illegal and informal alcohol sector also contributes to changing volumes and patterns.

The need for greater awareness and understanding of alcohol-related harms is seen as another challenge in this Region. The burden of alcohol on well-being is not usually measured and reported, although the impact of alcohol on the burden of disease is mentioned. It was emphasized that in most countries in the Region where alcohol is used widely, it is a major contributor to poverty. In this Region, reliable information on the impact of alcohol on the burden of disease is not widely available. Participants suggested that the situational analysis should highlight the role of alcohol in unsafe sexual practices, violence, crime and hindrance to academic success and that alcohol can be a gateway drug, leading to tobacco and illicit drug use in numerous contexts.

Another challenge raised by many countries was the lack of national policies, legislation and programmes and the poor implementation of existing policies and legislation. Poor enforcement of alcohol policy measures and the unpopularity of consumption control measures were discussed as challenges in national and sub-national level policy arenas. Globalization of the alcohol industry and marketing, cross-border issues (marketing, movement of the product) and the negative impacts of trade agreements on consumption such as lower price and higher availability were identified as supranational challenges which contribute to a mismatch between national and sub-national policy objectives and impact on the ground. The impact of the ASEAN free trade agreement on the pricing of alcohol products was discussed. The need for an international mechanism to address alcohol-related problems was stressed by some participants. The 'knowledge gap' was seen as a major challenge by all countries, where sufficient information related to consumption and harm as well as adequate technical capacity to address issues were lacking, in particular in low- and middle-income countries.

Participants agreed that a global strategy should be based on the three concepts of the precautionary principle, collective public benefit and provision of autonomy to the Member States. The concept of 'precautionary principle' aims to protect health and well-being when direct evidence is not available or insufficient. This concept is similar to the 'health before profit' principle. It was emphasized that 'diversity' should not prevent implementing effective alcohol policy measures. The necessity that alcohol policies should create a net public benefit was highlighted. For example, the limited effectiveness in some population groups should not be the justification against any alcohol policy intervention, if it is effective for other populations. In addition, participants stressed that Member States should have full autonomy in implementing the recommendations of a global strategy, in keeping with their national and sub-national contexts.

### **3. Scope, aims and objectives of the global strategy**

Dr. Poznyak presented the scope, aims and objectives as outlined in the discussion document. The discussion focused on additional issues and proposed changes to strengthen the draft global strategy.

Participants suggested that three additional issues be added to the scope of a global strategy. A global strategy should identify the goals and a roadmap for global, regional, sub-regional and national levels. It should also provide information on the effectiveness and cost-effectiveness of alcohol policy interventions in settings and contexts relevant to the Region, to support alcohol policy formulation at national and sub-national levels. A global strategy should have a specific section on global, national and sub-national cross-border issues. Examples cited were advertising and marketing, trade agreements, and cross-border movement of alcoholic beverages. It was felt that such a section was needed to guide Member States, international agencies, and other stakeholders to address and mitigate the undesirable effect of cross-border issues on health. A legally-binding supra-national policy could be considered as a potential element to tackle alcohol-related problems. The benefit and feasibility of such an international tool was felt to be worth exploring. The development of the Framework Convention in Tobacco Control (FCTC) provides guidelines for such a legally-binding tool to protect health of the global population from alcohol-related harm.

Participants suggested to expand the term 'public health policy' to 'public policy', and to promote broader participation from sectors beyond health, that are required to address alcohol-related harms. Additional aims suggested were to provide non-prescriptive guidance to support the development of effective and cost-effective alcohol policies appropriate to Member States and to identify aims for different stakeholders (e.g. Member States, international agencies, donors), different policy elements (e.g. implementation, monitoring, global climate) and for different policy scales (e.g. sub-national, national, regional, global)

## Objectives

Participants suggested that in addition to policy formulation, the strategy should also strengthen implementation of existing policies by Member States. An additional objective suggested was to promote alcohol policy as an obligation / mandate by Member States to protect health and well-being. A global strategy should regard community-based interventions as an important means to contextualize diversity within and across countries. The importance of addressing the vulnerable and at-risk population subgroups such as youth and deprived populations in the global strategy was endorsed. It was widely agreed that capacity building at all levels is necessary for implementation of a global strategy. It was suggested that the need for global leadership and coordination stated in the scope should be reiterated in the section on objectives.

## 4. Guiding principles

Participants said that the global strategy should strike a balance between different categories of alcohol-related harm (acute and chronic, health and social) and should also specify how to deal with aggressive marketing strategies. Guiding principles were considered individually.

Principle 1: Participants suggested to change the terms 'public health policy' to 'policy', and from 'public health interest' to 'public interest' as issues and harms related to alcohol cut across many sectors other than health (also discussed in preceding section).

- Principle 2: The term 'comprehensive' in this context should cover alcohol policy frameworks at all levels and should address consumption control and harm prevention and minimization, but it should be open for Member States to implement an optimum mix. The term comprehensive should also mean inclusion of policy elements that can support and/or synergize others. The term intersectoral could include inter-governmental agencies, and others, while recognizing possible conflicts of interest.
- Principle 3: Taking into concern diversities in patterns of consumption, different Member States require different sets of appropriate strategies. The global strategy should contain a different set of strategies and interventions for different scenarios. At the beginning of the sentence to add 'to create different set of strategies'. At the end to modify as '...cultural contexts including prevalence and pattern of drinking.'
- Principle 4: A suggested change is from 'undermine public health interventions' to 'undermine public health effort', to cover the early stages of development of policies and interventions.
- Principle 5: Add "at-risk, vulnerable groups" after "young people". At the end of the sentence add "and should be provided information to raise their awareness on alcohol-related problems".
- Principle 6: Effective prevention, treatment and care services should be available and prevention and should also be accessible.

## **5. Policy options**

Ten proposed policy areas were outlined:

- (1) Raising awareness and political commitment
- (2) Health sector response
- (3) Community action

- (4) Drink-driving policies
- (5) Addressing availability of alcohol
- (6) Addressing the marketing of alcohol beverages
- (7) Pricing policies
- (8) Harm reduction
- (9) Reducing the public health impact of illegal and informal alcohol
- (10) Monitoring and surveillance

### **Raising awareness and political commitment**

Participants stressed that in countries where effective alcohol policy actions have been taken, political will has been created and maintained through societal empowerment and social mobilization. India, Sri Lanka and Thailand have such examples. In India, state governments have taken action to address problems related to alcohol, including prohibition, following public pressure. The development of a social climate supporting effective alcohol policies, created through a variety of means, helps induce political commitment. The power of culture and religions can be an important positive force. In Sri Lanka, religious groups are in the forefront of calling for national legislation to address harm from alcohol. Participants emphasized the benefits of equipping policy makers with technical knowledge on how to address alcohol-related harm. In Thailand, the innovative financing mechanism of the dedicated tax on the sale of alcohol and tobacco, which supports social and technical sectors on issues of health promotion, has strengthened the political commitment and has led to the adoption of several policies benefiting public health. It was suggested the title of this section should be “raising awareness and commitment at all levels”.

A global strategy could promote awareness of the fact that the total cost of alcohol use can be greater than the benefit generated from alcohol production and trade, and that effective alcohol policies bring benefits both in the short- and long-term, though there may be a negative impact to some sectors, particularly in the short term. A global strategy could document good practices relating to social mobilization and knowledge management to support alcohol policies, as well as the success of social control mechanisms, such as the use of religious influence. The dissemination of good practices would improve and maintain commitment to implementing

alcohol policies. The development of a mechanism to disseminate comparative data on indicators such as consumption, harm, social costs and policies which is meaningful for each country was recommended. Participants suggested a global strategy could create a global climate supportive of effective alcohol policies. Some examples were a World No Alcohol Day, a cross-agency programme to address alcohol-related harms and global/regional awards for alcohol policy champions.

## **Health sector response**

The involvement of the community in the provision of treatment for alcohol use, brief interventions in community and volunteer systems were seen as important. Universal health insurance coverage to ensure accessibility was emphasized as a major determinant of success of the health sector response. The importance of integrated approaches and multi-disciplinary task forces was stressed. Participants said that capacity building was essential. An example of good practice was the initiative in India where doctors working in rural areas were trained to address and treat problems related to psychoactive drugs and alcohol. The initiative included initial and follow-up training and the brief Intervention approach was tested and found to be successful in India. Some participants recommended that primary health networks be at the forefront in the prevention, identification of those in need of help, referral and treatment, as well as the promotion of health and well-being in a broader context. An issue was raised as to the cultural sensitivity of using female primary care workers to address alcohol users at community level, given that most users in many countries of the Region were males.

A global strategy should ensure consistency and clarity of terminology used for alcohol-related issues relevant to the health sector. The importance of a proactive role for the health sector, in particular on problem prevention, early detection and brief interventions should be stressed. Participants suggested that a global strategy should document and disseminate good models to health sector responses to alcohol-related problems. Such models should cover integration of brief interventions into primary health care, capacity building, sharing expertise and also information on the strengths and weakness of health sector response models (for example, self help groups, volunteer systems, separation between mental health care and alcohol problems, community involvement). A global strategy should help develop measuring tools on

accessibility and quality of health sector responses relevant to the contexts of the countries.

## **Community action**

Participants strongly asserted that community action is an integral part of any level of action to address harm related to alcohol and should be clearly stated in the global strategy. Most countries in the Region had examples of community action. Bhutan, India Nepal, Sri Lanka and Thailand all had experiences of community interventions which address the harm from alcohol. Sri Lanka has experiences on changing social norms related to alcohol use, as well as community action promoting development and implementation of national policies. Community action led by women to address anti-social behaviour and availability of alcohol was reported from many locations in India. There are also government-funded community-based programmes in several locations. In Sri Lanka, alcohol-related community programmes were also carried out through the poverty alleviation sector.

A global strategy should document and disseminate information on successful interventions at community level in resource-poor settings, with the aim to mainstream and upscale such good practices. This could include the information benefits of social control mechanisms, including the use of cultural and religious approaches. Participants suggested clarification is needed on individual risk and population risk, and the purported benefits of alcohol, as well as their implications on policy and individual behaviour. The importance of addressing the social climate of drinking and its consequences, community ownership of interventions and the potential roles of community and local governments, through community interventions, should be included in the strategy. A global strategy could help develop basic tools to raise knowledge and awareness, and to evaluate the outcome of interventions at community level.

## **Drink-driving policies**

Many countries in the Region have a legal Blood Alcohol Concentration (BAC) limit, and random and selective testing for BAC level. In Thailand, there are public and media campaigns to strengthen the social climate against drink-driving and voluntary programmes, where youth and the

health workforce assist police to enforce drink-driving regulations. Participants suggested zero tolerance for commercial drivers, with effective surveillance and strong penalties as a basic requirement.

A global strategy should establish a broad definition of a driver to include drivers of all vehicles operating on land, water and air. It could support Member States by the establishment of a minimum BAC, particularly for high-risk drivers such as new and young drivers and commercial vehicle drivers. The strategy should stress the need for enforcement and sanctions on drink-driving laws and could include indicators for policy enforcement, and a role for civil society in the policy implementation process. A global strategy should emphasize policies that have a cross-benefit effect on drink-driving, such as minimum purchasing age and availability controls. The potential negative impact of drink-driving interventions, such as designated driver campaigns, where all except the designated driver is "allowed" to consume alcohol heavily, should be examined.

## **Addressing availability of alcohol**

In the Region, various restrictions on availability exist from a prohibition on sale of alcohol to restrictions on locations, hours of sale and age restrictions. Most participants believed the implementation of age restrictions was poor in many countries. Examples of restrictions were provided. In Sri Lanka, alcohol is not sold on religious holidays, which is at least one day each month. In several countries, there are restrictions on location, for example no alcohol sales outlets be allowed near schools and religious places of worship. Community empowerment programmes in Bhutan have restricted availability of alcohol. In Sri Lanka, regulations allow the public to object to the provision of a license for an alcohol outlet which has resulted in fewer licenses in several parts of the country. The different interests of health and excise authorities related to the availability of alcohol and the effects of prohibitions on sale of alcohol to intoxicated customers were mentioned. Effective models of enforcement, optimum minimum purchasing age, deterrent models and how to best deal with cross-border availability were seen as challenges by the countries.

Participants recommended that a global strategy should identify the role of stakeholders, particularly the economic sector and international development agencies, in controlling the availability of alcohol. A global

strategy could help support Member States and communities to protect and continue current good practices which are already in place. In countries and areas with low prevalence of alcohol consumption, concerns were raised on the implications of policies and interventions that encourage consumption of products with low alcohol content. A global strategy should clarify definitions of alcohol products in terms of alcohol content and what should be covered in alcohol policies.

## **Addressing the marketing of alcohol beverages**

Participants recommended that the best way of tackling marketing practices is comprehensive prohibitions on advertising and promotions. Such a ban could cover both direct and indirect promotions. Participants said that although the alcohol industry argues that complete bans on advertising do not reduce consumption, most of the scientific studies were conducted on partial bans or studied the effects of changes in advertising expenditure on consumption. In the field of tobacco control, there is ample evidence that comprehensive bans on promotions are effective. Thailand has one of the most comprehensive bans on tobacco promotion in the world. Participants suggested that self-regulation by the alcohol industry can be ways of preventing imminent legislation. It was noted that self-regulation has not been successful in the tobacco control arena. Thailand and India gave examples of how the alcohol industry circumvents legislation prohibiting direct advertising (India), partial ban on advertising (Thailand) but no prohibition on advertising its brand image with product image placement. Sri Lanka has enacted legislation on a comprehensive prohibition of promotion of all alcohol products, which has prevented indirect advertising and circumventions. Participants also highlighted the need to counteract the negative influence of economic operators on policy making.

Participants said a global strategy should support Member States in the development of comprehensive controls on alcohol marketing, covering various modes of alcohol advertising including advertising through mass media, sponsorship and below-the-line promotion such as product placements, surrogate advertising, brand and logo advertising, and promotions through global media such as movies. A global strategy should support the strengthening of effective surveillance systems on marketing of alcohol products, which should be carried out by public agencies or independent bodies. A strategy could recommend measures to address

challenges such as cross-border advertising including broadcasting of sponsored sports and music events from abroad. Participants stressed the importance of presenting the scientific evidence on self-regulation in the strategy. A strategy could develop tools to assist Member States to set up effective administrative and deterrence systems for infringements on marketing restrictions.

## **Pricing policies**

Many participants recommended that taxation on alcohol should keep pace with inflation and the cost of living, to ensure that alcohol products did not become more affordable over time. Thailand and Nepal have dedicated taxes (a cess or “sin tax”) on the proceeds of sales of alcohol and tobacco products. Nepal does not use the tax directly to fund prevention activities. Thailand has established the Thai Health Promotion Foundation as an autonomous agency, through which the funds collected through this dedicated tax are distributed. These funds are used for the promotion of health, prevention of tobacco use and reduction of alcohol-related harm. The fund also supports research activities related to alcohol.

Participants stressed that a global strategy should advocate tax as a tool to protect health and well-being, based on the evidence, and should be safeguarded from trade agreements. Taxation on alcohol could be an important instrument to prevent initiation of use, as well as to control consumption among existing users. Participants suggested that taxation should depend on consumption and contextual situations in society. However, pricing policy needs to focus on retail price, particularly of low-cost and youth-friendly beverages, and affordability and should keep pace with inflation and the cost of living. The issue of direct and indirect price promotions should be addressed in the strategy. A global strategy could assist Member States to address the gap in technical information related to alcohol taxation such as price elasticities and strengths and weaknesses of different taxation and pricing models, especially in the context of low- and middle-income countries. The strategy could support the collection and dissemination of meaningful information in order to promote effective alcohol taxation and pricing policies such as comparative information on prices and tax levels and forecast scenarios.

## **Harm reduction**

Participants suggested that some harm reduction interventions may not be appropriate in the context of this Region. Programmes initiated and operated by stakeholders with conflicts of interest can have potential negative impacts at the population level. For example, the promotion of responsible drinking to youth by the alcohol industry, and “safe” levels of consumption in low alcohol prevalence settings throughout the Region may promote increases in per-capita consumption. Participants requested that the World Health Organization clarify its advice relating to the “safety” of alcohol use. In India, the method of brief advice by doctors and peer counseling to address harmful levels of consumption have taken place.

A global strategy should clarify the definition and policy implications of the harm reduction terminology. This was widely seen as influenced by the alcohol industry. It was suggested that harm reduction approaches may have some impact, but only in some sub-populations and in some contexts. Harm reduction should not be considered as an alternative to other effective interventions. Some participants were in favour of maintaining the social climate which exists against consumption and its consequences.

## **Reducing the public health impact of illegal and informal alcohol**

Participants said that Illegal production and sale of alcohol is a problem in many countries of the Region. Such products are of different types, sold at varying prices and are used in a variety of contexts. In addition, traditional brewing of alcohol at home takes place for use in social occasions in some countries, such as Bhutan and Nepal. Such home brewed products are sold commercially, which is illegal. In Bhutan, a substantial proportion of the grain harvest by some families is used to brew alcohol. However, such alcohol is less popular among the younger age-groups.

Findings from the SEARO community survey in Myanmar and Sri Lanka showed that the prevalence of use of illegal alcohol vary widely even among population groups of the same geographic areas of countries. Such illegal forms of alcohol are not amenable to quality control and sometimes alcohol containing pharmaceutical preparations can be misused by sub-population groups. However, steps are being taken to control such use,

under regulations available for pharmaceuticals. Current practices to address illegal alcohol in the Region include criminal liability for production, possession, and sale of illegal alcohol. Administrative punishment (withdrawing license), criminal liability for contaminated products and the use of social control on commercial sale of home-brewed alcohol are also practiced.

Participants agreed that the main focus of the global strategy should be on controlling total consumption and alcohol-related problems, and not eradication of illegal and informal alcohol. Definitions of illegal and informal alcohol would be helpful in a strategy. However, it should exclude alcohol used in medicine and industrial use. Participants suggested that the definition of informal alcohol should also include surrogate alcohol products. A global strategy could help develop the technical knowledge on the health impact from illegal and informal alcohol and on methods to estimate the level of illegal consumption in a country. This information has important implications for policy formulation and implementation.

## **Monitoring and surveillance**

Participants suggested trends in alcohol consumption can be recorded in countries where periodic surveys on health take place. For example, the National Household and Health Survey of India records prevalence of alcohol use among various population groups. In Thailand, a National Household Survey on Alcohol Abuse was conducted in 2007. Health statistics are collected via the web from rural areas of India. Many countries already have data collection and reporting systems in place for the provision of information required by the Convention of Psychotropic Substances. In India, there is a functional Drug Abuse Monitoring System, which collects data from health institutions. In Sri Lanka, the National Dangerous Drugs Control Board, while collecting the data necessary for the convention, also collects and disseminates data on alcohol. In India, Sri Lanka and Thailand, alcohol production data is available. All these factors make the implementation of monitoring and coordinating systems possible in most countries of the South-East Asia Region.

At the global level, the scope of monitoring and surveillance must be comprehensive, covering the following four areas: consumption, consumption determinants (i.e. marketing, advertising, exposure, price, and

affordability), harms, and alcohol policy. Participants suggested that the indicators specified could be at different levels, from basic to advanced, in various policy areas, appropriate to the resource available and to the needs and interests of countries. The surveillance system promoted by the global strategy should take national contexts into account, promoting feasible and affordable systems that can be integrated into existing plans, programmes, and systems of Member States. The global strategy could help develop the technical capacity for alcohol monitoring and surveillance in Member States.

## **6. Implementing the strategy**

### **Tools to help implementation**

Most participants felt that tools produced globally should consider short- and long-term implementation and at different levels (global to sub-national), and focus on urgent issues as well. There was agreement that legally binding mechanisms could play a role in supporting the implementation of the global strategy. Participants recommended a number of tools to enhance action and implementation of the strategy:

- To set up goals and roadmaps for the global strategy at different levels and to monitor the progress.
- To build capacity and empower stakeholders, to support an effective policy process (formulation, implementation and monitoring and evaluation) including developing and reviewing national alcohol plans.
- To create mechanisms to share knowledge and experiences among all stakeholders on a regular basis, using technical reports and regular workshops.
- To mobilize sustainable and adequate resources for alcohol programmes through innovative mechanisms such as dedicated taxation, seek resources from unconventional sources and funding source in line with the Global Fund to fight AIDS, TB and Malaria.
- To develop and disseminate information on resource allocation for alcohol harm compared to other health issues. This can be in

the form of dollars per DALY, as well as cost-effectiveness of alcohol policy interventions to address health and social issues.

- To create, support and sustain global policy momentum, ensure alcohol-related agendas at WHO governing bodies or conduct alcohol policy meetings as side events.

## Different contexts

Participants suggested the global strategy should recommend various sets of interventions, appropriate in terms of resource availability, cost-effectiveness, alcohol use prevalence, and different alcohol policy targets. The initiation into alcohol use should be prioritized. It was also suggested that the concept of precautionary principle and the concept of public benefit should be applied to alcohol policies of the Region, as discussed previously and the technical capacities for quantifying significant diversities should be strengthened. The importance of interventions using cultural and religious approaches were mentioned. Such interventions should accompany legislative policy interventions. Participants recommended that WHO, as a global health technical agency, should be involved in the development of policy consensus and in the work to lessen impact of policy controversies.

## Stakeholders

Participants strongly stressed that the role of stakeholders at the national level should be the responsibility of Member States. Stakeholders should be obliged to adhere to the following two concepts; collective responsibility and commitment from all stakeholders at all levels to reduce and prevent alcohol-related harm, and obligation of governments to protect health and well-being of populations from alcohol-related harm including developing and strengthening national alcohol programmes. The responsibility of the alcohol industry is to implement relevant government policies and not to undermine public health efforts. It was agreed that the policy process requires integrity and transparency to address conflicts of interests.

Participants recommended that WHO should promote ownership and shared responsibility and to guide and collaborate with international stakeholders, including intergovernmental and philanthropic agencies, in addressing alcohol-related problems.

## 7. Follow-up

Participants recommended that follow-up and reporting should cover indicators on alcohol consumption (prevalence, volume, patterns); determinants of consumption (demand, supply, marketing); harms (burden of diseases, burden of social consequences), and policy implementation, taking into account national contexts.

The global strategy should be evaluated to assess the achievement of the goals and roadmaps outlined in the strategy. Such evaluations should lead to modifications of the strategy and the process, including the indicators, to ensure its effectiveness. It was widely felt that a specific forum to discuss the selection of indicators may be needed to enhance the acceptance and appropriateness of indicators.

### Reporting

Participants agreed that the best way to improve collection of relevant data would be to integrate the required data collection into existing programmes, surveys, and systems. This will ensure the sustainability of data collection in the resource-poor context of this Region. It was also suggested that specific, periodic data collection could enhance regular methods and improve required information. Participants emphasized that all countries present required strengthening of technical capacity on data collection and utilization, to ensure quality and sustainability of the process.

## 8. New areas proposed by SEAR Member States

Participants of the South-East Asia Region strongly felt that the following two areas should be added to the global strategy; resource mobilization to address alcohol-related harm and effect of alcohol consumption on productivity.

All participants felt that sustained resource mobilization will be one of the most important determinants of success of the global strategy. Resources to address alcohol-related harm should be broadly defined to include financial, human, technical, institutional and infrastructure-related resources. An example of a good model for obtaining sustained financial

resources is the financing for alcohol control programmes through dedicated taxation in Thailand. It was also suggested that resources available to NGOs, donors, religious institutions and other government sectors could be channeled to implement the global strategy in some countries. Volunteer systems, social services and counselor services available in countries such as India, Nepal, Sri Lanka and Thailand could be mobilized for the global strategy.

A global strategy could raise awareness among philanthropic and international agencies and guide stakeholders on their potential roles, including commitment and resource allocation to alcohol programmes. The strategy could also promote innovative resource mobilization, including dedicated taxation, for alcohol policy programmes.

Participants emphasized that the impact of alcohol on productivity and occupational health in many ways. This impact is in the form of early mortality and morbidity, absenteeism, workplace safety and unemployment. This in turn has a negative impact on human capital, social capacities and achievements in life. A global strategy could help examine, through technical work, the impact of alcohol on productivity and occupational health. The strategy could help strengthen the social climate of the workplace and promote avoidance of work while under the influence of alcohol and the unsafe practice of payment in the form of alcohol and other drugs.

## **9. National monitoring systems**

Dr. Poznyak said the World Health Assembly Resolution WHA61.4 "Strategies to reduce the harmful use of alcohol" urges Member States: "To develop, in interaction with relevant stakeholders, national systems for monitoring alcohol consumption, its health and social consequences and the policy responses, and to report regularly to WHO's regional and global information systems."

The indicators and targets set by the secretariat for the period 2009-2013 were described. The desirable characteristics of national monitoring systems were discussed. The Global Information System Alcohol and Health (GISAH) set up by WHO HQ was described in detail. The WHO ATLAS project on Resources for Substance Use Disorders was described and the

process of data collection for this project and the outputs was outlined. The participants discussed priorities and support needed in the development and strengthening of national monitoring systems. The following suggestions were made:

- The definition and classification of alcohol-related harm need to be clear and applicable. For example it is difficult to separate data specific to alcohol from other sources e.g. statistics of liver disease.
- While national-scale comparable information is significant, global databases should not neglect small-scale and incomparable data, such as data obtained from sentinel and special surveys, and data of select population groups.
- Promote the compatibility of data, through standardization of definition, formats and procedures, at both intra- and inter-country level.
- Develop and strengthen capacity of national bodies for monitoring and surveillance of alcohol-related issues.
- Promote feasibility and quality of data collection by integrating into national surveys and health systems.
- Document and disseminate technical information on constraints and limitations of various data collection techniques.

## **10. Regional priorities for the years 2009-2010**

The following priorities were identified:

- (1) Provision of community interventions: This includes carrying out technically sound pilot interventions and documenting and disseminating good practices on community interventions addressing alcohol-related harm.
- (2) Improving availability and quality of information on alcohol.
- (3) Addressing the negative impacts of trade agreements such as the ASEAN Free Trade Agreement (AFTA), using all available channels including the UN and intergovernmental agencies.

- (4) Exploring means of establishing and strengthening a knowledge network, and the establishment of a South-East Asia Region (SEAR) alcohol advisory group.
- (5) Linking alcohol programmes with Social Determinants of Health programmes, to address health inequity attributable to alcohol, and programmes related to the Millennium Development Goals.

## **Annex 1**

### **Message from Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia**

(Delivered by Dr Vijay Chandra, Regional Adviser, Mental Health & Substance Abuse, WHO/SEARO)

Distinguished participants, colleagues, ladies and gentlemen,

In recent years, the governments of Member States have been concerned about the harmful use of alcohol by their citizens and have often sought the assistance of WHO in developing policies, programmes and strategies to reduce this harm. This concern is reflected in two recent resolutions. The first entitled "Strategies to Reduce the Harmful Use of Alcohol", was adopted by the Sixty-first World Health Assembly in May 2008. This resolution noted that the World Health Assembly was "deeply concerned by the extent of public health problems associated with the harmful use of alcohol, including injuries and violence, and possible links to certain communicable diseases, thereby adding to the disease burden, in both developing and developed countries." Similarly the Regional Committee for South-East Asia at its Fifty-ninth session in Dhaka, Bangladesh, in 2006, adopted resolution SEA/RC59/R8 entitled "Alcohol consumption control-policy options". This resolution noted the unique characteristics of regional/national alcohol consumption and related problems, e.g. linkage of alcohol to poverty, pay-day drinking, and indigenous alcoholic beverages which require context-specific policy interventions, and urged the Regional Director "to support Member States in building and strengthening institutional capacities for developing information systems, policies, action plans, programmes, guidelines and monitoring/evaluation of programmes on the prevention of harm from alcohol use". In response to the mandate given to WHO by these resolutions, the Regional Office for South-East Asia in collaboration with its technical counterpart in headquarters has developed a plan which involves a series of steps leading to the development of a draft global strategy to reduce the harmful use of alcohol. This draft global strategy will be presented to the World Health Assembly in 2010.

One of the steps towards the development of the draft global strategy is this regional consultation. The main objective of the regional consultation is to ensure the effective collaboration and consultation with Member States on developing the draft global strategy to reduce harmful use of alcohol. In particular, Member States are invited to provide contributions on the ongoing national and subregional processes, national needs, priority areas for global action, and coordination.

The draft of a concept paper has been made available to all participants for discussion. I draw your attention to several issues in this concept paper which are of concern to Member States of the Region, such as illegal and informal alcohol which in South-East Asia is increasingly highlighted as a significant impediment to effective implementation of policies to reduce harmful use of alcohol. It has been reported that illegal and informal alcohol consumption is estimated to be nearly half of the total consumption of alcohol in India and nearly three fourths in Sri Lanka. This paper also focuses on the need for community action to reduce harmful use of alcohol particularly in rural and remote areas. Community action can increase recognition of alcohol-related harm at the community level, reduce the acceptability of public drunkenness, bolster other policy measures at community level, enhance partnerships and networks of community institutions and nongovernmental organizations, and provide care and support for affected individuals and their families. It can also mobilize the community against the selling of alcohol to, and consumption of alcohol by, under-age drinkers, and against illicit and potentially contaminated alcohol.

This consultation is of great relevance to Member States of the Region, since each country can provide their input on issues of relevance to them and which should be included in the global strategy. Discussions among participants and with technical experts from the Regional Office and headquarters should feature what should be included in the global strategy. Ultimately, the Member States will have to adapt and implement the broad global strategy which will be developed.

Ladies and gentlemen,

I would like to wish you successful deliberations and a pleasant stay in Thailand. It is a great privilege for WHO to host this consultation, and I thank the Ministry of Public Health of the Royal Government of Thailand for co-hosting this consultation with WHO. I look forward to receiving your recommendations on the way forward to reduce harmful use of alcohol in the Region.

## **Annex 2**

### **Provisional agenda**

- (1) Introduction: Inauguration and Regional Director's message.
- (2) Background and context of the consultation.
- (3) The situational analysis
  - Outcomes of the previous consultation process
  - Country information
  - Challenges
- (4) Aims and scope of a global strategy
  - Aims and objectives
  - Guiding principles
  - Scope
- (5) Proposed measures to reduce harmful use of alcohol
  - Target policy areas
  - Raising awareness and political commitment
  - Health sector response
  - Community action
  - Drink-driving policies
  - Addressing the availability of alcohol
  - Addressing the marketing of alcohol beverages
  - Pricing policies
  - Harm reduction
  - Reducing the public health impact of illegally and informally produced alcohol
  - Monitoring and surveillance

- (6) Implementing the strategy at different levels
- (7) Assessing and re-examining action
- (8) National monitoring systems
- (9) Conclusions and closing of the meeting

## **Annex 3**

# **Programme**

### **Day 1: 24 February 2009, Tuesday**

- 0800-0900 Registration (and submission to the Secretariat prepared written country information relevant to the objectives of the meeting)
- 0900-0930 Opening Session:
- Welcome Address by a dignitary of Thai MoPH
  - Opening Address by the Regional Director
- 0930-1030
- Introduction of participants - Dr V. Chandra
  - Appointment of Office Bearers
  - Objectives and scope of the consultation - Dr V. Chandra and Dr V. Poznyak
  - Background and context of the consultation - Dr V. Poznyak
  - Outcomes of the previous consultation process and introduction of a discussion paper - Mr D. Rekve
- 1030-1050 Public health issues related to alcohol use in SEAR – Dr V. Chandra
- 1050-1300 Situation analysis: challenges, ongoing and emerging regional, subregional and national processes. Added value of a global strategy.
- 1400-1700 Scope, aims and objectives of the global strategy. Guiding principles (with the work organized in two small groups).

### **Day 2: 25 February 2009, Wednesday**

- 0900 -1030 Policy options Part I (with the work organized in two small groups)
- Raising awareness and political commitment
  - Health sector response
  - Community action
  - Drink-driving policies
  - Addressing the availability of alcohol
- 1100-1300 Policy options Part I (continued)

- 1400-1730 Policy options Part II
- Addressing the marketing of alcohol beverages
  - Pricing policies
  - Harm reduction
  - Reducing public health impact of illegal and informal alcohol
  - Monitoring and surveillance

**Day 3: 26 February 2009, Thursday**

- 0900-1030 Implementing the strategy (with the work organized in two small groups)
- Implementation at global, regional and national levels
  - Role of global, regional and national policy frameworks. Role of national contexts.
  - Role of different stakeholders in policy development and implementation.
  - Technical tools.
  - Assessing and re-examining action, indicators and targets.
  - National monitoring systems, links with regional and global information systems. Priority regional implications.
- 1100-1300 Implementing the strategy (continued)
- 1400-1630
- National monitoring systems.
  - Priority regional implications.
- 1630-1730
- Conclusions and next steps.
  - Closure of the meeting.

## Annex 4

### List of participants

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## **Annex 5**

# **Resolution WHA61.4. Agenda item 11.10, 24 May 2008 Sixty-First World Health Assembly Strategies to reduce the harmful use of alcohol**

The Sixty-first World Health Assembly,

Having considered the report on strategies to reduce the harmful use of alcohol and the further guidance on strategies and policy element options therein;

Reaffirming resolutions WHA32.40 on development of the WHO programme on alcohol-related problems, WHA36.12 on alcohol consumption and alcohol-related problems: development of national policies and programmes, WHA42.20 on prevention and control of drug and alcohol abuse and WHA57.16 on health promotion and healthy lifestyles;

Recalling resolution WHA58.26 on public-health problems caused by harmful use of alcohol and decision WHA60(10);

Noting the report by the Secretariat presented to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including the addendum on a global assessment of public health problems caused by harmful use of alcohol;<sup>1</sup>

Noting the second report of the WHO Expert Committee on Problems Related to Alcohol Consumption<sup>2</sup> and acknowledging that effective strategies and interventions that target the general population, vulnerable groups, individuals and specific problems are available and should be optimally combined in order to reduce alcohol-related harm;

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<sup>1</sup> Documents A60/14 and A60/14 Add.1.

<sup>2</sup> WHO Technical Report Series, No. 944, 2007.

Mindful that such strategies and interventions must be implemented in a way that takes into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities;

Deeply concerned by the extent of public health problems associated with harmful use of alcohol, including injuries and violence, and possible links to certain communicable diseases, thereby adding to the disease burden, in both developing and developed countries;

Mindful that international cooperation in reducing public-health problems caused by the harmful use of alcohol is intensifying, and of the need to mobilize the necessary support at global and regional levels,

#### **WHA61.4**

1. URGES Member States:

- (1) to collaborate with the Secretariat in developing a draft global strategy on harmful use of alcohol based on all evidence and best practices, in order to support and complement public health policies in Member States, with special emphasis on an integrated approach to protect at-risk populations, young people and those affected by harmful drinking of others;
- (2) to develop, in interaction with relevant stakeholders, national systems for monitoring alcohol consumption, its health and social consequences and the policy responses, and to report regularly to WHO's regional and global information systems;
- (3) to consider strengthening national responses, as appropriate and where necessary, to public health problems caused by harmful use of alcohol, on the basis of evidence on effectiveness and cost-effectiveness of strategies and interventions to reduce alcohol-related harm generated in different contexts;

2. REQUESTS the Director-General:

- (1) to prepare a draft global strategy to reduce harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options, taking into account different national, religious and cultural contexts, including national public health problems, needs and priorities,

- and differences in Member States' resources, capacities and capabilities;
- (2) to ensure that the draft global strategy will include a set of proposed measures recommended for States to implement at the national level, taking into account the national circumstances of each country;
  - (3) to include full details of ongoing and emerging regional, subregional and national processes as vital contributions to a global strategy;
  - (4) to collaborate and consult with Member States, as well as consult with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol;
  - (5) to submit to the Sixty-third World Health Assembly, through the Executive Board, a draft global strategy to reduce harmful use of alcohol.

Eighth plenary meeting, 24 May 2008  
A61/VR/8

The main purpose of the regional technical consultation on developing a draft Global Strategy to Reduce Harmful Use of Alcohol was to ensure effective collaboration with Member States on the development of the draft global strategy on reducing harmful use of alcohol. The consultation process is to ensure that different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities are taken into account. This includes details of ongoing and emerging regional, sub-regional and national processes as vital contributions to a global strategy. Among the objectives is to ensure that the draft global strategy is based on all available evidence and existing best practices in Member States, with special emphasis on protection of at-risk populations, young people and those affected by the harmful drinking of others. Eight Member States of the South-East Asia Region participated in the consultation.

The discussion paper for the consultation "Towards a global strategy to reduce harmful use of alcohol" was introduced. There were extensive discussions on the draft document including issues of specific relevance to the Region. The discussions are summarized in this document.



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