
WHO Public Hearing on Harmful Use of Alcohol

Volume III:

Received contributions from:

- Nongovernmental organizations
-



**World Health
Organization**

WHO Public Hearing on Harmful Use of Alcohol

Volume III:

Received contributions from:

- Nongovernmental organizations



**World Health
Organization**

Department of Mental Health and Substance Abuse
World Health Organization
Geneva, 2009

© World Health Organization 2009

All rights reserved. The information contained in this publication may be freely used and copied for educational and other non-commercial and non-promotional purposes, provided that any reproduction of the information be accompanied by an acknowledgement of WHO as the source. Any other use of the information requires the permission from WHO, and requests should be directed to World Health Organization, Department of Mental Health and Substance Abuse, 20 Avenue Appia, 1211 Geneva 27, Switzerland. The publication can be downloaded on WHO's web site: http://www.who.int/substance_abuse/activities/globalstrategy/en/index.html.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The views expressed in this publication are those of the participants in WHO Public Hearing and do not necessarily represent the stated views or policies of the World Health Organization. The authors only are responsible for their submissions, and the readers only are responsible for the interpretation of these submissions, whether edited or not.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and in no event shall the World Health Organization be liable for any damages arising from the participation in these hearings or the use of the submissions. The World Health Organization accept no responsibility whatsoever for any inaccurate advice or information that is provided by sources reached via hyperlinks in this publication or by linkages or reference to this publication.

Background

On 24 May 2008, the Sixty-first World Health Assembly (WHA) adopted an important resolution on "Strategies to reduce the harmful use of alcohol" (WHA61.4). The resolution calls for the development by 2010 of a draft global strategy to reduce the harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options. The strategy will be submitted to the Sixty-third World Health Assembly in May 2010 through the 126th session of the WHO Executive Board in January 2010.

In addition to the request to develop a draft global strategy, resolution WHA61.4 also asks the WHO Secretariat to collaborate and consult with Member States, as well as to consult with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol. In response to this, the WHO Secretariat has embarked on a broad and inclusive consultation process with different stakeholders.

To follow up this latter request, a web-based public hearing was organized by the WHO Secretariat from 1 October to 15 November 2008, giving Member States and other stakeholders an opportunity to make submissions on ways to reduce harmful use of alcohol. In addition, two separate round tables, one with representatives of nongovernmental organizations and health professionals and one with economic operators, were organized in Geneva in November 2008 to collect their views on ways they could contribute to reducing harmful use of alcohol. The Secretariat is planning consultations with selected intergovernmental organizations in 2009.

Contributions to the public hearing could be submitted via a dedicated website or by fax in any of the six official UN languages (Arabic, Chinese, English, French, Russian and Spanish) from 1 October to 15 November 2008.

Contributions were sent in by individuals, civil society groups, WHO Member States and government institutions, academic and research institutions, economic operators and other interested parties. In providing their contribution, the participants were encouraged to focus on the following questions.

- What are your views on effective strategies to reduce alcohol-related harm?
- From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?
- In what ways can you or your organization contribute to reduce harmful use of alcohol?

This report contains received summaries of the submissions received in the WHO Public Hearing. All submissions are presented in their original languages. Some comments in the summary sections may have been edited before posting. This summary of the contributions together with the unedited full text submissions are available on the WHO website www.who.int/substance_abuse/activities/hearing/. In a few cases, no summaries were received, as such they are listed in the summary section with a reference to the full text. All submissions are categorized in one of the following categories: WHO Member States, government institutions, intergovernmental organizations, academia-research, nongovernmental organizations, alcohol industry, trade and agriculture, other entities and organizations or individual submission, depending on the information given by the participants.

The views expressed in this publication are those of the participants in the WHO Public Hearing and do not necessarily represent the stated views or policies of the World Health Organization. The authors only are responsible for their submissions, and the readers only are responsible for the interpretation of these submissions, whether edited or not.

The World Health Organization accept no responsibility whatsoever for any inaccurate advice or information that is provided by sources reached via hyperlinks in this publication or by linkages or reference to this publication.

For further inquiries' please contact:

Dr Vladimir Poznyak
Coordinator,
Management of Substance Abuse
Department of Mental Health and
Substance Abuse
Tel: +41 22 791 43 07
E-mail: poznyakv@who.int

Mr Dag Rekve
Technical Officer,
Management of Substance Abuse
Department of Mental Health and
Substance Abuse
Tel: +41 22 791 16 57
E-mail: rekved@who.int

SUBMISSIONS FROM NONGOVERNMENTAL ORGANIZATION

A NOMBRE DE ALAMO PROMOCION DE LA SALUD MENTAL	31
ABMRF/THE FOUNDATION FOR ALCOHOL RESEARCH	31
ACTH.....	32
ACTIS - NORWEGIAN POLICY NETWORK ON ALCOHOL AND DRUGS	33
ACTIVE - SOBRIETY, FRIENDSHIP AND PEACE	33
AIM - ALCOHOL IN MODERATION	34
ALCOHOL ACTION IRELAND	35
ALCOHOL AND DRUG INFORMATION CENTRE.....	35
ALCOHOL FOCUS SCOTLAND	36
ALCOHOL HEALTH ALLIANCE	36
ALCOHOL HEALTHWATCH TRUST.....	37
ALCOHOL POLICY YOUTH NETWORK - APYN.....	37
ALIA - ALLEANZA ITALIANA ALCOL	37
ALLIANCE HOUSE FOUNDATION	38
AMERICAN ATHLETIC INSTITUTE.....	38
AMERICAN PUBLIC HEALTH ASSOCIATION	38
ASIA PACIFIC ALCOHOL POLICY ALLIANCE.....	38
ASPAT (ASSOCIATION SÉNÉGALAISE POUR LA PAIX, LA LUTTE CONTRE L'ALCOOL ET LA TOXICOMANIE).....	39
ASSOCIATION DES BADINGA DU CONGO	39
ASSOCIATION FOR HEALTHY LIFESTYLES.....	40
ASSOCIAZIONE EUROCARE ITALIA.....	40
BOWEN CENTER.....	41
BRAZILIAN ASSOCIATION OF PSYCHIATRY	41
CANADIAN CENTRE ON SUBSTANCE ABUSE	42
CANADIAN VINTNERS ASSOCIATION	42
CENTER FOR SCIENCE IN THE PUBLIC INTEREST	43
CENTER FOR SCREEN-TIME AWARENESS.....	43
CISA - CENTER FOR INFORMATION ON HEALTH AND ALCOHOL.....	44
COMMONWEALTH MEDICAL ASSOCIATION	45
CONSUMERS' ASSOCIATION OF PENANG (CAP).....	46
CORPORACIÓN CAMINOS	47
DANISH ALCOHOL POLICY NETWORK	47
DRUG FREE HIGHLANDS	48
DRUG-FREE ACTION ALLIANCE.....	48
ÉDUC'ALCOOL.....	49
EMNA.....	49
ENTREPRISE & PRÉVENTION	50
EUROCARE (THE EUROPEAN ALCOHOL POLICY ALLIANCE)	50
EUROPEAN PUBLIC HEALTH ALLIANCE	51
EUROPEAN WORKING GROUP ON TREATMENT OF ALCOHOL DEPENDENCE.....	51
FALSE BAY THERAPEUTIC COMMUNITY CENTRE	52
FASawareUK.....	52
FDI WORLD DENTAL FEDERATION.....	52
FETAL ALCOHOL INFORMATION NETWORK	53
FETAL ALCOHOL SPECTRUM DISORDERS IRELAND.....	54
FINNISH HEALTH ASSOCIATION.....	54
FOOD INDUSTRY SECRETARIAT OF THE INDEPENDENT SELF-GOVERNING TRADE UNION "SOLIDARNOSC	55
FORUT, CAMPAIGN FOR DEVELOPMENT AND SOLIDARITY	55
FRIENDS OF TEMPERANCE, FINLAND	56
FUNADACIÓN DE INVESTIGACIONES SOCIALES, A.C.....	57
FUNDACIÓN ALCOHOL Y SOCIEDAD	58
FUNDACION PREVER.....	58

GALA	59
GERMAN CENTRE FOR ADDICTION ISSUES / DEUTSCHE HAUPTSTELLE FÜR SUCHTFRAGEN (DHS e.V.)	59
GLOBAL ALCOHOL POLICY ALLIANCE (GAPA)	60
GLOBAL ROAD SAFETY PARTNERSHIP	60
HANDS ACROSS CULTURES, CORP.	61
HUNGARIAN ASSOCIATION FOR RESPONSIBLE ALCOHOL CONSUMPTION	61
INDIAN ALCOHOL POLICY ALLIANCE	63
INSTITUTE OF ALCOHOL STUDIES	63
INTERNATIONAL CENTER ON ALCOHOL POLICIES	64
INTERNATIONAL CLEARINGHOUSE FOR BIRTH DEFECTS SURVEILLANCE AND RESEARCH (ICBDSR)	64
INTERNATIONAL COUNCIL OF NURSES (ICN)	65
INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS (ICAA)	66
INTERNATIONAL FEDERATION OF BLUE CROSS	67
INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS - IFMSA	67
INTERNATIONAL INSTITUTE OF THE IOGT-NTO MOVEMENT	68
INTERNATIONAL SOCIETY OF ADDICTION MEDICINE (ISAM)	68
IOGT INTERNATIONAL	69
IOGT JUNIOR ASSOCIATION OF NORWAY	69
IOGT NORWAY	70
IOGT-NTO	71
IOGT-NTOS JUNIOR ASSOCIATION IN SWEDEN	71
JUVENTE	72
KÄNNIKAPINA- OPEN MOVEMENT TO PEOPLE WHO WANT THAT FINLAND DRINKS LESS	73
KRZYS FOUNDATION	73
MARIN INSTITUTE	74
MARNINWARNTIKURA FITZROY WOMEN'S RESOURCE CENTRE ABORIGINAL CORPORATION	74
MASSACHUSETTS ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS	75
MISSOURI'S YOUTH/ADULT ALLIANCE	75
NATIONAL ALCOHOL BEVERAGE CONTROL ASSOCIATION (NABCA)	75
NETWORK OF FORUT PARTNER ORGANISATIONS PARTICIPATING IN ANNUAL CONSULTATION MEETING	76
NEW FUTURES	77
NEW ZEALAND DRUG FOUNDATION	77
NEW ZEALAND WINEGROWERS	78
NGO FONTANA	78
NORDAN - NORDIC ALCOHOL AND DRUG POLICY NETWORK	79
PEOPLE AGAINST ALCOHOL, DRUG ABUSE & MERCHANDISE - PAADAM	80
PROJECT EXTRA MILE	81
QUEST FOR QUALITY BV, TRAINING AND CONSULTANCY	82
SAN DIEGO COUNTY ALCOHOL POLICY PANEL	83
SANTA FE UNDERAGE DRINKING PREVENTION ALLIANCE	83
SIMON- SUNDSVALL	84
SRI LANKA TEMPERANCE SOCIETY	85
STAP (NATIONAL FOUNDATION FOR ALCOHOL PREVENTION)	85
STOPDRINK NETWORK	86
STUDENT AID LIBERIA INC	87
TAIWAN MEDICAL ASSOCIATION (MEMBER OF WORLD MEDICAL ASSOCIATION)	87
THE ASSOCIATION FOR PROMOTING SOCIAL ACTION	87
THE BACCHUS NETWORK	87
THE MENTOR FOUNDATION (INTERNATIONAL)	88
THE STUDENT LIFE EDUCATION COMPANY	89
THE UNION OF RUSSIAN BREWERS (ENGLISH VERSION)	90
СОЮЗ РОССИЙСКИХ ПИВОВАРОВ, НЕПРАВИТЕЛЬСТВЕННАЯ ОРГАНИЗАЦИЯ (НПО)	91
TRAFFIC INJURY RESEARCH FOUNDATION (TIRF); SUBMISSION FROM THE PRESIDENT AND CEO	92
TUBA	92
UNDERAGE DRINKERS AGAINST DRUNK DRIVING	93
VENEZUELA LIBRE DE DROGAS	93
WOMAN'S CHRISTIAN TEMPERANCE UNION OF SOUTHERN CALIFORNIA	93
WOMEN'S ORGANISATIONS COMMITTEE ON ALCOHOL AND DRUG ISSUES	94
WORLD ASSOCIATION OF THE CLUBS OF ALCOHOLICS IN TREATMENT	94
WORLD MEDICAL ASSOCIATION	94
YOUTH LEADERSHIP INSTITUTE	95

A Nombre de Alamo Promocion de la Salud Mental

Organizaciones no gubernamentales (ONG)

País: Peru

Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? No

REDUCIR DAÑOS REDUCIR PROBLEMAS USO DEL ALCOHOL

En líneas generales, la estrategia a usar , no debe estigmatizar a la persona que consume, no presentar el o los problemas :

- del "Borracho".
- de la familia del "Borracho"
- de los "Borrachos en la comunidad"
- de la cantidad de Borrachos en un país, en la comunidad Mundial.

La estrategia no puede ser, como librarnos de esos Borrachos.

Esa Estrategia de presentar numéricamente estadísticas de cuantos Borrachos a nivel mundial o local existen y el gran daño que traen a la familia, a la comunidad, al desarrollo de un país. esa estrategia sólo contribuirá a la mayor Estigmatización del ser humano que , posiblemente por determinantes biológicos, sociales que estan llevando al ser humano, a vivir en un estado continuo de ANSIEDAD.

- Revisemos cómo la COMPETENCIA instituída en este mundo globalizado , donde sólo quien mejor produce, es el que vale. Venga de donde venga ese mejor nivel de producción .
- Revisemos cómo el generar y acumular riquezas, es el indicador neto del PODER y del "nivel "CULTURAL de la persona .
- Revisemos cómo la Industria del alcohol hace su marketing ""

Hagamos campañas que demuestren y muestren a la sociedad, a la comunidad que EL GOCE DEL BIENESTAR está en el campo de la Salud . NO EN EL CAMPO DE LO PATOLOGICO .

Antes de hablar de daños y problemas, trasmitamos el contenido de SALUD PUBLICA .

Situemos el ALCOHOLISMO no como una discapacidad más ,

Luchemos contra el Alcoholismo como una pandemia originada por el hombre mismo como respuesta a su voracidad económica. Encontremos las raíces de esta epidemia.

No contemos solamente , cuántos hombres o mujeres se ven envueltas por ella en el mundo entero.

Considero que en esta línea construiremos una estrategia efectiva y universal.

Nuestro grupo contribuye a reducir el uso nocivo del alcohol, informando plenamente los determinantes del ALCOHOLISMO.

Derivando a las personas afectadas a especialistas en Salud mental para su tratamiento y terapia . Informando y orientando a sus familiares, sobre dicho Tema.

ABMRF/The Foundation for Alcohol Research

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? Yes

Web site: <http://www.abmrf.org>

Summary:

ABMRF/The Foundation for Alcohol Research (ABMRF) is one of the largest North American nonprofit foundations funding research on health and behavioral effects of consumption of alcoholic beverages. Although we do not advocate for specific policies regarding the consumption of alcohol, we strongly advocate for the need to conduct research to understand the effects of alcohol on health and behavior and evaluate the effectiveness of interventions for individuals and populations. Strategies to reduce harm should focus on identifying at-risk individuals using techniques such as those outlined in NIAAA publications. Educating practitioners to recognize hazardous alcohol use patterns and to intervene are a promising component of harm reduction strategies as demonstrated in studies sponsored by WHO. Evaluation of policies that restrict the availability of alcohol should examine both potential reduction in harm associated with hazardous patterns of alcohol use and potential reduction in benefit for the majority of the population that consumes alcohol in moderation.

Our work supporting the development of young investigators complements the U.S. NIAAA and the Medical Research Council in Canada. Early career support is critical to recruiting the brightest scientists to pursue careers in

alcohol research. Since 1982 ABMRF has supported investigator-initiated behavioral and biomedical research concerned with all aspects of alcohol consumption. The Foundation has supported studies to understand how moderate consumption of alcoholic beverages affects health to address questions related to the majority of those who drink alcoholic beverages. Many other studies address problems related to harmful consumption patterns, including understanding individual risk factors and vulnerability in populations such as underage youth.

ABMRF was established as a nonprofit foundation with contributions from the Canadian and U.S. brewing industries to support research on the effects of alcoholic beverages on health and behavior. The Board of Trustees has a majority of members from the public and academic community and two independent Advisory Councils, comprised of leading scientists in biomedical, social and behavioral research that review investigator-initiated grant proposals. Industry members hold a minority of Board seats and do not participate in grant selections. Grantees are encouraged to publish findings in peer-reviewed journals without prior Foundation review. More than 450 investigators, many current and future leaders in alcohol research, have received Foundation support; almost 2,000 publications have resulted from their work. Collaboration between the academic community and the industries involved in the production and distribution of alcoholic beverages is essential to determine the appropriate use of alcoholic beverages in our societies. Our record in supporting independent research demonstrates the feasibility and importance of a true partnership between industries that produce and distribute alcoholic beverages and scientists concerned with evaluating the effects of alcohol on human health and behavior. Our model partnership facilitates international interactions between investigators to improve understanding of important issues related to use of alcohol and to improve opportunities for scientific collaboration. By examining international differences in how alcohol is consumed, insight into the behavioral factors that influence normative drinking practices may be gained.

Full text: Nr. 290

ACTH

Organizaciones no gubernamentales (ONG)

País: Honduras

Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? No

Resumen de la contribución:

Algunas aportaciones que pueden contribuir a reducir el uso nocivo del alcohol

- Elaboración e implementación de políticas públicas orientada a la reducción de los daños causados por el consumo de alcohol.
- Inclusión del tema sobre prevención del consumo de alcohol, tabaco y otras drogas en programas del sistema educativo.
- Educación, comunicación, formación y concientización del público en general sobre los daños causados por el alcohol.
- Regular la publicidad, promoción y patrocinio de las bebidas alcohólicas.
- Medidas de reducción de la demanda relativas a la dependencia y al abandono del consumo de alcohol. Mejoramiento de la calidad de atención que brindan los diferentes centros públicos o privados dedicados a la rehabilitación y reinserción social de los adictos al alcohol y otras drogas.
- Aplicar políticas tributarias o de precios, incrementando los precios para disminuir el consumo.
- Aplicar sanciones con multas más significativas a todos aquellos que violen los reglamentos o leyes encaminadas a la reducción de los daños causados por el consumo de bebidas alcohólicas.
- Mayor control de la disponibilidad de las bebidas alcohólicas y controlar o supervisar la venta de bebidas alcohólicas a los menores de edad.
- Prohibir o restringir la venta o importación de bebidas alcohólicas libres de impuesto y de derechos de aduana por los viajeros internacionales.

Contribución íntegra: Nr. 42

ACTIS - Norwegian Policy Network on Alcohol and Drugs

Nongovernmental organization

Country: Norway

Funding or support from alcohol industry? No

Web site: <http://www.actis.no>

Summary:

Alcohol related problems have to be addressed both at an individual and societal level. Every child has the right to grow up in an environment protected from alcohol related harm and inappropriate exposure to alcohol promotion and sales. Every individual has the right to treatment and care. Consumers as well as relevant policy makers and professionals should be informed about the risk alcohol pose to health and social integration as well as evidence based prevention and treatment strategies.

Hazardous drinkers need to be targeted. But this group is smaller than the group of more moderate drinkers. The latter group generates more harm in total. Alcohol policies must therefore address the population at large as well as vulnerable populations.

Common sense as well as numerous scientific studies points at the need for society to manage price and availability of alcohol in order to reduce harmful consumption. There is evidence that shows that alcohol taxation has a greater impact on younger drinkers, heavy drinkers and poorer drinkers.

Experience from Europe shows that the marketing of alcohol is best regulated by governments and not by self regulation. A major independent review from the United Kingdom concludes that self regulation of alcohol marketing has simply not worked. KPMG concludes in a report commissioned by the government that self regulation is not having a material impact on promoting responsible drinking or reducing irresponsible drinking and the balance therefore needs to shift significantly from self-regulation towards direct intervention.

The harm done by alcohol has often severe implications on people other than the drinker, including the wellbeing and functioning of families and relationships. This is often underreported in the political discourse and needs more attention.

Education is an essential part of alcohol policy even though its direct impact on consumption is limited. Information and awareness alone will not achieve behaviour change. Changing behaviour to reduce harm must be at the centre of our attention. Education should play a part by being sustained over time, in multiple channels with a multiplicity of methods and not least integrated with other evidence based interventions.

The alcohol industry has no role in defining public policy on alcohol because of their conflicts of interest. In today's competitive alcohol market the needed reduction of sales is not in the interest of the producers and their share holders.

Alcohol is a commodity with major global brands, with big publicly listed multinationals and a very high degree of business centralization across borders and continents. Alcohol affects economic and social development of nations. Drinking cultures and consumers are internationalized too. Governments cannot address these challenges alone. There is a need for a global strategy.

NGOs should build international networks to strengthen capacity of NGOs in particular in developing countries to empower them to play a role in shaping national and local actions and policies, counterbalancing the commercial interests and to be a constructive partner to governments and international organizations. Actis is committed to this objective.

Full text: Nr. 311

Active - sobriety, friendship and peace

Nongovernmental organization

Country: Sweden

Funding or support from alcohol industry? No

Web site: <http://www.activeeurope.org>

Summary:

Members of ACTIVE - sobriety, friendship and peace are of the opinion, that the best ways to reduce alcohol-related harm, as proven in different studies, are measures like reduced affordability of alcohol products, reduced availability, reduced exposure, protection of children in families with alcohol-related problems, education and information, health warnings labeling, prevention work and elimination of illicit trade with alcohol products in all forms. The

strategy has to be complex and coherent, whereby public health should be first priority and all measures should be based on evidence.

NGO's should be highly recognized as valuable, equal partners and sources of knowledge and expertise in the area, as they are acting out of the interest of public health and well-being. Alcohol industry should not have the right to interfere in policies that have in one way or another impact on public health due to the conflict of interests.

From a global perspective the best ways to reduce problems related to harmful use of alcohol would be to have one global attitude based on evidence and best-practice examples. The problems will be solved by having a global strategy that covers different sections of society and encourages inter-sectional and international cooperation. There is a need for a global monitoring and information system and long term action is necessary to improve the global situation.

Active - sobriety, friendship and peace is a European youth organization gathering 25 000 young people who have decided to live sober. We consider alcohol consumption an obstacle for development of individuals and society. There is too much harm caused by alcohol. We think we can contribute to improvement of living quality of individuals in different societies by abstaining from drinking.

We are contributing to reduction of alcohol related harm:

- By creating alcohol free environment for young people
- By raising awareness about harm related to alcohol and opinion building
- By spreading the idea of alcohol free lifestyle among youth
- By breaking the "tradition" or a certain cultural pattern that associates alcohol with social events, problem solving, status, entertainment
- By testing law enforcement, i.e. if the minimum legal age of buying alcohol is carried out
- By advocating the global alcohol strategy (when relevant)
- By having impact on youth policies in Europe and policies regarding European youth
- By mobilizing civil society – mainly youth

Full text: Nr. 254

AIM - Alcohol in Moderation

Nongovernmental organization

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? Yes

Web site: www.alcoholinmoderation.com

Summary:

Alcohol in Moderation was founded in 1991 as a not for profit independent organisation. It monitors scientific publications on the association between moderate alcohol drinking and health for its journal and websites.

It is of increasing concern to AIM and it's Council that the public health approach to reduce alcohol related harm takes little account of the acceptable place of moderate drinking in society.

Alcohol in Moderation favours targeted measures to reduce alcohol related harm, tailored locally to take account of individual cultures, societies, patterns of use, maturity of market, beverage mix, sex, age and laws and regulations already in place.

The case for moderate drinking

Accumulating evidence suggests that consumption of wine, beer and spirits does not pose a health risk to the vast majority of consumers who choose to drink in moderation.

It has not been possible to determine the exact inflection point in dose where a potentially beneficial, or harmless dose changes to a potentially harmful one, hence definitions of a drink and responsible drinking guidelines vary internationally. Moderate drinking is generally medically defined, however, as up to 20g a day for women and 30g a day for men.

The beneficial effects of moderate drinking apply to middle-aged or older adults. They are related to reductions in risk of some diseases of ageing, such as CHD, ischemic stroke, osteoporosis, type 2 diabetes and dementia. The beneficial effect of moderate drinking is questioned by some in public health, hence the evidence base in the accompanying 2000 word statement.

Although there are few demonstrable health benefits for those under 40, alcohol, consumed in the right context, in moderation, at meal times, to celebrate, commiserate or unwind has both psychological and social benefit as a relaxant, stimulant and social lubricant. Alcohol has been enjoyed by many societies over the millennia and forms

part of the Christian and Jewish religion. Moderate drinking and the cultural, agrarian and social contribution of drinking that is interwoven into the fabric of many nations and cultures has a rightful place in society.

In the context of 'alcohol harm reduction', note, the majority of consumers drink moderately most of the time. In the UK, 6% of women and 8% of men drink at hazardous levels (Department of Health). It is important that alcohol harm reduction policies do not penalise moderate drinkers, but are targeted at those causing harm to themselves or others through their drinking.

AIM's contribution visit : <http://www.aim-digest.com/gateway/S&Pinterim.htm>

- Encourage informed and balanced debate on alcohol, health and social issues
- Communicate relevant medical and scientific research in a clear and concise format, contributed to by AIM's Council of 20 Professors and Specialists
- Publish information via www.alcoholinmoderation.com on moderate drinking and health, social and policy issues – comprehensively indexed and fully searchable without charge
- Educate consumers on responsible drinking and related health issues via www.drinkingandyou.com and publications, based on national government guidelines
- Inform and educate those working in the beverage alcohol industry regarding the responsible production, marketing, sale and promotion of alcohol

Full text: Nr. 194

Alcohol Action Ireland

Nongovernmental organization

Country: Ireland

Funding or support from alcohol industry? No

Summary:

Alcohol related harm has a direct relationship to national consumption levels – overall levels of alcohol related harm increase in proportion to increases in national consumptions levels. Therefore, a national strategy to combat alcohol-related harm needs to be established as a priority. A national strategy requires political leadership, institutional capacity and a blue print for implementation as well as the following:

- Cross-departmental co-operation/ "joined-up" government in the form of a co-ordinating structure to assign priorities to relevant lead departments and to monitor progress
- Creation of policies, potentially underwritten by legislation, to regulate and limit the marketing of alcohol (product, price, place, promotion)
- Provision and enforcement of measures to reduce drink driving
- Provision of services and initiatives that reach those affected by alcohol-related harm in order to address and mitigate the worst aspects of that harm, especially children and young people who are affected

Children and young people, due to their dependent relationship on adults, are particularly vulnerable to alcohol related harm originating with a parent/ guardian; the recognition of that fact and the measures needed to address it should be "hardwired" into any national strategy.

Full text: Nr. 175

Alcohol and Drug Information Centre

Nongovernmental organization

Country: Sri Lanka

Funding or support from alcohol industry? No

Web site: <http://www.adicrilanka.org>

Summary:

The pursuit of health as one of modern society's most highly cherished values accounts for the growing interest in alcohol policy. It also creates a special challenge because public health often competes with other social, economic values and individual freedom and happiness.

In the world situation among the top 5 risk factors for ill health and premature death alcohol ranks within the first three reasons. Statistics show, in the developed countries this is one of the main reason for preventable deaths.

Therefore, it is a need to arrive on efficient policy with effective strategies to address the harmful use of alcohol at individual, organisational, national and international level

Full text: Nr. 276

Alcohol Focus Scotland

Nongovernmental organization

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? Yes

Web site: <http://www.alcohol-focus-scotland.org.uk>

Summary:

Alcohol Focus Scotland is supportive of the WHO report “Strategies to reduce the harmful use of alcohol”, March 2008, which we believe contains the major policy and strategy options for reducing alcohol related harm.

AFS believes it is important to draw on the many imaginative proposals which have proven to have a positive impact in other countries. In Scotland, the scale of alcohol related harm has reached unprecedented levels, demanding tough action and the adoption of some of the strategies from other countries as preferred approaches in this country.

There is a substantial body of international evidence which shows that raising the price of alcohol is one of the most effective policy tools for tackling alcohol misuse. Although no single approach will provide an instant solution to the problems related to alcohol consumption, the evidence illustrates that tackling price will make a contribution to reducing consumption and ultimately reducing harm to the people of Scotland.

A balance has to be struck between protecting and improving the nation’s health and welfare and individual rights. Pricing strategies do increase the cost of alcohol for everyone, so, while arguably disadvantaging some, it also reduces harm to others such as older people, dependant drinkers and people living in disadvantaged circumstances.

Full text: Nr. 332

Alcohol Health Alliance

Nongovernmental organization

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? No

Web site: <http://www.rcplondon.ac.uk>

Summary:

The Alcohol Health Alliance welcomes the opportunity to take part in the World Health Organisation public hearing on ways of reducing harmful use of alcohol. In the UK alone, the health harms caused by alcohol affect many areas of the health service and on society as a whole. They include problems from alcohol addiction and dependence, adverse physical and sexual health, violent crime and sexual abuse and damage to children and families. We believe that strong public policy measures on price and availability and regulation of alcohol sales would be far more successful than just clinical treatments. In the same way that doctors use evidence-based medicine to treat individual patients, governments must use the overwhelming evidence we already have to implement stronger public policy measures on alcohol instead of persisting with measures that have little or no evidence of success.

We are unlikely to see significant improvements in the devastating health consequences of alcohol use until governments recognise that global measures are required to reduce overall levels of alcohol consumption. Many European and developed nations have started using the measures identified above and we believe that they have the potential to be applied globally. However before the process of expanding these strategies globally can occur several factors need to be taken into account. The first is the different genetic and historical-cultural factors that can contribute to a person’s alcohol dependency which may mean different solutions are required in different countries to reduce individual alcohol consumption. The second is that much more attention needs paid to building up alcohol research, monitoring and evaluation in developing societies. The final factor is that currently the expertise and knowledge on effective strategies which has been developed at a national level is not being shared and disseminated to developing and low income countries.

Full text: Nr. 162

Alcohol Healthwatch Trust

Nongovernmental organization

Country: New Zealand

Funding or support from alcohol industry? No

Web site: <http://www.ahw.co.nz>

Summary:

Policy to reduce alcohol-related harm is only as good as the means provided to ensure it is effectively enacted. Alcohol is a global commodity and policy to reduce associated harm is a matter of public health and safety, not a matter of moral discourse. The level of alcohol related harm requires that it be recognised as a determinant of health and become a public health priority in developed and developing countries. The harm associated with its consumption is of such magnitude that it requires authorities to implement strategies that are robust, evidence-based and determined. For strategies to be effective there must be meaningful engagement with 'tangata whenua' the indigenous people of a nation. To be effective in achieving harm reduction goals, Alcohol Healthwatch recommends that Member States be required and all other states be encouraged to:

- apply an integrated multi-level approach to ensure alcohol related harm reduction is achievable and sustainable
- effectively address environmental factors that serve to encourage and sustain risky drinking behaviour
- adopt and implement alcohol-related harm control policies that are evidence-based for their effectiveness and responsiveness to harm indicators
- adopt a whole of life approach that ensure strategies and policies protect those at higher risk, including the unborn child, adolescents as well as those affected by mental health disorders and addiction
- adopt strategies that recognise and respond to youth drinking as a secondary harm arising from adult drinking behaviour and attitudes
- recognise alcohol as a key determinant of health and contributor to health inequalities and employ preventive measures across all health and other social systems
- utilise alcohol excise taxation as a tool to reduce consumption and to ensure funds for preventative measures are commensurate with associated harm
- develop a comprehensive effective health policy supportive of a high level of enforcement of legislation and regulation for alcohol that is independent of the liquor industry interests
- develop policy and strategic action that is principled and meaningfully engages communities in decisions that affect them, particularly those of the indigenous people of the land

Alcohol Healthwatch would like to thank the World Health Organisation for the opportunity to make this submission.

Full text: Nr. 138

Alcohol Policy Youth Network - APYN

Nongovernmental organization

Country: Portugal

Funding or support from alcohol industry? No

Evidence based, cost effective measures should be the base of any strategy to tackle the harmful use of alcohol. APYN suggests the creation of a global network of actors in the field of alcohol policy. This network should be coordinated by WHO. This network can help WHO in developing a global alcohol strategy, assist in the development of national alcohol policy and be instrumental in implementing both. A Global Solidarity Fund between member states should be raised to support the work in addressing alcohol related harm.

Full text: Nr. 155

ALIA - Alleanza Italiana Alcol

Nongovernmental organization

Country: Italy

Funding or support from alcohol industry? No

No summary available.

Full text: Nr. 113

Alliance House Foundation

Nongovernmental organization

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? No

No summary available.

Full text: Nr. 239

American Athletic Institute

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: www.americanathleticinstitute.org

Athletes and sport are one population and venue that have a pivotal role in societal/global alcohol dynamics. The athlete world is the alcohol industry's centerpiece. Policy and position statements need to address this pivotal area of concern, in order to impact the magnitude of youth alcohol related problems and abuse rates in the athlete population at all levels of sport.

Full text: Nr. 341

American Public Health Association

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.apha.org>

The American Public Health Association supports the WHO in its development of an evidence-based global strategy to combat the harmful use of alcohol. Such a strategy will require collaboration of governments and non-governmental organizations and include the development of an international binding agreement, a Framework Convention on Alcohol Control, modeled after the Framework Convention on Tobacco Control. Involvement of the alcohol industry should not significantly influence policy, the strategy, or effectiveness of the WHO's alcohol control initiative.

Full text: Nr. 287

Asia Pacific Alcohol Policy Alliance

Nongovernmental organization

Country: New Zealand

Funding or support from alcohol industry? No

Web site: <http://apapaonline.org>

Summary

The Asia Pacific Alcohol Policy Alliance (APAPA) is a network of non-government organisations committed to effective alcohol policy in the Asia Pacific region.

Research reviews have identified effective and cost-effective policies to reduce alcohol related harm. The Western Pacific Regional Strategy is an excellent platform for national activities in this region. APAPA looks to WHO to set a strong policy direction globally, emphasising taxation, availability controls, drink-drive laws and restrictions on marketing.

The most cost-effective policies are population-based preventative measures. These shape the legal, physical and social environments in which drinking occurs. Education and media campaigns are expensive but ineffective, while legislation is relatively inexpensive, leaving resources for implementation, monitoring and enforcement. Ideally, policy is informed by comprehensive local data but this is time consuming and expensive to gather. Where some information is lacking, conclusions can be drawn from research and experiences in other countries. The Precautionary Principle should be recommended to all member governments.

At every level, policy development processes should be independent of commercial interests. APAPA is concerned that the International Centre for Alcohol Policy, funded by global alcohol companies, is providing policy tools and advice to governments and communities in emerging markets for alcohol. This influence needs to be replaced by

WHO's Global Alcohol Strategy, well supported with easily accessed information on all aspects of implementation. For this task, APAPA recommends a WHO Cabinet Office focused on alcohol.

Policy development, implementation and monitoring are more effective when regulatory agencies and prevention organisations work together. Working across sectors is also important at international level. There is an inherent tension between public health principles and those enshrined in trade agreements, under which public health concerns can currently only be addressed through temporary exceptions. We anticipate that, as part of its global strategy, WHO will work more closely with WTO to address this issue.

APAPA feels strongly that WHO's global alcohol policy strategy will need the status of a Framework Convention. World-wide political commitment to a Framework Convention on Alcohol Control will require strong leadership and a great deal of work by WHO. Upgrading to a Cabinet Office, with higher priority within the WHO system, will assist in this.

At a regional level organisations such as APAPA are essential in bringing together NGOs with a common interest in alcohol policy, producing a common region specific framework on which to implement global harm reduction strategies. APAPA provides links with community agencies, including youth initiatives. We look forward to working with the WHO WPRO designated regional focal point network to ensure a coordinated effective implementation of the Regional Strategy to Reduce Alcohol Related Harm.

Full text: Nr. 229

ASPAT (Association Sénégalaise pour la Paix, la lutte contre l'Alcool et la Toxicomanie)

Organisations non gouvernementales (ONG)

Pays: Senegal

Crédits ou un soutien du secteur de l'industrie des boissons alcoolisées? No

Résumé de la contribution:

ASPAT-SENEGAL (Pour une meilleure prise en compte de la consommation de l'alcool au Sénégal...)

Depuis quelques années, on a constaté un développement rapide de la consommation de l'alcool, ces constats ont été corroborés par l'étude sur l'évaluation rapide de la situation de la drogue au Sénégal. En effet, cette étude a montré une montée vertigineuse de la consommation de l'alcool au niveau des jeunes. Dans certaines régions du Sénégal, ce phénomène connaît une expansion extraordinaire entraînant des situations de risque liées à la santé, la sécurité et au développement.

La consommation d'alcool est une activité légale et si bien répandue au Sénégal que les gens ne pensent pas à ses effets néfastes sur l'homme. Le problème alcool n'est pas tenu en compte dans les stratégies de réduction de la propagation du VIH au Sénégal (cf. CNLS nouveau plan d'action 2008- 2011), ni dans le document stratégique national de réduction de la pauvreté (DSRP 2006 – 2010). Si des programmes s'intéressent aux liens drogues/VIH-Sida, tel n'est pas le cas pour l'alcool.

Seul, l'engagement et la collaboration entre les structures sanitaires, les communautés de bases et les partenaires au développement permettront de réduire la nocivité de l'alcool.

Contribution intégral: Nr. 167

Association des Badinga du Congo

Organisations non gouvernementales (ONG)

Pays: Democratic Republic of the Congo

Crédits ou un soutien du secteur de l'industrie des boissons alcoolisées? No

Nous avons constaté dans le cas de notre pays que l'usage d'alcool est du au fait que beaucoup de gens vivent dans la pauvreté la plus élevée et ils trouvent dans l'alcool un moyen de défoulement de leurs soucis. Mais nous pensons que cela n'est pas une raison valable car en prenant abusivement de l'alcool, ces gens détruisent leurs corps. Maintenant pour y mettre fin, il faudra envisager d'organiser des séminaires avec les personnes concernées pour leur faire savoir que l'abus d'alcool conduit à la mort et aussi chercher à occuper ces personnes par un travail lucratif.

Association for Healthy Lifestyles

Nongovernmental organization

Country: Finland

Funding or support from alcohol industry? No

Web site: <http://www.elamantapaliitto.fi>

Alcohol should be classified as a non-ordinary commodity. National governments should have the right to limit imports of alcohol. Price of alcohol should be increased by taxation faster than average income. Alcohol advertisement should be banned or limited to product information. Alcohol should be sold only to over 18-year-olds.

1. If we want to reduce alcohol related harm effectively, we have to influence on price (taxation), availability (import, off licence policy, on licence policy) and marketing (advertisement restrictions).
2. To classify alcohol as a non-ordinary commodity which should be excluded from international trade agreements in order to make possible for the national governments to restrict imports.
3. We can educate people to take control over their alcohol use and social workers, nurses and other professionals to talk about alcohol with people and to support them in their attempts to reduce alcohol use. We also have to be active in order to keep alcohol policy in the agenda of our government and parliament.

Associazione Eurocare Italia

Nongovernmental organization

Country: Italy

Funding or support from alcohol industry? No

Summary:

Eurocare Italia is a non profit non governmental organization working for the prevention and reduction of alcohol related harm. It is also member of EURO CARE – European Alcohol Policy Alliance. We greatly welcomes the WHO initiative for a global response to the complex and multi-dimensional nature of alcohol related harm.

On the basis of the experience at European level, having both the WHO European Framework and the EU Alcohol Strategy to support Member States, it is our conviction that a global alcohol strategy is also needed in order to give guidance and policy priorities to problem related to harmful use of alcohol.

Any effective intervention should be rooted in a comprehensive alcohol strategy, which should be evidence based, cost effective, providing an integrated approach across relevant sectors and government departments and at different levels, (national, regional and local). Integrated strategies should consist of a mix of effective interventions ranging from primary prevention to treatment and rehabilitation.

The reasons why a comprehensive strategy is needed lays on the evidence of the limited impact of policies that only support education, communication, training and public awareness. These programmes are mainly effective as a measure to reinforce awareness of the problems caused by alcohol and in preparing the ground for specific interventions and policy changes.

Based on these considerations and on the existing evidence, we believe that the following areas for interventions should be included in all strategies: reducing the affordability and availability of alcohol to protect public health; protecting children, the unborn child, and children in families with alcohol problems;; restricting or banning alcohol marketing and advertising; measures to reduce drink-driving; screening, early identification and brief interventions for harmful and hazardous alcohol consumption in a variety of health care settings; treatment and rehabilitation of individuals with alcohol problems.

Eurocare Italia is operating at local, national and European level through its membership in the European Alcohol Policy Alliance. The contribution in the reduction of alcohol related harm includes:

- Raise awareness among European, national and regional decision makers of the harms caused by alcohol (social, health and economic burden) and ensuring that these are taken into consideration in other policies
- Promote the development and implementation of policies based on the best available science, aimed at effectively preventing and reducing this burden
- Mobilise civil society to promote alcohol policies which safeguard individuals, the family and society from the harm done by alcohol

Non governmental organizations have a crucial role to play in alcohol policy consideration and action; through raising awareness of issues and related concerns, advocating change and creating a dialogue on policy.

Full text: Nr. 283

Bowen Center

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.bowencenter.org>

Summary:

I am an alcohol counselor who is also in recovery myself (15 years). Everyday I see the effects that alcohol abuse has on individuals who drink it, families who live with it, victims of driving accidents where alcohol was involved, children who have been removed from their biological parent because parent cannot/will not stop drinking. The list goes on and on.

Alcohol, if used incorrectly, can ruin lives in the blink of an eye. In the United States alone, over 65 people die every day from a direct result of alcohol involvement. That translates into over 23,000 lives taken each year from the misuse of alcohol.

The alcohol industry suggests "drink responsibly", but what does that mean? Does it mean 1 or 2 drinks? Does it mean the same thing before a person starts drinking as it does after they have had a few?

A suggestion for a solution is to have the alcohol industry allocate a percentage of their profits, (5% is a nice round number), to prevention and/or treatment. Why should the government have to clean up the mess of alcoholism while the alcohol industry makes more money than is imaginable. The alcohol industry owes it to their consumers to help those who got caught up by this addictive product.

Prevention, prevention, prevention. Treatment, treatment, treatment. If we stop or at least slow the demand, we will have more people living life the way it was intended to be lived.

Our organization can reward those who remain alcohol free. People need to be willing to submit to random alcohol screens. These screens could be paid for by the 5% of the alcohol industry's profits as mentioned earlier.

Full text: Nr. 213

Brazilian Association of Psychiatry

Nongovernmental organization

Country: Brazil

Funding or support from alcohol industry? No

Web site: <http://www.abpbrasil.org.br>

Alcohol Policies for developing countries: the City Hall role in Brazil

Recent data have shown that alcohol abuse among youth is high and has caused a premature death and disabilities in Brazil. The beverage industry has been dictating policies and the alcohol-related issue is continuing to increase.

To solve this huge public health problem it is important to accept the fact that different solutions are necessary focusing on developing countries. The first step is to organize a team of countries, to discuss evidences about effective local practices and put into action at once!

For large and developing countries some points must be considered:

1. A macropolicy will only determine the main guidelines, because a micropolicy is the right option for large countries: it adjusts regional disparities
2. To define specific strategies for regional or local policy is necessary to develop a regional or local survey as a main action
3. The policy coordination will be done by an external expertise and a local politician, because both are necessary to deal with the updated knowledge and local barriers
4. The micropolicy model must grow up based on local evidences and local resources
5. The micropolicy model must have multiple factors as local DALYS plus local social factors
6. An evaluation phase will be apply to observe intermediate results and difficulties, continuously, provided by an external team
7. Coordination and funding must be destined to the local government by the federal government
8. A frequent Forum must be developed to show experiences and organize multicentric projects
9. A Framework of Alcohol Policy has to be drawn up!

João Alberto de Carvalho - President of Brazilian Association of Psychiatry

Ana Cecilia Petta Roselli Marques - Addiction Department Coordinator

www.abpbrasil.org.br

Canadian Centre on Substance Abuse

Nongovernmental organization

Country: Canada

Funding or support from alcohol industry? Yes*

Web site: <http://www.ccsa.ca>

Summary:

A recent Canadian study estimated that the economic cost of alcohol-related harms was \$14.6 billion, based on 2002 figures. In response to public concern about the impact of alcohol-related harms, the Canadian Centre on Substance Abuse, the Alberta Alcohol and Drug Abuse Commission and Health Canada co-chaired the National Alcohol Strategy Working Group, which represented a wide range of alcohol stakeholders in Canada, including all levels of government, non-governmental organizations, addictions agencies, academia, Aboriginal and Inuit service organizations, and the alcohol beverage and hospitality industries. The Working Group produced a document entitled "Reducing Alcohol Related Harm in Canada: Toward a Culture of Moderation, Recommendations for a National Alcohol Strategy" (NAS) in April 2007. The NAS sets out a comprehensive, collaborative strategy that provides direction and 41 evidence-informed recommendations for developing a culture of moderate alcohol use with the aim of reducing alcohol-related harm. The current submission encapsulates the content of the NAS, which can be read in full on the CCSA website at [http://www.ccsa.ca/2007 CCSA Documents/ccsa-023876-2007.pdf](http://www.ccsa.ca/2007_CCSA_Documents/ccsa-023876-2007.pdf).

The NAS is not a static entity, but, rather, a process and a dynamic one—the outcome of ongoing consultations among parties with interests in the use and abuse of beverage alcohol from importing, production and distribution, to the enforcement of regulations and research on policy-relevant alcohol issues.

The overall aim of the NAS is to support the development of a culture in which moderate drinking dominates drinking practices, so that when and if people drink alcoholic beverages there would be a low likelihood of harm.

The NAS contains 41 recommendations in four broad areas for action:

- Health promotion, prevention and education, which aims to raise public awareness about responsible alcohol use.
- Health impacts and treatment, which aims to reduce the negative health impacts of alcohol consumption and addresses its contribution to injury and chronic disease.
- Availability of alcohol, which aims to implement and enforce effective measures that control alcohol availability.
- Safer communities, which aims to create safer communities and to minimize harms related to intoxication.

The NAS was developed and is being sustained by a variety of organizations that represent a broad base of support, as well as various interests with the capacity to address the range of issues included in the NAS. Governments, non-governmental organizations, health departments, law enforcement agencies and organizations representing alcohol beverage industries are involved in the NAS, contribute to it, and are kept up to date on NAS activities.

Ongoing harm-reduction activities in the four areas of action are described in the last section of this submission.

Full text: Nr. 92

Canadian Vintners Association

Nongovernmental organization

Country: Canada

Funding or support from alcohol industry? No information

Web site: <http://www.canadianvintners.com>

No summary available.

Full text: 203

Center for Science in the Public Interest

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: cspinet.org

Summary of Comments to the WHO on a Global Strategy to Reduce Alcohol Harm

The Center for Science in the Public Interest strongly supports the development of a Global Strategy to reduce harmful use of alcohol as a first step toward international initiatives to adopt an integrated, multi-sectoral, comprehensive, evidence-based policy approach to one of mankind's major public health challenges.

Global data document the severe toll of alcohol use on individuals and societies around the world and an evolving evidentiary research base suggests clear avenues for effective prevention policy approaches. Those policy approaches include (among others) higher taxes and prices; restrictions on alcohol marketing and product development; reducing the physical availability of alcohol; strict BAC limits for drinking and driving; minimum legal purchase age; certain, swift, and severe punishment for impaired driving; and screening and brief interventions for problem drinkers.

Global leadership is necessary to nurture and strengthen the public and political will to address alcohol policy issues in a constructive way. That leadership must help motivate, educate, train, coordinate, inform, and activate a global public health movement in support of relevant and powerful population-level policies to reduce alcohol harm. WHO should develop strong relationships with governmental and inter-governmental actors and agencies and help foster enhanced communication among NGOs, researchers, health professionals, and others who support alcohol policy initiatives around the globe. The Global Strategy must be focused as much on constituency identification, political education, organizational development and coordination, and political activation as it will be on the substantive content of effective alcohol policies.

Because of inherent conflicts of interests, "economic operators" (entities in the alcoholic-beverage industries and their representatives or surrogates) have no legitimate role in the development of alcohol policy, whether at the global, regional, or national level. Industry's involvement in alcohol policy, or in a Global Strategy to reduce harmful use of alcohol, should be limited to contributions that producers, distributors, vendors, et.al., can make toward implementing policies designed by public health oriented (non-commercial) actors. Accordingly, WHO has a responsibility both to limit industry's role in the development of the Global Strategy and to educate member states about the appropriate limits of industry participation in policy strategy development at the global, regional, and national levels.

The Global Strategy must consider regional and national social, cultural, and economic conditions, as well as national resource capabilities, and must start from the premise that alcohol is an extraordinary commodity possessing potentially addictive, intoxicating, and disease-inducing qualities. Ameliorative strategies that emphasize information campaigns, individual behavior change, or focus solely on aberrant or extreme alcohol consumption will be insufficient to achieve real and lasting public health gains. Nonetheless, an effective Global Strategy, as guidance for regional and nation-state interventions, may include information on less-than-effective informational and other policy measures that could complement a balanced range of evidence-based approaches.

The Center for Science in the Public Interest, both independently and as a member of the Global Alcohol Policy Alliance, is eager to assist in developing a Global Strategy and in contributing its resources to building an NGO constituency to reduce the global harmful use of alcoholic beverages.

Full text: Nr. 202

Center for SCREEN-TIME Awareness

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.screentime.org>

Summary:

With the growing impact of electronic (visual) media around the world, research suggests that it is a cause of growing abuse of alcohol and other substances.

If we are to hear the message of those fighting this abuse and addiction, then we first have to learn to take control of the very medium that promotes its use and abuse.

Center for SCREEN-TIME Awareness is the leading organization of its kind, helping people, organizations, communities and business understand the impact of electronic media on health, education, family, community and society. The information provided helps us put electronic media in its place, as a useful tool that we control, no longer permitting the objects to control us.

With the growing power of electronic media, including but not limited to television, computers, PDA, iPods and electronic games, we continue to see a world that is becoming more solitary and more sedentary. This leads to depression and a sense of failure which is leading people around the world to find other ways to escape, alcohol being one.

One way to reduce alcohol-related harm is to remove the need for abuse of the drug. By limiting time with electronic screens, we encourage more time with family, friends and other activities within our communities. This building of support decreases our need for escape.

Center for SCREEN-TIME Awareness offers the Universal Screen-Time Reduction is the place to start for reducing problems related to alcohol. We suggest this for several reasons:

1. The more time people spend with screened media, the more likely they are to abuse other substances, alcohol being one. By removing the promoter of the abuse, you help the situation.
2. Media images show us that use of alcohol is normal and part of the human condition. It challenges or confuses other messages from the medical and NGO community that suggest that alcoholism is a disease and a problem for families and societies. By reducing screen time and by being selective in the programs and games being used, there is a great ability to diminish the confusion and allow the positive and important messages to get through the clutter and reach the target audience.
3. The use of advertising in electronic media is the key to their business success and alcohol is a prime sponsor of many programs and events around the world. This is especially true of sports, which are often watched by the young and most impressionable.

From a local, regional and global perspective, universal screen-time reduction, as the underpinning of an overall strategy makes any and all other programs and strategic initiatives more successful. By controlling the message, by limiting the positive image of the problem, by increasing family and community time, we allow for systematic change.

Our organization offers several projects, plans and interventions that can compliment any and all governmental or NGO efforts in this area. Our most successful kickoff to change is our two TURNOFF WEEKS, one in April and one in September. This is a starting point allowing all other projects, programs and interventions to get a hold of the publics' imagination.

CISA - Center for Information on Health and Alcohol

Nongovernmental organization

Country: Brazil

Funding or support from alcohol industry? Yes

Web site: <http://www.cisa.org.br>

Summary:

Due to the need to prevent and avoid negative consequences of the excessive consumption of alcoholic beverages, the NGO CISA (Center for Information on Health and Alcohol) was created in April 2004 and has since become a reference in cataloguing and spreading to the general public, as well as health workers and the scientific community, impartial and reliable scientific data on alcohol consumption and its effects on health. CISA has reached its social role through a website (www.cisa.org.br), available in English, Spanish and Portuguese, and has also developed educational materials, such as videos and folders, regarding the prevention of alcohol consumption by children and adolescents and drunk driving.

These videos and folders have been distributed throughout Brazil, but nowadays CISA has received uncountable international requests. Furthermore, CISA has sponsored scientific researches in the field of alcohol and health, stimulating not only scientific knowledge production, but also Brazilian public policy planning.

Our visibility as a respected center for information may be understood by numbers. CISA's library has over 2000 titles (counting among them national and international scientific publications and official data); there are over 29000 monthly visits to our website and in 2008, over 800 DVDs as well as over 6800 folders and guides have been distributed. Surprisingly, CISA has only six employees who have been acting as a team since its foundation, making our actions come true.

CISA has established important partnerships with public and private services, strengthening our aims and reaching out to a greater public. Finally, through their activities, NGOs such as CISA must be comprehended as important ways to prevent alcohol abuse and its social impact.

Full text: Nr. 29

Commonwealth Medical Association

Nongovernmental organization

Country: India

Funding or support from alcohol industry? No

Web site: <http://commonwealthmedics.org>

Summary:

Commonwealth Medical Association (CMA) is a registered body in UK comprising of the National Medical Associations of commonwealth countries. Our member countries are 53 in number. CMA has a good mix of developed, developing and undeveloped countries. Hence transfer of knowledge and technology between them will be easier.

CMA works through its National Medical Associations (NMAs) in their respective countries by capacity building & knowledge transfer. CMA is affiliated with Commonwealth Secretariat & Commonwealth Foundation regarding projects and workshop with the aim of creating a “Healthy Commonwealth”. CMA is on an observer status at WHO. CMA coordinates with other Health professional organizations in Commonwealth like Nurses Federation, Pharmacist ‘s Association & Dental Association.

Commonwealth Medical Association contributes to the Commonwealth Health Ministers meeting which proceeds the WHA every year and also to the Commonwealth Heads of Government Meeting (CHOGM) once in two years.

CMA has developed an “Alcohol Policy for Commonwealth countries” to be adopted by respective National Medical Associations respecting their countries’ culture and environment. CMA is concerned with the growing incidence of Alcohol use by developing and under developed Nations in commonwealth because of the Health consequences more so about infections susceptibility like Malaria, Kala Azar, Dengue, HIV etc, ultimately leading to poverty in these countries which prevents the economic progress of these Nations.

Hence to reduce the current and future harms of Alcohol use in all the commonwealth countries and Globally, CMA strongly believes that effective Global Strategies are needed.

CMA welcome the opportunity given to participate in the Public Hearing and assure to support WHO in this vital Health Agenda.

Question 1: What are your view on effective strategies to reduce Alcohol Related Harm? Evidence based policies and Best practices in developed countries to be implemented Globally.

A. Reducing the availability:

- Uniform legal age for Alcohol Purchase and consumption. May not be possible Globally but Regionally possible must be kept at 23 yrs.
- Regulating the location and number of alcohol outlets.
- Government monopoly is supported.
- Restricting hours and days of availability .

B. Increasing Taxation reduces use of Alcohol

C. Drink Driving laws including BAC & Random Breath testing powers.

D. Ban on Direct or surrogate alcohol promotion messages.

“World No Alcohol Day” – October 2nd to be declared to respect the crusader on this issue; Shri. MG Gandhi from India. This will remind community about the Harms of Alcohol use.

Question 2: Best ways to reduce problems related to harmful use of Alcohol:

Population based policies are effective.

Strategies must embrace public health and policies must be drafted based on public health without commercial interventions.

Target young population and women globally more so for the developing world.

Recommends to WHO to call for a Framework convention on Alcohol control as FCTC because Alcohol contributes as must to death and disability as Tobacco.

Question 3: What CMA can contribute?

CMA as an umbrella body has National Medical Associations of 53 commonwealth countries. Hence a Health network of 53 countries is within CMA. Effective policies and scientific models can be percolated down to the public in developing world through Medical Associations. When strategies to reduce Health Harms are advocated through Medical profession public compliance will be good. CMA will strongly advocate public Health Based Alcohol control policies in Commonwealth Countries.

Dr. S. Arulrhaj, MD.,
President - Commonwealth Medical Association, UK

Full text: Nr. 218

Consumers' Association of Penang (CAP)

Nongovernmental organization

Country: Malaysia

Funding or support from alcohol industry? No

Summary:

CALL FOR FRAMEWORK CONVENTION ON ALCOHOL CONTROL

In view of the grave significance of the harm caused by alcohol, and some of the very similar approaches that both alcohol companies and tobacco companies take in promoting their respective products, we advocate that the problems related to alcohol should be addressed with at least the very same level of seriousness that is being adopted in the fight against tobacco use worldwide.

CAP calls for a Framework Convention on Alcohol Control.

This convention should lead to a clampdown on:

- Aggressive advertising,
- Various promotions that encourage increased consumption including contests, redemption schemes and “happy hour” offers,
- The sponsorship of sports events and variety shows,
- The use of women to promote products directly to customers,
- The sale of small bottles or packs of alcohol that make it more easily available to the younger generation and low-income earners,
- Attractively-packaged alcoholic “soft drinks” which is aimed at attracting the young to turn to alcohol,
- The serving of alcohol on national airline carriers,
- The duty-free status of alcohol at airports and other duty-free outlets, and,
- Alcohol companies carrying out campaigns on alcohol-related harm, giving out education scholarships, community research and other similar activities. (If alcohol companies are serious about doing good for the public, they should halt their alcohol business altogether).

Such a global endeavour should also see the following:

- A very steep increase in taxes and duties on alcohol, with the resultant increase in the sale price to deterrent levels – an effective means for keeping the product out of reach of most of the population. Any increase in smuggling activities should be tackled with effective enforcement.
- A licensing system that would curb availability, accessibility and use, especially in residential areas, family eating places and recreational areas. This system would limit the number and location of outlets allowed to sell alcohol. Licences would be subjected to yearly renewal. This renewal of licences could be blocked if any conditions of the licence are violated. These conditions could be clearly spelt out beforehand (for example, no sales to those below the permitted age).
- Health warnings that cover at least 50% of the packaging labels of alcohol,
- The setting of a minimum age limit for the purchase and use of alcohol where, those under 21 years of age would not be allowed to purchase or consume alcohol.
- Formal national policies and effective legislation and enforcement would back up alcohol control measures.
- Strong political commitment to develop and support the reduction and elimination of alcohol-related harm
- A more concerted effort to address the underlying problems that drive people to drink such as poverty and deplorable living and working conditions.

The measures for curbing alcohol-related harm would bear many similarities with those used for tobacco. There would be no need to “re-invent the wheel”. Precious time would be saved.

Full text: Nr. 313

Corporación Caminos

Organizaciones no gubernamentales (ONG)

País: Colombia

Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? No

Página web: <http://www.corporacioncaminos.org>

Las estrategias para reducir los daños relacionados con el alcohol deben considerar tanto el control de la oferta (disponibilidad) como la reducción de la demanda que debe involucrar acciones de prevención, mitigación y superación.

Las acciones de prevención deben hacer diferenciación en menores de 18 años (tolerancia cero) y población adulta.

El compromiso con la reducción de los problemas relacionados con el uso nocivo de alcohol desde una perspectiva mundial deben contar con la voluntad política de los gobiernos para controlar la disponibilidad (tal y como se ha hecho con el tabaco) dado que son ellos quienes manejan su producción y comercialización.

Las acciones de prevención de Corporación Caminos en los contextos escolar, laboral y comunitario incluyen el manejo seguro del consumo de alcohol para población adulta desde los principios del Saber Vivir/Saber Beber promulgados por el Ministerio de la Protección Social de Colombia y, desde el no consumo, en menores de 18 años, apoyados en la promoción de habilidades para la vida y estilos de vida saludables.

Desde los Programas de Protección y Rehabilitación se abordan los menores de edad y sus familias, con consumo experimental y abusivo de alcohol, respectivamente, con estrategias de suspensión del uso y reestructuración de su proyecto de vida.

Danish Alcohol Policy Network

Nongovernmental organization

Country: Denmark

Funding or support from alcohol industry? No

Web site: <http://alkoholpolitik.dk>

Summary:

The view of AL – the Danish Alcohol Policy Network – on what constitutes a good preventive alcohol strategy in general and a global strategy in particular can be summarized in these points.

According to new Danish surveys there is a great potential for structural initiatives – Danes welcome stronger limits for unhealthy life style.

1. Harm done by alcohol is a serious social and medical problem. Particularly important from a policy point of view is the harm caused to other persons than the drinker.
2. It is more humane to prevent harm than to wait until it has occurred. A comprehensive policy is needed, including both population based measures and action directed at risk groups and risky behaviour
3. It is important both to reduce total consumption of alcohol and to influence drinking patterns, eg to avoid intoxication.
4. A high price on alcohol, reduced availability and age limits are the most efficient instruments, both in reducing total consumption and in reducing problems.
5. Information about the effects of alcohol is important, but can not replace restrictions. Commercial alcohol advertising should be avoided as far as possible.
6. Alcohol is a losing affair economically for society. Alcohol related problems cause great costs. Attempts to defend increased drinking with arguments of employment or export incomes must be rejected.
7. Alcohol free zones: Alcohol should be avoided during childhood and adolescence, during pregnancy, in working life, in road traffic, in motor boats and in connection with sports.
8. Care should be financed by public bodies, but can be carried out by others
9. Treatment to be paid by the polluter – through governmental institutes.
10. Schools have an important role in prevention.
11. Alcohol research should be given increased resources.
12. It is important that the global strategy has a public health perspective and not a trade perspective. The influence of commercial alcohol industry should be limited, and the conflict between public health interests and the industry's goal to increase sales should be acknowledged.
13. Strong voluntary organisations give good support to alcohol policy.
14. The WHO needs resources to promote implementation of global and regional strategies against alcohol problems.

15. Alcohol is no ordinary commodity, which should be taken into consideration when forming international trade agreements and rules for economic cooperation. States that want to carry out alcohol policies that are more ambitious than those agreed by economic or trade unions should not be prevented from doing so.

AL is a network of voluntary organisations in the alcohol field and social work in Denmark. We work to strengthen the support for alcohol policies based on solidarity and scientific evidence in our countries. We do that by bridging the gap between voluntary organisations, civil society and official bodies. We do that through our websites and magazine we can spread knowledge about alcohol problems and efficient preventive policies and support other voluntary organisation.

Full text: Nr. 195

Drug Free Highlands

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.drugfreehighlands.org>

Summary:

We are a coalition of our community stakeholders, began in December 2003 and dedicated to the reduction of substance abuse in our county. While the majority of our resources are in-kind and volunteers, we currently are funded under the Strategic Prevention Framework - State Incentive Grant. Our focus, based upon research, is that underage drinking is the major substance abuse problem in our county. Our main focus is on our middle and high school students. For the individual, we employ evidence based curriculum and for the county, we are focusing on environmental strategies for change.

We believe the most effective strategies to reduce alcohol-related harm is evidence based curriculum for the individuals. For the community at large, environmental strategies are the most effective.

From a global perspective, the best ways to reduce problems related to harmful use of alcohol would also benefit from evidence based curriculum for individuals, environmental for the communities and then acceptance by all member organizations to support these strategies. There is strength in numbers and it is encouraging to see WHO tackling this problem in a united manner.

Our organization is currently dedicated to reducing the harmful use of alcohol in our community. We are partnered with other coalitions in our state to work in a united manner towards the reduction of the harmful use of alcohol.

Drug-Free Action Alliance

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://drugfreeactionalliance.org>

Drug-Free Action Alliance is a private nonprofit organization serving the State of Ohio, USA. We believe that changing the environmental or social norms is one of the most effective strategies to reduce the harmful effects of alcohol. We believe in policies that prohibit advertising alcohol to youth, that the minimum drinking age should be no younger than 21, in policies that reduce the availability of alcohol and policies that prohibit promotion of high-risk drinking. We believe that policies should be consistently enforced. We believe in public awareness campaigns to spread the word about both policies and enforcement. We believe that alcohol should not be associated with holidays and festivals.

We are able to make a contribution to reducing the harmful use of alcohol through our programs that (1.) work with colleges and universities to form campus/community coalitions to address high-risk drinking among college students (2.) Public information campaign targeting parents about the health and legal consequences of providing alcohol at teenage parties (3.) Targeting parents of middle-school age children (10 - 15) about how to talk to their children about not using alcohol (4.) Helping community groups build coalitions to address the substance use problems in their communities.

Éduc'alcool

Organisations non gouvernementales (ONG)

Pays: Canada

Crédits ou un soutien du secteur de l'industrie des boissons alcoolisées? Oui

Adresse du site Web: <http://www.educalcohol.qc.ca>

Résumé de la contribution:

Vers la culture de la modération.

Éduc'alcool est un organisme du Québec qui mène des actions de prévention, des programmes d'éducation et des campagnes d'information pour promouvoir la consommation modérée et responsable de l'alcool chez les buveurs modérés et les buveurs à risque, excluant les alcooliques.

Le slogan d'Éduc'alcool reflète bien la mission de l'organisme : « La modération a bien meilleur goût /Moderation is always in good taste ». Au Québec, c'est devenu une expression courante et consacrée, un proverbe dont le taux de notoriété, mesuré selon les normes en vigueur, dépasse les 95 %.

Éduc'alcool a mis sur pied de multiples programmes et projets s'adressant à une multitude de groupes cibles. Il a, au fil des ans, acquis une crédibilité et une reconnaissance incontestables à la fois au pays et à l'étranger.

Éduc'alcool croit que la prévention et l'éducation, associées à d'autres mesures, constituent un apport significatif à la réduction de l'usage nocif de l'alcool dans la société. Cette conviction, il la tient de ses 19 années d'actions sur le terrain, des évaluations d'impact qu'il mène sur chacun de ses programmes, de l'Observatoire de la relation des Québécois à l'alcool, une enquête épidémiologique sur divers aspects de la consommation d'alcool qu'il mène tous les cinq ans au Québec, et sur les comparaisons faites avec les autres provinces du Canada.

L'organisme fonde son action de prévention sur des principes de base suivants :

- L'alcool est un produit à nul autre pareil. Il peut être agréable et même bénéfique, mais c'est le modèle de consommation qui en est le déterminant.
- Contrairement au tabac, par exemple, il existe un niveau sécuritaire de consommation de l'alcool.
- L'alcool a droit de cité dans la société et il fait partie de nos vies, mais il peut être associé à des problèmes et créer des dépendances. C'est un produit à risque.
- Les producteurs doivent donner le « mode d'emploi » des produits qu'ils mettent en marché et l'industrie de l'alcool est responsable de la manière dont elle commercialise ses produits.
- Les gens sont responsables de leurs choix. Ils doivent être traités en adultes et en personnes responsables.
- La relation des gens à l'alcool est affaire de culture; elle n'est pas biologiquement déterminée. Cette relation peut être saine ou malsaine, selon les normes qui prévalent dans la culture.
- Il faut faire passer les gens de la culture de l'ivresse à celle du goût; du « je bois pour me soûler » au « Je bois parce que j'apprécie ce que je goûte ». Le passage se fait par la promotion de la culture de la modération.
- Il faut conduire les buveurs non pas à boire plus, mais à mieux boire.
- Il faut proposer des repères quant aux quantités qui, pour les femmes et les hommes, constituent une consommation modérée.

Les stratégies les plus efficaces sont celles qui :

- ont des objectifs socioculturels clairement déterminés et toutes les actions entreprises doivent concourir à leur atteinte;
- s'inscrivent dans la durée et sont conçues dans une approche à long terme;
- sont mesurées à la fois sur une base opérationnelle et sur une base populationnelle;
- prennent en compte la réalité des cultures et des comportements des sociétés;
- font confiance à la capacité des gens de faire des choix.

Contribution intégral: Nr. 119

EMNA

Nongovernmental organization

Country: Italy

Funding or support from alcohol industry? No

Web site: <http://www.emna.org>

Summary:

EMNA represents a large group of citizens in Europe that are directly affected by the harm done by alcohol consumption. Two of the objectives of EMNA are to raise awareness of the importance of mutual help groups and

community programmes at European level, and second to give people affected a voice. We are therefore grateful for having the opportunity to address the W.H.O. on this topic.

Full text: Nr. 58

Entreprise & Prévention

NGO

Pays: France

Crédits ou un soutien du secteur de l'industrie des boissons alcoolisées? Oui

Adresse du site Web: <http://soifdevivre.com>

Résumé de la contribution:

L'objectif d'une politique de santé en matière d'alcool doit être la lutte contre l'abus et non contre l'usage. La prévention doit se concentrer sur les risques liés à une consommation excessive ou inappropriée. Elle doit agir en priorité vers les populations sensibles et sur les situations dangereuses. Elle doit associer les professionnels car ils sont soucieux du bon usage de leurs produits, sont déjà engagés dans la prévention et sont proches des consommateurs.

Contribution intégral: Nr. 266

EUROCARE (The European Alcohol Policy Alliance)

Nongovernmental organization

Country: Belgium

Funding or support from alcohol industry? No

Web site: <http://www.eurocare.org>

Summary:

Alcohol is a major contributory factor in injuries, accidents, abuse violence; and inequalities between and within countries in the EU.

Alcohol related harm is however a global issue and therefore we believe there would be an added value in having a global alcohol strategy that provides guidelines and sets out policy priorities, and supports MS in preventing and reducing alcohol related harm.

Both the 'Framework for alcohol policy in the WHO European Region' and the EU Alcohol Strategy have proven the need for, and showed the benefit of coordinated action, and provided impetus for action.

1.- A comprehensive alcohol strategy should be public health oriented, evidence based, and overall cost effective. It should:

- be underpinned by an integrated approach across relevant sectors and government departments at different levels
- assess the scale of the problem
- include targets/objectives and a structure for implementation/monitoring including clear responsibility/accountability

Integrated strategies should consist of a mix of effective interventions: Reducing affordability and availability; Regulating alcohol marketing; Drink-driving countermeasures; Opportunistic screening and brief interventions ; Treatment and rehabilitation; Education, and awareness raising.

A global strategy would provide a common framework and a knowledge base for all WHO MS. It should be adaptable to the differing national, religious and cultural contexts, as well as to the diverging public health problems, needs and priorities, and discrepancies in resources, capacities and capabilities.

2.- Two of the main objectives should be to provide support to MS and increase awareness worldwide of the harm caused by alcohol.

There are cross-border issues that require global action and that have emerged as worldwide concerns, which need to be addressed by an overarching global framework for action.

One central task for the WHO will be to provide the knowledge base for WHO Member State actions, and provide the impetus for local, national, and international action.

Areas in which the WHO can take the lead: Strengthening evidence base; Ensuring adequate data collection; Further developing Global Burden of Disease study; Supporting further research etc

3.- Eurocare is a network of 50 NGOs across Europe. Members are involved in the different branches of alcohol work. Our main objectives are to: Raise awareness among decision makers of the harms caused by alcohol; Bridge the gap between science and policy; Mobilise civil society to promote effective alcohol policies. Eurocare believes in the participation of civil society organizations without conflict of interests in alcohol policy development, as a counter-influence to the vested trade interests, which might otherwise dominate political decision-making.

Eurocare could support the implementation of the strategy by:

- Advocating the implementation of evidence based alcohol policies and promote coalition building at both national and EU level.
- Mobilising civil society in supporting the implementation of the strategy
- Providing independent monitoring of the implementation of the strategy at the European level.
- Translating the evidence into policy recommendations
- Being a one stop resource for European information and analysis. Disseminate it through our website, newsletter and events.
- Hosting a data base of EC funded projects in our website

Full text: Nr. 124

European Public Health Alliance

Nongovernmental organization

Country: Belgium

Funding or support from alcohol industry? No

Web site: <http://www.epha.org>

Summary:

EPHA would like to highlight the importance of having a global alcohol strategy proposed by the WHO and Civil Society Organisations. This Global Alcohol Strategy can be a first step to bring alcohol related policy high on the political agenda.

The Strategy can bring clear evidence-based guidelines for WHO Member States to introduce policies aimed at preventing and reducing alcohol-related harm must be supported by a strong leading role for the WHO.

The principal task for the WHO should be to provide the knowledge base for the Member States to be able to enact policy changes at national and regional levels.

By taking the lead on developing an alcohol strategy, the WHO can provide a framework that allows for adequate data collection, supports further research (including research on policy implementation) and encourages integrated strategies.

Full text: Nr. 326

European Working Group on Treatment of Alcohol Dependence

Nongovernmental organization

Country: Hungary

Funding or support from alcohol industry? No information

Web site: <http://www.tegyesz.hu>

The EWGTAD has learned about the Resolution WHA61.4 and the Report by the Secretariat to the 61st World Health Assembly and submits herewith its contribution.

1) The development of a global strategy to combat the harmful use of alcohol is greatly appreciated. A global strategy on reducing harmful use of alcohol signals an acknowledgement of the seriousness of the problem. It will raise the awareness of the problem in governments and in the public at large and it will enable a more rational approach of the problem. It will also contribute to lessening the stigmatisation of the problem drinker and thus improve the opportunities for interventions through the health care system.

2) A global strategy must first help to create an environment with a high level of protection against possible harmful use of alcohol for individuals and communities. A high level of protection implicates a comprehensive package of measures empowering people through education and information to make healthy choices and through regulating the physical and psychological availability of alcohol, including control of marketing in general. A healthy socio-psychological environment has no pressures to drink; a high level of protection implicates also socially approved restrictions on availability of alcohol for population groups at elevated risk for harmful use such as young people, pregnant women, mentally handicapped persons and people who are or have been alcohol-dependent.

3) A global strategy needs to provide a legitimization, a framework, and an encouragement for those who suffer or who have suffered from the consequences of harmful use of alcohol to raise their voices in the development of national and local policies to reduce harmful use of alcohol. So far, their voice is not, or hardly heard in public debates about alcohol policies in most European countries and communities.

4) A global strategy needs to point at the need to balance the amount of training for health and welfare professionals, which is to be provided on this subject, to the size of the problem in the daily practice of these professionals. Education and training on management and prevention of harmful use of alcohol needs to be routinely incorporated in curricula for health and welfare professionals. It is a well-known fact that to date the amount of education and training on this subject provided by schools and universities training health and welfare professionals does not reflect the amount of problems encountered in the daily practice by these professionals.

5) Given the evidence on the effectiveness of early interventions a global strategy must include the promotion of early interventions in primary health care. There is now a solid scientific and practical basis of the positive impact of early diagnosis and early intervention. At international, national and sub-national levels programs must be developed to enable system wide application of early diagnosis and early interventions.

6) Treatment and management of alcohol dependence and related disorders has to be given much higher priority within the health care system, both in terms of funding, standing and in terms of capacity building in this regard. The long waiting lists that exist in many countries and communities for people who are prepared to undergo specialised treatment plus the relatively poor quality of many treatment centres adds unnecessarily to the burden of the problem.

False Bay Therapeutic Community Centre

Nongovernmental organization

Country: South Africa

Funding or support from alcohol industry? No

Full text: 193

FASawareUK

Nongovernmental organization

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? No

Web site: <http://www.fasaware.co.uk>

FASawareUK share the message of informed choice. If you are thinking of getting pregnant or are pregnant. Think before you drink the damage can last a life time.

There are no two women the same. The only safe message to share is NIL alcohol in pregnancy to ensure a positive outcome.

Ways of sharing the message for all to see:

1. Point of sales and point of consumption warnings on the dangers of drinking before, during and after pregnancy if you are nursing.
2. Legible warnings on containers and in advertisements....whether printed or on television.
3. Information posters in clinics, dental offices, pharmacies and any office or are where medical care is involved.
4. Warnings on all pregnancy testing kits, contraceptive packages, condoms.

The only way is information, spelt out strong and clear.

It only takes 2 glasses per day, 14 drinks on average per week or four or more on any one occasion to produce a child with full FAS which means there will physical and behavioral problems....

FDI World Dental Federation

Nongovernmental organization

Country: France

Funding or support from alcohol industry? No

Web site: <http://www.fdiworldental.org>

Summary:

The FDI World Dental Federation, the worldwide, authoritative voice of the dental profession and in official relations with the WHO, welcomes the initiative of addressing the global burden of alcohol related disease and

public health problems. The FDI World Dental Federation has recently adopted a new policy statement on oral cancer stating that "oral cancer is a major global health problem" (1).

The FDI recognises the important role of health professionals, including dentists, in the areas of early intervention and treatment, risk reduction and health education, as well as surveillance and risk assessment. We support all efforts with regards to public policies addressing sale, marketing, trade and other measures aiming at reducing alcohol use. In this context health professionals can and should be active and effective advocates for healthy environments and healthy lifestyles.

We wish to draw special attention to alcohol consumption as a key risk factor for oral cancer. The global burden of oral cancer is high, particularly in male populations and in low- and middle-income countries, where treatment is the least available. The WHO's Global Oral Health Unit has issued and co-authored important documents, such as the Crete Declaration on Oral Cancer Prevention 2005 (2) and others (3) highlighting the neglected state of oral cancer in the context of chronic diseases and global cancer control.

The World Health Assembly resolution WHA60/R17 urges WHO member states, among other matters, "to take steps to ensure that prevention of oral cancer is an integral part of national cancer control programmes, and to involve oral-health professionals or primary health care personnel with relevant training in oral health in detection, early diagnosis and treatment" (4). The FDI vigorously supports this statement and recommends including oral cancer in all considerations related to the draft global strategy.

References:

1. FDI World Dental Federation. Oral Cancer. FDI Policy Statement, Stockholm 2008 Available at: http://www.fdiworldentalorg/federation/assets/statements/ENGLISH/2008/Oral_Cancer.pdf
2. Hellenic Cancer Society, International Congress on Oral Cancer, Hellenic Association for the Treatment of Maxillofacial Cancer, World Health Organization. The Crete Declaration on Oral Cancer Prevention 2005 - a commitment to action. Available at: http://www.who.int/oral_health/media/orh_crete_declaration_april05.pdf
3. Petersen PE. Strengthening the prevention of oral cancer: the WHO perspective. *Community Dent Oral Epidemiol.* 2005;33:397-399.
4. World Health Organization. Oral health: action plan for promotion and integrated disease prevention. World Health Assembly Resolution WHA60/R17 2007.

Full text: Nr. 327

Fetal Alcohol Information Network

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: http://www.geocities.jp/fas_japan/

The FAS Information Network works to inform the public about the dangers of drinking before, during and after pregnancy. The FAS Information Network feels that public information and education are the best ways to accomplish this. The FAS Information Network sends out, free of charge, published journals, books and governmental reports to individuals, organizations and countries that require information on Fetal Alcohol Syndrome/Spectrum Disorders [FAS(D)] and we provide speakers for conferences.

Fetal Alcohol Syndrome/Spectrum Disorder [FAS(D)] is a neurological disorder that occurs in the fetus or baby when the mother drinks 2 or more drinks per day, 14 drinks on average per week, or four or more drinks upon one occasion. The manifestations of FAS(D) can be both physical and behavioral. The behavioral problems are both numerous severe but can be best characterized as stated by Dr. Ann Streissguth of the University of Washington Fetal Alcohol and Drug Unit as "Bad judgment and the inability to connect an action with its consequences."

Initial efforts at information and prevention generally considered to be most effective are:

- (1) Public service announcements on television, radio, signs in public transportation vehicles and stations.
- (2) Point of sales and consumption signs warning of the dangers of prenatal alcohol consumption.
- (3) Informational posters in clinics, pharmacies, dental offices, ophthalmology clinics, post offices and other public places.
- (4) Warning labels on containers of alcohol beverages and all advertisements regarding the sale of alcoholic beverages.
- (5) Educational programs at the grade school level and in textbooks for all grade levels in elementary schools, middle schools, high schools and universities.

Fetal Alcohol Syndrome/Spectrum Disorders is one of the most preventable of alcoholic diseases. And yet, with the spread of western civilization, it is a fast growing problem especially in developing countries. The dissemination of information is the best way to combat the increase in this worldwide problem.

Fetal Alcohol Spectrum Disorders Ireland

Nongovernmental organization

Country: Ireland

Funding or support from alcohol industry? No

Web site: www.fasd.ie

Summary:

The rising tide of concern about undesirable outcomes of alcohol consumption must also lift the boat containing the entire range of Fetal Alcohol Spectrum Disorders. FASDs have harmed many, many people, possibly 1% of the world's population.

We owe it to children around the entire world, because they and their descendants are the future, and deserve the chance to have the best start possible in life.

There is a need for comprehensive goals to address the challenges arising for all persons with any of the conditions among Fetal Alcohol Spectrum Disorders. It is insufficient to merely acknowledge and address FAS alone.

There is a need for world-wide information-sharing in order to effect best practice multi-modal system diagnostic tools, to address the diagnosis, the epidemiology and the prevention and treatment of FASD, not simply on grounds of health alone, but for the prevention of risk, however slight, of educational disability, and social dysfunction.

Women have a right to know that alcohol can cause damage in pregnancy, but they also have a right to choose what they consume in pregnancy

Women have a right to support and services to help them stop drinking alcohol if they cannot easily choose to do so.

Babies, children young people and adults with any of the FASDs have a right to condition-specific assessment, management and treatment.

It is insufficient to simply regard FAS as the 'worst outcome' - those with ARND are much likely to have received diagnosis, and therefore early intervention, so those with ARND, for example, will most likely have ongoing problems throughout life, and will be misunderstood.

Where birth defects or subsequent physical anomalies are present, it is good practice to look and see if there was alcohol in the prenatal history. This is important so that only can the possibility of FASDs be flagged, ensuring that they will be less likely to be missed, but appropriate measures can then be factored into treatment plans.

Ongoing research re prevalence, etc., etc., needs to be prioritised so that the occurrence of FASDs, which are the world's leading cause of non-genetic learning disability, can be minimised.

There is an old Irish (Gaelic) saying, Tús maith, leath na h-oibre, meaning a good start is half the battle. Prenatal exposure to alcohol means that a lot of people, c. 1% of the world's population have had to struggle because of alcohol since before they were born.

Full text: Nr. 286

Finnish Health Association

Nongovernmental organization

Country: Finland

Funding or support from alcohol industry? No

Web site: <http://www.terveysry.fi>

Summary:

There are moments in people's lives with strong desire for specific knowledge. One of them is achieving an age of 15 and getting driving license for a moped. Drinking alcohol is kind of initiation for young people too Interest for parties and interest for moped rise at the same age. At Finnish Health Association we have figured out why not bring moped and alcohol issues together in education? We organize every year almost 100 courses at schools under title of moped and traffic safety. However the main topic at courses is alcohol prevention. That is the frame which really interests young people.

Full text: Nr. 227

Food Industry Secretariat of the Independent Self-governing Trade Union "Solidarnosc"

Nongovernmental organization

Country: Poland

Funding or support from alcohol industry? No

Web site: WWW.SOLIDARNOSC.ORG.PL/SPSP0Z

No summary available.

Full text: Nr. 149

FORUT, Campaign for Development and solidarity

Nongovernmental organization

Country: Norway

Funding or support from alcohol industry? No

Web site: <http://www.forut.no> and www.add-resources.no

Summary:

As a development agency with more than 25 years of experience in Asia and Africa, FORUT has learned that alcohol constitutes a double-sided problem in the developing world: On one hand drinking is a severe and additional burden to the poor and underprivileged. On the other hand we see new drinking habits and increasing consumption levels among a growing middle-class.

The health consequences of harmful alcohol use are well documented by research and pointed out in several official WHO documents and will not be elaborated here. The evidence base for intervention is also strong:

- The most effective approaches to reducing alcohol problems regulate alcohol's availability and the conditions of its use.
- The research evidence clearly indicates that governments possess the powers and policy levers to reduce and prevent alcohol problems.
- Developing systems for regulating the alcohol market to reduce alcohol related problems is an essential task for developing states.
- The following objectives could be proposed for intervention:
 - Reduce population consumption, including delay initiation of drinking among youth
 - Reduce heavy alcohol use and minimise harmful patterns of consumption
 - Change harmful behaviours associated with alcohol use

The obvious 'owner' of a national strategy is the state, and often this responsibility is placed in the Ministry of Health and/or Social Welfare. We would state along with the WHO Expert Committee that the contribution the alcohol industry can make to the reduction of alcohol-related harm is only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion. (Recommendation no. 9)

There is also substantial documentation on the effects and effectiveness of various alcohol control policies in the WHO documents mentioned earlier. We will only here point to Babor et. al. who in *Alcohol: No ordinary commodity* draw up a list of 10 policy option best practices. Taxes to influence the price of alcohol and limitation in availability are two strong sets of measures. The research evidence on the impact of alcohol advertising, particularly on youth, has become much stronger in the past six years. Given this evidence base it is critical that the strategy address this topic from a public health perspective.

There are indications though that where there is popular support for control policy interventions the effect of regulations will be more effective. Thus, these information activities should be tuned towards increasing the understanding of the problem and increasing legitimacy of alcohol regulations. The existence of a large illicit component in the alcohol consumption in many developing countries may complicate the matter. Still, this should be an argument for adapting alcohol policies to the local situation, rather than a justification for doing nothing.

WHO should take the global leadership in reducing harm from alcohol and to do that WHO need to be adequately resourced.

As an international development agency and an active civil society organisation, FORUT contributes to reducing harm from alcohol will be both in capacity building, integration of prevention activities and advocacy.

Full text: Nr. 153

Friends of Temperance, Finland

Nongovernmental organization

Country: Finland

Funding or support from alcohol industry? No

Web site: <http://www.raitis.fi>

Summary:

Friends of Temperance, Finland

Tom Anthoni

The big picture.

Alcohol is no ordinary commodity. Alcohol industry and free trade cannot be allowed to rule, with health sector policy makers nibbling at the edges. Limiting the harms of alcohol is not only a project for the health sector. It is a project for all sectors of society. Alcohol directly or indirectly affects everyone. So in the long run, we are all stakeholders.

In order to effectively reduce harmful use of alcohol in any society, you must be able to take decisive actions which reduce the total consumption of alcohol because total consumption and the amount of harm are closely related. These kinds of changes encompass a variety of measures aimed at reducing the role of alcohol. In fact, alcohol should be less present in everyday life. It is not an inevitable fact that we must adjust ourselves to increasing alcohol deaths, injuries, violence in families, children and youth dropping out etc. Alcohol policy makers must have the courage to use effective measures that are known to work.

The measures that work: effective strategies to reduce alcohol-related harm

1) Price and availability: prevention and protection of youth

From a global perspective, high alcohol prices and strict regulations on the availability of alcohol are measures that work. To name a few, these measures include high taxes, regulation of the number of alcohol outlets, age controls, drink-driving policy enforcement. "Alco pops" and other alcoholic beverages favoured by youngsters, such as beer, should carry a surplus tax.

2) Marketing: a worldwide ban on advertising like tobacco

Science advises us that alcohol advertising should be very limited, because it recruits young people as drinkers and upholds positive attitudes toward alcohol in the adult population. In fact, alcohol advertising should be totally banned. A worldwide ban on alcohol advertising, like tobacco, would be an effective strategy.

3) Control of the alcohol industry

The alcohol industry does not want to reduce alcohol consumption. Therefore the aims of the alcohol industry contradict the policies of public health that strive to reduce alcohol consumption and alcohol-related harm. Research funded by the alcohol industry cannot be equal to research done by governmental institutions and NGO's. When aims of the alcohol industry affect research they are never in line with the objectives of public health.

Also, alcohol industry representatives should not be allowed to participate in public health decision-making aimed at reducing the consumption of alcohol and alcohol-related harm.

Alcohol industry should openly tell about the research it supports and the amount of funds and methods it uses in alcohol advertising. As it is now, messages are blurred, deliberately.

4) Political commitment and public awareness: support for critical action against alcohol

Effective and lasting results can be reached only when policy makers show real commitment to limit the role of alcohol in society. Civil society must be supported in its efforts to take critical action against alcohol. Developing countries must be supported in developing their alcohol policy legislation. Countries with existing and longstanding alcohol policy legislation must enforce their laws.

5) Education

Information about alcohol, properly adapted to the age of the child and youngster, is the responsible task for all educators, from early childhood on. Various education campaigns support the aims of public health to reduce alcohol-related harm.

6) Health sector

The health sector is encouraged to take a more active preventive role. Physicians can do a lot in primary prevention and early detection of alcohol problems.

Full text: Nr. 118

Funadación de Investigaciones Sociales, A.C.

Organizaciones no gubernamentales (ONG)

País: Mexico

Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? Yes

Página web: <http://www.alcoholinformate.org.mx>

Resumen de la contribución:

La Fundación de Investigaciones Sociales, A.C. (FISAC) creada en 1981 con la misión de promover el conocimiento y la responsabilidad respecto a las bebidas con alcohol, apoya la elaboración de una estrategia mundial para reducir el uso nocivo del alcohol y el contenido de la resolución 61.4 de la Asamblea de la Organización Mundial de la Salud.

FISAC tiene como ejes rectores de sus actividades, incluyendo sus campañas de prevención y educación, tres áreas específicas sobre las que trabaja consistentemente:

- Si manejas; no tomes.
- No venta, suministro y consumo de alcohol a menores.
- Respeto a la abstinencia, moderación en el consumo y prevención de riesgos.

Con el fin de prevenir los riesgos asociados al consumo irresponsable y al abuso de bebidas con alcohol, ha creado y puesto en práctica un curso taller denominado Talleres Interactivos Para la Promoción de la Salud (TIPPS) para promover estilos de vida saludables, el cual ha probado ser muy exitoso y efectivo. TIPPS ya ha sido evaluado cuantitativa y cualitativamente con estudiantes de educación media, obteniendo cambios favorables en la actitud respecto al consumo responsable, la prevención de riesgos y el respeto al no bebedor.

El programa TIPPS capacita promotores de salud; orienta la formación de valores; integra los aspectos bio-psico-sociales y espirituales del individuo; fortalece factores protectores y fomenta la capacidad de autocuidado, el apoyo mutuo y la promoción de la salud pública e individual, incluyendo la participación de instituciones de educación, empresas del sector y grupos organizados de la sociedad que puedan propagarlo.

FISAC se ha apoyado desde su origen por un Comité Científico que reúne a prestigiados investigadores, profesionales y especialistas en materia de salud y cultura y tiene un convenio con la Universidad Anáhuac para instrumentar diversas acciones de investigación y promoción que deriven en campañas educativas con impacto en todos los sectores sociales para evitar el uso inadecuado y abusivo de bebidas con alcohol.

FISAC promueve Campañas masivas de prevención y recientemente incrementó significativamente la relación con medios de comunicación electrónicos, impresos y de la Internet para dicho fin. También ha fortalecido su vínculo con la Secretaría de Seguridad Pública con cuya participación realizó la promoción del "Programa Conduce Sin Alcohol".

Dentro de las regulaciones para el sector de la Industria de Bebidas con Alcohol consideradas por la Comisión Federal para la Prevención de Riesgos Sanitarios (COFEPRIS), se ha establecido como norma obligatoria la inserción del sitio web del Portal de FISAC (www.alcoholinformate.org.mx), que aparece en todos los espectaculares publicitarios de bebidas con alcohol, Portal Informativo muy completo sobre el tema del alcohol que ha recibido más de 25, millones de visitas desde su creación en 2001.

El Centro de Investigación Documental, (CID) de FISAC cuenta con una base documental y bibliográfica física y digital muy amplia en materia de investigación científica sobre el tema del alcohol; la base de datos de disposiciones legales (desde 1910) más completa en el territorio nacional; una videoteca y audioteca con las principales campañas mundiales de prevención y educación.

Contribución íntegra: Nr. 264

Fundación Alcohol y Sociedad

Organizaciones no gubernamentales (ONG)

País: Spain

Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? Yes

Página web: <http://www.alcoholysociedad.org>

Resumen de la contribución:

Desde la Fundación Alcohol y Sociedad apostamos por estrategias preventivas, basadas en la educación y la formación, como únicas herramientas eficaces para combatir el consumo de alcohol en jóvenes. Ponemos el acento en intervenciones basadas en la reducción de la demanda, potenciando la influencia de los factores de protección y minimizando la influencia de los factores de riesgo. Por ello, creemos necesario implicar a todos los actores sociales buscando un consenso social, político y empresarial, que abarque no sólo el ámbito público, sino que incluya la iniciativa privada.

La Fundación Alcohol y Sociedad fue creada en el año 2001 por la Federación Española de Bebidas Espirituosas, con el objetivo de luchar contra el consumo de alcohol en menores de edad. Actuando de forma independiente, con vocación de servicio público, perseguimos un triple objetivo: reducir el número de adolescentes que beben alcohol, retrasar la edad de inicio en el consumo y reducir la cantidad de alcohol que consumen aquellos adolescentes que ya beben. Así, en el año 2001 surge el Proyecto Alba, una amplia investigación sociológica que se prolongará hasta el año 2004, con un acumulado de 22.000 entrevistas realizadas, de las que se obtienen datos actualizados sobre la realidad del mundo adolescente, y su relación con el alcohol.

A través del Proyecto Alba surge una acción preventiva de formación, conocida como Programa Pedagógico Adolescencia y Alcohol, un programa dirigido a adolescentes de 12 a 18 años, que lleva obteniendo excelentes resultados, desde el curso académico 2001-2002 donde han participado 1.150.562 alumnos en más de 2.600 centros escolares. Cuenta con el respaldo y apoyo de la Universidad de Barcelona, a través de la Fundación Bosch i Gimpera, dando su aprobación en la creación de las técnicas y materiales empleados.

Contamos a su vez con el Programa Pedagógico "Las Caras del Alcohol", estructurado bajo la Web www.lascarasdelalcohol.com.es creada a nivel europeo en la primavera del 2005 por iniciativa de la organización European Forum for Responsible Drinking en colaboración con The European Association of Communications Agencies (EACA), recibiendo el apoyo de la Asociación Europea de Profesores, Fundación Generación Europea y la Confederación de Organizaciones de Familias de la Unión Europea (COFACE).

Por último, desarrollamos, Charlas o Escuelas de familias, donde pretendemos facilitar información rigurosa y verídica sobre el alcohol y la adolescencia, e implicar a padres y madres en la prevención del consumo de bebidas alcohólicas por parte de los menores.

Contribución íntegra: Nr. 280

Fundacion Prever

Organizaciones no gubernamentales (ONG)

País: Columbia

Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? No

Resumen de la contribución:

El consumo de alcohol en mi país, según estadísticas oficiales se inicia a los 12.3 años, de edad, lo que encontramos en nuestra institución en el programa de tratamiento ambulatorio para jóvenes, es que esta edad se ha ido reduciendo, actualmente los y las jóvenes que llegan a tratamiento presenta un uso de tipo socio cultural entre los 8 a los 10 años, dado por las propias familias al desconocer las consecuencias de este inicio, por falta de programas de prevención más contundentes para evitar que la población menor de edad se inicie en etapas tan tempranas.

Aunado a lo anterior encontramos que el uso disfuncional de alcohol según las características de la OMS, se presentan entre los 13 a los 17 años, dependiendo de condiciones familiares, comunitarios y escolares, donde no existe una política clara de prevención y el alcohol es visto como "una bebida inocua". Los alcoholes más ingeridos en su orden por nuestros jóvenes son: cerveza, vino, aguardiente, ron y otros de menor calidad y también menos precio.

Por último este uso indebido de alcohol ubica al joven el alto riesgo para el uso de otras sustancias psicoactivas ilegales al igual que para involucrarse en problemas policivos, conductas delictivas e interacción de grupos armados al margen de la Ley.

Contribución íntegra: Nr. 47

GALA

Nongovernmental organization

Country: New Zealand

Funding or support from alcohol industry? No

Summary:

GALA (Group Against Alcohol Advertising), a community voluntary group, advocates adequate controls on alcohol advertising and sponsorship in much the same way as for tobacco. It believes that alcohol promotion in its many forms is out of control and requires strong action.

It also supports strong warnings placed on alcoholic drinks and nutritional information panels to be also in place. Both of these must be of sufficient size and content to attract attention, as they are for tobacco. Packaging of alcohol needs attention as so much of it is directed towards young people, and is a form of alcohol advertising.

By itself, these measures will not be enough to change excessive intake, but would play some part in changing the social attitudes and public perceptions of alcohol in the community

Full text: Nr. 68

German Centre for Addiction Issues / Deutsche Hauptstelle für Suchtfragen (DHS e.V.)

Nongovernmental organization

Country: Germany

Funding or support from alcohol industry? No

Web site: <http://www.dhs.de>

Summary:

As a consequence of the harms done by alcohol the health and economic burden of alcohol consumption in Germany is high, leading to pain and suffering, harm to third parties, health inequalities, and a drain on the economic productivity.

Alcohol policy measures should not be implemented in isolation but as a package of measures and options at different political and social levels and areas, such as law, education, treatment, transport, consumer protection, and regulation of commercial communication.

Marketing, commercial communication, sales and smuggling of alcoholic beverages have emerged as worldwide concerns, which need to be addressed by an overarching global framework for action. The setting and implementing of public health policies with respect to alcohol policy should be protected from commercial and other vested interests of the alcohol industry. Therefore it should not be accepted that the alcohol industry has a role in deciding public health policies.

The best ways to reduce problems related to harmful use of alcohol worldwide are mainly the same that have shown to be effective on national level. These are:

- Taxation of all alcoholic beverages
- Reduce availability of alcoholic beverages
- Regulation of marketing and commercial communications
- Prevention of alcohol-related accidents and injuries
- Prevention of alcohol-related communicable diseases
- Brief interventions

Furthermore strategies to reduce alcohol related harm should focus on:

- Social welfare and development
- Managing illicit and smuggled alcohol

DHS as a member of the European Alcohol Policy Network supports the recommendations of the report “Alcohol in Europe – A Public Health Perspective” prepared by Peter Anderson and Ben Baumberg [June 2006]) and the conclusions of the Building Capacity Conference in Barcelona in April 2008 (<http://www.dss3a.com/btg/pdf/conclusions.pdf>).

Full text: Nr. 106

Global Alcohol Policy Alliance (GAPA)

Nongovernmental organization

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? No

Web site: <http://www.globalgapa.org>

No summary available.

Full text: Nr. 158

Global Road Safety Partnership

Nongovernmental organization

Country: Switzerland

Funding or support from alcohol industry? No

Web site: <http://www.grsproadsafety.org>

Summary:

The consumption of alcohol, even in relatively small amounts, increases the risk of being involved in a road crash for motorists and pedestrians. Not only does alcohol impair processes critical to safe road use, such as vision and reaction time, it is also associated with impaired judgement and so is often linked to other high-risk road use behaviours such as speeding or not using seat-belts.

In many countries, research indicates that considerable proportions of drivers, motorcyclists and pedestrians have alcohol in their blood in sufficient concentrations to impair their road use skills. Unfortunately, in many countries, the scale of the problem is not well understood, there is little public awareness of the problem and legislation and enforcement are often inadequate.

The World report on road traffic injury prevention, published in 2004 by WHO and the World Bank, identifies the effectiveness of programmes aimed at drinking and driving as a proven effective measure to reduce death and injury on the road.

As part of the United Nations Road Safety Collaboration, the Global Road Safety Partnership led the development of the first global good practice manual on preventing drinking and driving, published in 2007, entitled "Drinking and driving: a road safety manual for decision-makers and practitioners". The manual was developed in close collaboration with WHO, the World Bank, the FIA Foundation, and the principal authors were the UK's TRL and ARRB of Australia with input from low and middle-income country experts.

The manual provides practical advice for jurisdictions wanting to reduce the incidence of road crashes and road crash injuries related to drinking and driving. The manual is targeted at governments, non-governmental organizations and road safety practitioners, particularly those in low and middle-income countries where alcohol is consumed by a large proportion of the population and prevention measures are often lacking or insufficient.

In summary, the manual recommends users to

- 1) Assess the local situation in relation to patterns of alcohol consumption and its impact on road crashes
- 2) Design and implement a drinking and driving prevention programme including how to gain political and community support for a programme through establishing a stakeholder working group.
 - Laws and penalties
 - Enforcement
 - Public information and education
 - Monitoring and evaluation activities
- 3) Assess the impact of the programme.

GRSP is assisting jurisdictions around the world with drink drive prevention using the recommendations of the good practice manual as a guideline. GRSP brings together global and local experts from various relevant subject areas—such as enforcement, public health, the media, laws and standards, community programmes - with key governmental and non-governmental stakeholders, including the private sector, and facilitates the development and delivery of targeted prevention strategies and initiatives based on global good practice. Specific measures are chosen based on the local situation and tailored to local realities. The long-term sustainability of the programmes and monitoring and evaluation of programme impact are high priorities. GRSP helps to leverage funding for programme delivery from global and local sources.

Full text: Nr. 219

Hands Across Cultures, Corp.

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://handsacrosscultures.org>

No summary available.

Full text: Nr. 94

Hungarian Association for Responsible Alcohol Consumption

Nongovernmental organization

Country: Hungary

Funding or support from alcohol industry? No

Web site: www.hafrac.org and: www.alkoholtfelelosen-2340.hu

Question 1.

HAFRAC (Hungarian Association for Responsible Alcohol Consumption) recognises that our NGO has a role to play in leading the way in responsible drinking. It is very important that we demonstrate leadership in responsible drinking as often as possible in various fields. We also need this leadership to be recognised by opinion-formers and our stakeholders if we are to earn their trust and respect.

Question 2.

To achieve the above mentioned objectives, HAFRAC was committed to start three programs which have the potential to create awareness and to change attitudes and behaviour in relation to drinking patterns.

Buli sofor

Drink-driving program

Duration: Summer 2005-Summer 2008

This program has three major aims:

- All drivers should be aware that in Hungary the BAC limit is zero
- Change the behaviour of some people towards drink-and-drive to accept the zero tolerance.
- Increase of the awareness of Buli sofor program among the stakeholders

The core aim of Buli sofor was to reduce the number of traffic accidents caused by drivers who entertained themselves in various discos in major towns and around the Lake Balaton especially during the holiday season.

The main steps of executing Buli sofor program

-On trade promotion

According to a so called "disco map" young activists visit discos, bars and pubs in 50 places of Budapest and in the resort place-Lake Balaton and implement the Buli sofor campaign distributing Buli-sofor T shirts and Coca Cola .

-Web-site

Introducing HAFRAC and photos about Buli sofor activities

-Media coverage

- In April 2008 Hafrac arranged a Buli-sofor slogan-creation contest in one of the nationwide radio –mainly with young listeners. Idea

-Indoor poster campaign

.-TV and radio appearances

-Articles in trend newspapers about Buli-sofor

- Evaluation made by Gallup Hungary

Server Training Programme

Pilot program sponsored by EFRD-ICAP

Duration: January-December 2007

The main aim of this program was to raise awareness amongst on-trade owners and staff on social responsibility obligations and legal requirements.

This program had three steps:

- Choosing a partner
- Execution of the program
- Evaluation (result and failure)

As the first step –after a tender evaluation-KIT (Training Center for Trade and Tourism) was chosen because this organisation had close connection to nearly each HORECA outlets.

The actual execution had the following characteristics:

- Four different sites, big cities –including the capital
- Six training groups 109 participants
- Participant's wide range :profession and job
- Written book was given in advance to participants
- The participants had high motivation

The evaluation gave mainly positive results which were:

- Wide range of HORECA outlets participated
- After a short hesitation the HORECA people understood the essence of it
- The main stakeholders and opinion holders appreciated it as part of moderate alcohol consumption

Beside there were some facts which are to be improved in the future. We deem as failure that the most critical groups (disco) did not accept our invitation they did not participate. The ministries gave only „moral help” but not money. The organisation should be developed into a direction where the „everyday life” could be more emphasized- more role plays.

HAFRAC's role was to participate in these courses and monitor the whole program.

“2340” : enjoying a drink responsibly

Duration of this program: June 2008-December 2009

In Hungary it is important to raise knowledge and awareness amongst adult consumers on how to enjoy a drink while at the same time looking after health and well being. Also it is important to know when it is not allowed to consume alcohol at all.

The present program has a core objective to promoting a shared understanding of what it means to drink responsibly.

Our aim is to explain the Hungarian society that the moderate and responsible alcohol consumption belongs to the life-pleasure.

There is nothing wrong with it however alcohol can be misused and consumers need to be informed about the moderate drinking behavior.

We plan to reach 3 million Hungarians

To reach this objective the first step was to promote in Hungary the concept of “unit/drinks” among the population, help them to understand the equivalence for each type of drinks in our traditional serving/consumption size.

The title of program explains the main objectives:

2: means that a female can drink two units* per day without any harm if health conditions permit

3: means that a male can drink three units per day without any harm if health conditions permit

4: means that four units per day can be consumed seldom, like at special occasions- feast or celebration

0: means that there are occasions where the alcohol consumption is not allowed (drink-driving, pregnant women, at workplaces etc)

0: also means that there are persons who are not allowed to drink any alcohol, like young ones under age 18, or persons with special health or other conditions.

- unit=8-13 g of ethanol,
- which is about 100 ml wine, or
- 200-300 ml beer, or 20-30 ml spirit, or a light cocktail

Our program has ten main steps (details can be found in full text contribution)

Full text: Nr. 339

Indian Alcohol Policy Alliance

Nongovernmental organization

Country: India

Funding or support from alcohol industry? No

Web site: <http://www.indianalcoholpolicy.org>

Summary:

The WHO strategy is a very welcome approach and is addressing major development issue in the world. Alcohol problems continue to present a major challenge to medicine and public health. In India and many developing countries alcohol is brewed in small households, hamlets and consumed at that level. Though many societies in India where drinking is not a norm. The traditional social norm is changing to opening up of these barriers through market pressures..

Myths in Government that alcohol is a big revenue earner have to be demolished. Economic cost of alcohol use in the society is far greater than the revenue accrued. This has to be said on bold and addressed always.

Many arms of the governments are stated objectives of promoting alcohol through industry, markets etc. These have to be addressed and alcohol control policies have to be from a whole of government approach.

Drink driving-police and traffic not equipped should be seen differently from 'crime' and a separate system, which progressively cancels driving licence should be, brought in.

The huge problem of illicit and home brew of alcohol has to be documented and the policy option should not only be industry based but these nexuses of illicit brewing should be also be addressed.

Our Strategy should be to focus on alcohol consumption to promote the global climate toward effective alcohol policy thus clarifying ambiguity and myth on alcohol policy, and creating global awareness that alcohol is an obstacle for once well-being, achievement and social development.

Full text: Nr. 308

Institute of Alcohol Studies

Nongovernmental organization

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? No

Web site: <http://www.ias.org.uk>

Alcohol problems arise both from acute intoxication and from long term excessive drinking. What is required therefore is a comprehensive set of measures aimed at both the volume and patterns of consumption. The scale and range of alcohol problems in western nations such as the UK indicate that preventative strategies must combine whole population approaches with measures targeted at specific groups and problems. In general, evidence suggests that strategies designed to persuade individual consumers to change their drinking behaviour are less effective than strategies aimed at environmental factors such as the affordability of alcohol, its legal availability and the means employed to market and promote alcohol products. In regard to these last, wholly self-regulatory marketing codes do not appear to be effective, and a mandatory element is needed. Alcohol taxation regimes and liquor licensing systems should have explicit public health objectives. A desirable objective in relation to youth is to delay the onset of regular drinking.

Implementation strategies are key components of alcohol harm reduction policies. These should include programmes of education and training for key personnel in the health service and other sectors where alcohol problems are salient issues. As in the long term it is not feasible or desirable to impose alcohol control policies on an unwilling population, communications strategies need to be developed to promote understanding and awareness, and to build consensus and support. The alcohol market is increasingly international in scope and there is therefore a danger of alcohol policies being undermined by cross-border trade and traffic alcohol products and in the commercial communications that promote them. IAS strongly supports the role of WHO in tackling alcohol issues at a global level and in promoting international cooperation in regard to data collection and the dissemination of good practices in the prevention and treatment of alcohol problems. An additional step which in our view would be particularly helpful at the present stage of development of a global alcohol harm reduction strategy would be for WHO to press for the adoption of an internationally agreed standard unit of alcohol i.e the amount of pure alcohol contained in a standard measure.

International Center on Alcohol Policies

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? Yes

Web site: <http://www.icap.org>

REDUCING HARMFUL DRINKING: SUMMARY

Interventions to reduce harmful drinking can be divided into two complementary categories. One is the population-level approach to prevention, consisting of across-the-board measures. The other approach involves interventions that are applied in a targeted way, focusing on particular groups, behaviors, drinking patterns, or settings where the potential for harm is elevated. Industry efforts have been concentrated on targeted initiatives, which are adaptable to the needs of diverse cultures and contexts and responsive to specific problems at hand.

Alcohol producers recognize that theirs is one of the most highly regulated industries in the world. Reasonable regulation is designed to protect consumers and society at large without imposing intolerable demands on producers or restricting individual freedom of choice. In seeking this balance, all stakeholders have to be conscious of the need and potential for partnership.

There is growing international recognition of the importance of building and strengthening relationships across sectors. Such collaborations offer innovative solutions for addressing social, economic, and environmental challenges and enhance the provision of goods and services.

ICAP and its sponsoring companies endorse the fact that partnerships make a significant contribution to reducing harmful drinking. Targeted interventions exist in a range of areas in which industry members, by virtue of their involvement, resources, or expertise, have a unique contribution to make.

Multi-stakeholder Partnerships

Many targeted interventions to reduce harmful drinking are best delivered in partnership, with industry members well positioned to play a substantial role. This paper highlights a number of interventions to reduce harmful drinking that industry members are already implementing in the following areas:

- consumer education and public awareness
- road safety
- screening and brief interventions
- responsible hospitality
- drinking and pregnancy
- drinking and the workplace
- HIV/AIDS

The highlighted initiatives are examples of the myriad of interventions that beverage alcohol members are already doing and that they are willing to replicate, scale up, and help adapt to different national, religious, and cultural contexts in partnership with other stakeholders. Industry members are keen to develop their actions further and to explore increasing collaboration with stakeholders in the field. Where possible, the industry is willing to work with others to rigorously evaluate prevention programs.

*This paper was prepared by Brett Bivans and Marjana Martinic on behalf of the companies sponsoring ICAP: Asahi Breweries, Bacardi-Martini, Beam Global Spirits & Wine, Brown-Forman Corporation, Diageo, Heineken, InBev, Molson Coors, Pernod Ricard, SABMiller, and Scottish & Newcastle. A referenced version of this paper is available on the ICAP website at www.icap.org.

Full text: Nr. 26

International Clearinghouse for Birth Defects Surveillance and Research (ICBDSR)

Nongovernmental organization

Country: Italy

Funding or support from alcohol industry? No

Web site: <http://icbdsr.org>

Summary:

The International Clearinghouse for Birth Defects Surveillance and Research (ICBDSR), with its forty registries around the world, covers almost 3.5 million births per year. One of the risk factors we investigate on is alcohol consumption and related birth defects. Our core activity, applied in the alcohol related effects topic, is managing and developing an effective epidemiological surveillance of alcohol related birth defects, in order to define the

quantitative dimension of the problem and the priority issues (i.e. the most at risk population) which public health interventions must be addressed to. Generally, our organization contributes to reduce harmful use of alcohol in several ways, not directly involving the substance users and abusers. Our efforts mainly are:

- increasing the debate about the relationship between alcohol consumption and birth defects;
- providing data to health managers and administrators in order to define the most at risk population
- promoting shared information about public health good practices in various countries;
- collaborating in educational, information and campaign initiatives directed to common people and health professionals.

We became more and more aware that the scientific rational, well established among scientists and researchers, could be not so widely known among common people and health professionals. We strongly believe that public health effective strategies may include promoting awareness and knowledge for all, not only about fetal alcohol syndrome but also about other neurodevelopmental disorders. Moreover, as the society becomes more and more multicultural and the number of migrants visiting the wealthier countries is increasing, the intervention must be designed respecting cultural and religious differences.

As women can be exposed to this risk factor before they become aware of their pregnancy, educational and information must start for them before pregnancy. Given the raise of incidence of alcohol consumption among young people, it could be effective to start educational and information programmes in school and university. The other target of educational and information intervention are the physicians and other health professionals, overall the ones that operate in ambulatory care, primary health care, family practice and preconception counseling services.

We strongly believe that our mission is not only to provide world-wide data to scientific researchers and scholars, but also to promote awareness in health managers, administrators and ministers, as well in common people. In the last year we started some new efforts, among which a 2008 Cooperative Agreement with the U.S. Centers for Disease Control and Prevention (CDC), named “Promoting International Awareness of Birth Defects Prevention”. The general aim of this Project is to improve world-wide knowledge on modifiable risk factors (among which the alcohol consumption) of birth defects and other adverse reproductive outcomes and on effective primary prevention strategies. We consider the WHO call for an open web-consultation a very good opportunity to make our project world-wide known: even if we have members in various countries in the world, any new contact in a new world region will be another pace towards a world-wide coverage of the available information on these topics.

Full text: Nr. 171

International Council of Nurses (ICN)

Nongovernmental organization

Country: Switzerland

Funding or support from alcohol industry? No

Web site: <http://www.icn.ch>

Nurses represent the largest group of health professionals – over 13 million worldwide - and with the greatest contact with the general public and with patients. Nurses are present in all health facilities and in community settings including schools and workplaces. Harmful use of alcohol is a major determinant of preventable injuries, diseases, disability and death. Nurses are key in preventing harmful use of alcohol. Everyday nurses come face to face with problems caused by harmful use of alcohol including: injuries associated with violence, falls and traffic accidents, family disruption, sexually transmitted infections including HIV due to unsafe practices and foetal alcohol syndrome to name just a few.

It follows then that nurses need to be fully involved in reducing the harmful use of alcohol. Yet this goal remains largely unfulfilled. As the global voice of nurses and nursing that represents 132 National Nurses Associations (NNAs) and millions of nurses worldwide, the International Council of Nurses (ICN) is in a position to mobilise its member associations against harmful use of alcohol.

ICN is also in a position to establish partnership with WHO, other health profession associations, NGOs and others to strengthen the role and contribution of nurses in concerted alcohol control strategies to reduce alcohol-related burden of injuries, disease, disability and death.

Nurses are well positioned to provide cost-effective preventive and therapeutic care. As well nurses have a vital role in screening and detection and implementation of treatment for alcohol-related harm.

International Council on Alcohol and Addictions (ICAA)

Nongovernmental organization

Country: Switzerland

Funding or support from alcohol industry? No

Web site: www.icaa.ch

The International Council on Alcohol and Addictions (ICAA) is a global organisation that for more than 100 years has worked to prevent and reduce problems with alcohol and drugs. We have more than 120 member organisations from 75 countries, and we also have many associated, individual and student members.

According to our mission statement, ICAA is dedicated to prevent and reduce the harmful use and effects of alcohol, tobacco, other drugs and addictive behaviours on individuals, families, communities and society.

ICAA believes in the exchange of evidence-based knowledge and innovative approaches. We are committed to undertake this in an independent, apolitical, inclusive, democratic and transparent manner.

Answer to Question 1: What are your views on effective strategies to reduce alcohol related harm?

Basically, we think that a strategy to be successful has to be evidence-based. A good summary of research evidence on what are efficient measures to prevent and reduce alcohol related problems is found in the book *Alcohol: No ordinary commodity*, which was published in cooperation with WHO Europe by a group of distinguished researchers under the leadership of Professor Tom Babor. Starting with the European Alcohol Action plan in 1992, the European region of the WHO has adopted a number of documents that well reflect the position of science on what are evidence based strategies. It is also worth noticing that these decisions have been unanimous by the 50 member states of the WHO in Europe. Therefore the principles in these documents should provide a good basis for action also globally.

In this connection we want to particularly underline what is said in these documents about the importance of strengthening civil society efforts in prevention and advocacy. Since public resources are always limited, it is worth consideration, that money spent on voluntary organisations tends to generate increased input of work from volunteers and thus multiplied effects for the money being spent. Also, strong citizens' organisations are needed as a counterweight to the commercial alcohol industry, which has considerable economic resources that are devoted to preventing public policies that have a proven effect.

Answer to Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

The global strategy has to have a public health perspective, not a trade perspective. Therefore, it is important that the consultation with the economic operators, that is mentioned in the resolution by the sixty-first World Health Assembly, is confined, as is said in paragraph 2, point 4, to "the ways they could contribute to reducing harmful use of alcohol" and does not give the commercial alcohol industry influence over public policy.

One aspect, that has been stressed by the ICAA long ago, is that trade agreements and agreements regulating economic integration must not be designed in a manner that prevents countries from adopting and implementing preventive alcohol policies that are more ambitious than those of other countries. The global strategy should outline and recommend minimum policies for the local, national and regional levels, but it should also indicate what could be more ambitious policies, and certainly not raise any obstacles for societies that want to adopt such policies.

Answer to Question 3: In what ways can you or your organisation contribute to reduce the harmful use of alcohol?

The main activity of the ICAA is to arrange conferences for the exchange of knowledge and experiences about the nature of addictions and the ways to prevent alcohol and drug related problems. We also use other means to spread information, like our website and newsletter. During the years we have contributed to the training of experts in prevention and treatment. As is apparent from our mission statement quoted above, we intend to continue with these activities. Of course, our ability to do so is dependent on the economic resources available to us and our member organisations. As stated in our answer to question 1, we strongly urge states and international organisations to give support to the civil society, as this is an important way to increase knowledge and raise awareness about the need for effective policies to prevent alcohol related harm.

International Federation of Blue Cross

Nongovernmental organization

Country: Switzerland

Funding or support from alcohol industry? No

Web site: <http://www.ifbc.info/en-ifbc-home.html>

Summary:

Rapid socio-cultural change and increasing cultural globalization in many parts of the world lead to significant growth in the use of drugs and alcohol and ask for the implementation of effective counter-measures. This contribution illustrates alcohol abuse as rising major threat to public health and its response by the Blue Cross as one of the few international organizations in the field of alcohol abuse.

Full text: Nr. 243

International Federation of Medical Students' Associations - IFMSA

Nongovernmental organization

Country: Greece

Funding or support from alcohol industry? No

Web site: <http://www.ifmsa.org>

Summary:

The International Federation of Medical Students' Associations (IFMSA) is one of the largest student organizations in the world with over one million members in 97 countries worldwide and is recognized as the international voice of medical students around the globe.

Alcohol Related Hazard is a major public health burden that leaves no Region unaffected. IFMSA supports global strategies to reduce the alcohol related harm. Regulation of the physical availability, establishment of governmental monopolies, an increase in alcohol taxation, drink - driving countermeasures and a regulation of the alcohol promotion are effective ways to reduce alcohol consumption.

Finally physicians should be educated to give short interventions and raising awareness against alcohol consumption, during their daily practice. The effectiveness of peer and college education in schools is also a topic to be discussed.

Young people's health is seriously affected globally by alcohol related harm. That is why our role is double as a Federation of future physicians and as a student organization. There are three levels of intervention that each doctor shall be active in, individual, societal and global. As a student NGO, our role is not limited in educating our own members, but also cooperating with our partner student organizations aiming to raise efficiently the topic in the relevant political and societal forums.

Utilizing our strengths and opportunities the Federation shall work intensely to meet our goals for raising awareness, advocating for the relevant health policies and educating medical students on how to meet the needs of their triple role as doctors.

The Federation calls public health aware medical students worldwide to unite their voice, by preparing and running campaigns and events, internationally, nationally or locally, to raise awareness against alcohol. Street action activities and awareness activities are being organized, focusing also on the social aspect of the problem. Such activities draw the attention of media, which can multiply the impact of our actions. The decades of publications of the Federation are also a strong tool within the academic circles on a global level.

Advocacy for the alcohol control policy development or reinforcement is also a major field in which the Federation can be effective in. Through our participation in student networks or special multi-disciplinary networks and our interventions in international forums, the Federation can be a strong partner for the Global Strategy.

The decades of IFMSA meetings all year round and a series of alcohol advocacy schools are core events to get our members trained and build a strong network of future doctors who will fulfill their triple role. Individually they will be able to intervene briefly with their patients about alcohol related harm, detect the problem at an early stage and treat the at-risk drinkers properly socially they will advocate effectively for the alcohol control policies globally they will continue participating in international networks of health professionals supporting the Global Strategy.

Today, more than ever, medical students are ready to work equally supporting the Global Strategy, responding to the evident need and contributing to meet the needs of time

Full text: Nr. 334

International Institute of the IOGT-NTO Movement

Nongovernmental organization

Country: Sweden

Funding or support from alcohol industry? No

Web site: <http://www.bistand.iogt.se>

Summary:

The International Institute of the IOGT-NTO movement is a networking and implementing NGO working with development cooperation with NGOs and governments in a number of countries in Eastern Europe, Africa and Asia. Our focus is alcohol and alcohol policies in a global environment as well as in national contexts.

Our concern is mainly the public health in developing countries which we deem more vulnerable than the developed countries to harm caused by alcohol. This applies to policies and market regulation, research, knowledge base and health systems for prevention and treatment.

From our perspective, these are the best ways to reduce problems related to harmful use of alcohol:

WHO should guide all its member states to pass national alcohol policies based on effective evidence based strategies and methods. Population based policies in combination with risk group intervention and qualitative and accessible treatment would reduce problems. The former two are cost effective while the latter is less cost effective but can not be neglected as harm is caused also to family and other persons around someone abusing alcohol.

WHO should make sure to adopt a global alcohol strategy at the WHA in 2010 to support and guide national initiatives. To any government a good and public health focused alcohol strategy would be of indispensable value to either initiate or to revise its alcohol policy.

WHO should advise its member states to demonstrate boundaries between public health policy and vested alcohol interests. No interference in the policy making should be accepted.

WHO should initiate and fund further research on alcohol in all regions of the world and especially cater for the need of such research in developing countries and emerging economies.

WHO should support the development of information systems via internet and other media to make research and policy capacity available to countries in need of support. Establishing a policy making unit could be considered to which governments could turn to get the needed knowledge support.

WHO should encourage and facilitate regional cooperation and exchange of experiences combined with acquisition/dissemination of recent research. Networking is a cost effective mode to attend to capacity building.

WHO should invite civil society to make a concerted effort and give priority to address alcohol issues as many other poverty, health and socially related problems will find a quicker solution.

WHO should also further elaborate the definition 'harmful use'. Harmful use is normally defined as misuse or abuse as if there would be a clear distinction, an apparent border between use and misuse.

Full text: Nr. 210

International Society of Addiction Medicine (ISAM)

Nongovernmental organization

Country: Canada

Funding or support from alcohol industry? No

Web site: <http://www.isamweb.org>

Summary:

The International Society of Addiction Medicine (ISAM) is a world-wide organisation of specialists in addiction medicine who are responsible for treating people with alcohol use disorders (and other addictions), undertake research, devise, provide and coordinate teaching of medical practitioners and other health professionals, and contribute to the development of policy on drugs and alcohol. This submission is in response to an invitation by the World Health Organization (WHO) to contribute to the consultation process with non-government and other organisations, as part of the development of WHO's global alcohol strategy. ISAM is committed to its objectives to minimize the harm of Alcohol and other drugs through its worldwide members and affiliated societies. Education, research and policy making are among the means of achieving ISAM's objectives.

Full text: Nr. 145

IOGT International

Nongovernmental organization

Country: Sweden

Funding or support from alcohol industry? No

Web site: <http://www.iogt.org>

Summary:

To accomplish this one strategy should be to make the scientific base on alcohol and effective alcohol policy accessible to both the public and the political level.

So far there has been an overwhelming focus on abuse and excessive drinking while the use itself has received little or no attention. There is a scientific support for targeting the population at large simultaneously with addressing abuse and excessive drinking combined with measures to protect vulnerable groups such as young people and pregnant women. Thus a multipronged approach guarantees success.

As availability is central in all substance control policy and restrictions proven to be effective much attention should be given to developing a whole set of measures. Availability can be restricted by high pricing. Taxation is a powerful instrument to use to influence drinking patterns. In societies with little informal production of alcohol taxation is particularly effective. Taxation should automatically be adjusted if purchasing power increases, otherwise the effect will deteriorate. Availability is also sales hours, when you can purchase or be served alcohol. Licensing of alcohol outlets including restrictions in number of outlets and sales hours will reduce consumption and harm. Another availability restriction is age limits where minors are not allowed to buy alcohol. Restrictions in availability requires control and law enforcement to be effective.

Simply considering the enormous amounts that are spent on marketing, restricting marketing is an effective strategy added to others. Severe restrictions or a ban on alcohol marketing is a powerful and effective measure to reduce consumption and harm accordingly.

Public health policy is more effectively implemented if involving civil society. WHO and its member states need to develop methodology and allocate resources for civil society to take its responsibility as mobilisers, implementers and watchdogs.

A framework convention on alcohol in line with the convention on tobacco would mark WHO's concern and wish to reduce and to prevent harm.

It's very important to exclude alcohol from current trade negotiations in WTO. This is one of the most treacherous traps for developing countries at present. Trade commitments might hinder future attempts to use effective measures like advertising restrictions.

There is a strong and apparent conflict of interest between public health and alcohol which is illustrated again and again in the sometimes fierce action by the alcohol industry to stop action by local, national or international bodies when trying to address the growing harm alcohol causes. Public health policy including alcohol policy making should be kept free from interference by vested interests as these obstruct rather than facilitate public health oriented policies.

With the long and comprehensive experience of working with alcohol, with governments and GOs as well as the NGO community mainly in preventing alcohol harm but also with experience from treatment and rehabilitation work to which can be added excellent working relations with scientists within the alcohol research field, IOGT International can offer

guidance and training at all levels from policy making to community based mobilization to counter the negative impact of alcohol.

Full text: Nr. 307

IOGT Junior Association of Norway

Nongovernmental organization

Country: Norway

Funding or support from alcohol industry? No

Web site: <http://iogt-junior.no>

Summary:

We warmly welcome the decision by the World Health Assembly on the development of a Global Strategy and the willingness of WHO to take a strong leadership in prevention of harmful drinking globally.

WHO and international alcohol research has established a good evidence-base for using populations based approaches and control policies to regulate availability, prices and promotion of alcohol. This documentation should be the basis for the Global Strategy, without being compromised by the influence of vested interests in alcohol production.

The Global Strategy should have a focus on situation of children and how they suffer in families with alcohol problems; “the invisible kids”.

Population-based interventions, resulting in reduced average consumption level in the population, have the advantage that they also benefit “the invisible kids”. These children are difficult to reach by more specific interventions, as many of them, per definition, are not seen or understood neither by their close environments nor the social welfare system or treatment facilities.

Targeted interventions towards children at risk are, however, also needed, both directly to the children and towards the problem drinker(s) of the families; family oriented treatment programs like the Family Club Model and good systems in clinics and hospitals for consulting and involving spouses and children of problem drinkers in treatment.

There is a need for an international network for exchange of experiences from and examples of primary prevention programs which aim at strengthening the resilience factors in young kids.

The WHO Global Strategy should have a strong focus on the situation and needs of developing societies in relation to alcohol prevention. In these countries drinking is both a poverty issue and a modernity issues.

The Global Strategy should effectively address the fact that the drinks industry has identified developing countries as their “emerging markets”, where they expect a substantial increase in sales and consumption.

The Strategy should also aim at linking alcohol problems to other key development concerns; prevention of HIV/AIDS and gender-based violence, poverty eradication, public health promotion, gender equity, good governance etc. Such approaches would make it easier to involve in alcohol prevention efforts also mainstream development NGOs who are specialized in such issues.

A lion’s share of the negative consequences from drinking may be harm done to others than the drinker. A focus on the innocent victims of other people’s drinking will strengthen the legitimacy of the Global Strategy and also the legitimacy of the interventions that shall be taken at the local and national level in the follow-up of the strategy.

IOGT Junior Association is a Norwegian NGO, working with children, for children’s personal development and a child-friendly community.

Full text: Nr. 43

IOGT Norway

Nongovernmental organization

Country: Norway

Funding or support from alcohol industry? No

Web site: <http://www.iogt.no>

Summary:

It is well established by the international alcohol research community that restrictions on availability and high taxes are the most effective means to curb alcohol consumption and strengthening public health. there is a need to implement more efficient, evidence-based alcohol policies nationally, but also to adapt the implementation to national and local realities. Policies need to have legitimacy in public opinion, and governments need to be able to enforce the measures being adopted.

In most developed countries governments have the legitimacy and possibility to enforce, but too often there is lack of understanding, knowledge and political will. In many developing countries, cultural norms are more restrictive to the use of alcohol, but government legitimacy in general might be low and possibility to enforce smaller. It’s crucial that these governments build their policies on their cultural norms, and work to prevent the effort from the alcohol industry to “westernize” the drinking culture in developing countries. A recommendation for effective policies and interventions to reduce alcohol-related harm must therefore not be made solely from a European or Western point of view.

WHO’s main concern should be public health. This means that the large sum of health and social consequences in people who are not addicts or regular abusers constitutes the bulk of the problem. Over-all reduction of consumption is still a main target.

Alcohol is no ordinary commodity and should therefore be taken out of the international trade treaties under the WTO. The commercialization of alcohol and alcohol trade should be transferred to the WHO. A ban on alcohol commercials both in developed and developing countries must also be part of the strategy.

The connection between treatment and prevention should be further explored. Since heavy drinkers drink with others, successful treatment of some of them may affect their pals as well. Examples from Italy show that regions with a large number of clubs of treated alcoholics have significant reductions in over-all consumption. A precondition for this, is that treatment aims as an alcohol-free lifestyle.

For us, it is important that alcohol problems must be tackled on a broad basis, and that local communities and civil society play an important part. Professionals and volunteers must find ways to work together, and learn from each other. Harmful use of alcohol is not just a medical, but foremost a public health issue with grave social consequences.

Full text: Nr. 163

IOGT-NTO

Nongovernmental organization

Country: Sweden

Funding or support from alcohol industry? No

Web site: <http://www.iogt.se>

Summary:

Effective measures to reduce consumption of alcohol and thus the harm done by alcohol are: Increase of price, restriction of availability and a total ban on all marketing.

The alcohol industry should not be involved in policy making.

All countries should, as a minimum, have in place a coherent alcohol harm reduction strategy. WHO should support further research.

Full text: Nr. 146

IOGT-NTOs Junior Association in Sweden

Nongovernmental organization

Country: Sweden

Funding or support from alcohol industry? No

Web site: <http://www.junis.org>

Summary:

IOGT-NTOs Junior association is a children's organization that has its focus on how the alcohol consumption affects the situation of the children.

IOGT-NTOs Junior association in Sweden would like WHO to focus on the subject concerning on how the alcohol consumption affects those who are related to people addicted to alcohol. We are thinking especially on the children growing up with one or both parents who have a problem with alcohol. These children often feel a sense of shame and guilt and are devastated that they can't change their situation.

Children of compulsive drinkers are not just in an extra exposed situation when they are young but they also have a tendency to become alcohol abusers themselves when they grow up. It is therefore extremely important that these children find support from the community to work with their feelings and experiences.

Our organization is a part of the worldwide IOGT-movement and we have a great network around the globe and we also have aid work in parts of Eastern Europe, Africa and Asia.

Through our international contacts we can also establish that the rising alcohol consumption is a serious problem for the developing countries. In these countries the children will not just suffer from poverty, absence of food and lack of education but they will also risk being victims of the increased alcohol consumption. Our opinion is that the alcohol is a serious threat to the development of these countries.

The alcohol industry is cynical and their marketing is not only directed to adults but also towards the children. As early as possible the alcohol industry wants to put their products in the consciousness of the children and young adults. We would like WHO to work with the restrictions when it comes to the commercial of alcohol.

A restrictive policy concerning alcohol is extremely important to reduce the social and cultural consequences which will result of a community with a rising abuse of alcohol.

Full text: Nr. 317

Juvente

Nongovernmental organization

Country: Norway

Funding or support from alcohol industry? No

Web site: <http://www.juvente.no>

Summary:

Juvente argues that all use of alcohol among minors should be considered harmful use, and that this is the basis of the prevention work carried out by Juvente.

Juvente argues that policy making should focus on public health issues, and that a restrictive alcohol policy is desirable to reduce alcohol related harm. Juvente contributes to support the Norwegian alcohol policy by systematically inspecting and reporting the level of violations in selling alcoholic beverages to minors. The findings are used to increase awareness of the level of violations and to make politicians ensure a decent level of public inspections, as well as active use of the media through i.e. editorial stories, reader's letters, public information, internet publications.

Juvente proposes that

- restrictive legislation on the marketing, sale and use of alcoholic beverages are recommended to all member countries, and that resources are provided to help countries without such legislation shape and implement such measures
- governments are advised and encouraged to ensure effective control procedures, and to cooperate with NGO's to provide both control and to raise awareness about the legislation. This is particularly important to ensure public support in countries where legislation has been more liberal.

Juvente argues that NGO's can be vital partners in preventing harmful use of alcohol in a number of ways:

- effective peer education and role models
- efficient arena for developing knowledge based prevention methods
- partners in general public communication
- educational arenas to be used both in prevention projects and for policy making
- suppliers of drug-free youth environments
- local political effort
- gathering data and generating reports on use and status of regulatory compliance

Juvente argues that establishing adequate funding and for youth NGO's is a key factor in reducing alcohol related harm in the long run, because the policy makers need partners in the civil society. Youth NGO's have several unique features that make them ideal for this task.

Juvente adopts age related pedagogical strategies to ensure effective prevention work; positive reinforcement for primary universal prevention programs for the youngest adolescents, and peer education.

Juvente proposes that

- universal prevention measures are recommended, and that these should be evidence based. However, the scope of the evidence should be wide, and include knowledge from several different scientific fields.
- methods are developed to be relevant to age, problem development and cultural setting
- prevention work should not be limited to schools or other formal arenas
- close cooperation with youth NGO's are established as part of recommendations to the implementation of prevention work wherever possible.

Juvente also uses new technology in their prevention work, in particular websites and cell phones.

Juvente can contribute by;

- capacity building in other organizations
- providing knowledge about how the practical prevention work in relation to research evidence
- providing a testing ground for researchers

Juvente also argues that a broad scope on knowledge and research should be implemented to provide an adequate base for the development of prevention work, in particular an increased focus on the practical experience of preventionists in the field.

Full text: Nr. 150

Kännikapina- open movement to people who want that Finland drinks less

Nongovernmental organization

Country: Finland

Funding or support from alcohol industry? No

Web site: <http://kannikapina.fi>

Summary:

The burden of disease caused by alcohol is huge at a national, EU and global level. WHO as a leading global public health organisation must act now to target this growing problem. A sufficient body of evidence from the medical research shows the health harms and dangers of alcohol. Alcohol does not only affect the drinker her/himself, but the families, communities and societies. The national healthcare system and social care system can no longer respond to the growing number of alcohol related harm. Alcohol causes enormous human suffering around the world and WHO must take responsibility to stop this. Even if this would not be accepted by the producers of alcohol and their allies.

Price, availability and marketing restrictions are the most effective and inexpensive ways to reduce alcohol consumption. The amount of alcohol-related harm is always related to the amount of the total alcohol consumption. Price, increasing alcohol taxation, is the most effective way to decrease consumption especially among children and under-aged youth. The restrictions on availability are also effective.

At the moment the legislation on alcohol marketing is much more liberal than the legislation on tobacco. WHO's research association IARC has categorised alcohol in the same carcinogen class as tobacco. This must be taken into account and ban the alcohol marketing globally the same way tobacco marketing is banned in most countries at the moment. WHO must not rely on the self regulation of the industry on marketing, since this has proved to be ineffective.

Alcohol industry must not be taken as a partner or a stake-holder when forming the global alcohol strategy. The interest of the industry can never be to decrease the total consumption of alcohol. WHO must give a clear message and signal to the alcohol industry and its allies that their presence and influence on regional, national and international alcohol policy arenas is not acceptable.

The public health actors as well as NGO's must be taken into the process of forming a global alcohol policy.

WHO must help countries to develop their own alcohol strategies if the countries do not have one yet. There strategies must be done from the public health perspective. WHO must give guidance to developing region countries in their alcohol policy making.

WHO as a World Health organisation must give CLEAR messages that alcohol is not healthy.

Full text: Nr. 140

KRZYS Foundation

Nongovernmental organization

Country: Poland

Funding or support from alcohol industry? Yes

Web site: <http://www.krzys.org.pl/>

Summary:

In 2004 KRZYS Foundation has joined to Pan-European Designated Driver Campaign. In 2006 KRZYS Foundation has joined to European Night Without Accident campaign.

All above mentioned campaigns are mainly focused on the concept of designated driver (KRZYS in Poland). In this way (promote the designated driver concept and increase awareness of problems associated with drinking and driving) KRZYS Foundation can contribute to reduce harmful use of alcohol.

Full text: Nr. 190

Marin Institute

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.marininstitute.org>

Summary:

We wish to make four main points in our comments: 1) the alcohol industry is a powerful global influence; 2) the alcohol industry should not guide the WHO strategy; 3) the global strategy must include scientifically-proven policies to reduce harm; 4) safeguards must be put into place to curb the political influence of the alcohol industry worldwide.

In summary, Marin Institute strongly recommends that the WHO global strategy to reduce harmful use of alcohol be focused on keeping the alcohol industry in check, by not allowing companies and trade groups to dictate policymaking, ensuring that public health interests are represented in trade discussions, that only the most scientifically robust policies be considered, and that public health be put ahead of profit motive.

Full text: Nr. 272

Marninwarntikura Fitzroy Women's Resource Centre Aboriginal Corporation

Nongovernmental organization

Country: Australia

Funding or support from alcohol industry? No

Summary:

We are the women of the Marninwarntikura Women's Centre in Fitzroy Crossing in the northern part of Western Australia and this is our story of the action we took to give our people a chance for the future, to stop the grog in our community.

In a bush camp early in 2007 we women came together to discuss how to wage war on the scourge of alcohol that was destroying our dignity, our culture and the very existence of our community. Every day we saw incidents of family violence and child abuse that was fuelled by alcohol. In our community of 3000 people, approximately 30% drink and of these, 30% were hard core drinkers consuming more than 48,000 cans of beer/week and spending over \$6m/yr on alcohol. As such, there was no money for food for their families. Our drinkers were destroying our community, humbugging our elders and threatening our children. Our community needed to take action and find a way forward that would provide hope for our children and safety for our elders.

We held discussions with other women in our community and found that there was a groundswell of Indigenous people desperate to improve their own lives and wage war on alcohol. Our submission tells of the journey our women took to realise the dreams and visions we had for our community. Our actions, while seemingly small, produced dramatic results and may be useful for other indigenous communities around the world dealing with similar problems.

Briefly, this is what happened. In the early part of 2007 a group of women from the Marninwarntikura Fitzroy Women's Centre lobbied strongly for a ban on take away alcohol, an action that had been agreed upon by indigenous women at the annual bush camp. These women, led by June Oscar and Emily Carter, acknowledged that there was a serious problem with alcohol and had the courage to speak out. Over the next few months they lobbied the WA liquor licensing board and others to introduce a regulation prohibiting taking away full and mid strength alcohol for home consumption. This may have seemed a modest measure but it produced spectacular results – a 50% reduction in emergency hospital admissions, a 27% reduction in alcohol fuelled violence, and most importantly a 14% increase in high school attendance.

This community action has importance far beyond Fitzroy Crossing. It shows that community derived solutions, where there is correct identification of the cause and a remedy that is supported by the community, can solve even longstanding problems.

Of course the problems and their cures will not be the same for all communities and it will require great persistence and intelligence to identify them - but they will be solutions that work for that community and will therefore gather the local support necessary for their successful implementation. Fitzroy Crossing is important not only for what it has done but for the hope it might provide to other communities searching for solution

Full text: Nr. 101

Massachusetts Association of Alcoholism and Drug Abuse Counselors

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No information

Summary:

The summary suffices. Alcoholism (a form of chemical dependency) is a disease which is largely unrecognized except in its terminal stages. These are: severe medical complications, uncontrolled compulsive use accompanied by withdrawal in the drug's absence and deteriorating mental health. As was done with cancer, hypertension, diabetes and other chronic, progressive disorders, the public needs to be widely and frequently informed of risk factors and the early developmental symptoms of the disease. These are: family history, abusive use and early onset of abuse which lead to tolerance and episodes of impaired control. They also need to know the definition of "responsible". "Light" drinking - two or fewer drinks a week. "Social" - three or fewer. The contributions to you from the alcohol industry will be motivated by economic interests and not public welfare and should be disregarded. Thank you.

Full text: Nr. 222

Missouri's Youth/Adult Alliance

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://myaa.org>

MYAA is a statewide coalition that assists local community efforts in addressing underage drinking. Its purpose is to encourage advocates to reduce youth access to alcohol by implementing environmental and social policy changes in their communities. By changing policy we will improve the environment that our children are living in each day; the environment that encourages them to drink alcohol. MYAA is also a driving force behind statewide advocacy efforts at the legislative level in Jefferson City; the Coalition maintains a strong presence in and around the Capitol.

During a time when the media is filled with reports of illegal drug activity involving young people, MYAA remains single-minded in its pursuit of reducing access to the nation's number one drug used by children and youth: alcohol. In fact, many youth in Missouri are actively involved in MYAA because they understand the implications of youth alcohol use. These young people speak out about how they are targeted by the alcohol industry and about how normalizing the use of alcohol in society helps to create a climate of abuse. Our youth are a very instrumental part of our coalition.

MYAA's primary purpose, in its work to reduce underage drinking, is one of policy-setting. Since 1997, the coalition has been instrumental in the passage of such local ordinances as beer keg tracking and social host/open house parties. These local efforts have paved the way for success at the state level as well. In 2003, the Missouri legislature passed SB 298 which includes language that requires a retail alcohol licensee to attach a tag to each beer keg sold for off-premises consumption. The purchaser of the keg is required to present identification and the retailer must keep records of the purchaser. If the tag is removed from the keg, the purchaser forfeits the keg deposit. These provisions became effective July 1, 2004. In 2005, SB 402 passed and was signed into effect. This is an underage drinking bill that addresses MIP by Consumption, Open House Parties, School District Alcohol Policies, and more.

Membership in MYAA is open to anyone interested in reducing underage drinking. As a MYAA coalition member, individuals and community groups become a part of a strong statewide advocacy network.

The average age when a child in Missouri first has his or her first drinks of alcohol beyond a few sips is 12 years, or about the sixth grade. As the coalition continues to mobilize advocates to change public policy around youth access to alcohol, the startling fact that sixth graders are consuming alcohol and setting themselves on a potentially destructive path drives MYAA's mission. The focus remains intent on the ultimate win: increasing the age of first use of alcohol and creating a better future for young people of Missouri.

National Alcohol Beverage Control Association (NABCA)

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.nabca.org>

Summary:

Since the 21st amendment was passed in 1933 repealing prohibition in the United States, control of the sale and distribution of alcohol beverages has resided with state governments. There are two distinct types of alcohol

distribution; license and control. The feature that distinguishes license from control states is that control states take ownership of the product at some point in the transaction cycle. All control jurisdictions wholesale spirits while some also retail spirits and others wholesale and retail wines and spirits.

It is important to note that research indicates the control system has provided significant financial and public safety benefits for those states. For example:

A number of studies have shown that license states have significantly greater outlet density than control states. A long history of research establishes that changes in alcohol availability and consumption are associated with changes in alcohol related problems. Studies find a direct relationship between alcohol consumption across the entire population and the prevalence of problem drinking and specific alcohol-related social problems. (Her, 1999) (Wagenaar, 1995) (Holder, 1990)

- State controlled stores are less likely to sell to youth than are private retailers.
- Reduction in youth-related drinking, binge drinking and alcohol impaired driving fatalities. (Miller, 2006)

In addition control jurisdictions generate 102% more revenue than license states in the sales of spirits according to Distilled Spirits Council of the United States (DISCUS) Public Revenues Handbook.2006. Control States generate \$22.77 per gallon revenue compared to \$10.77 for License states. This increased revenue is important for assisting jurisdictions offset the additional costs that irresponsible alcohol use requires jurisdictions to fund including, but not limited to; public safety, criminal justice, medical, prevention, and treatment costs.

In conclusion...Alcohol is a unique commodity: It requires unique approaches in regulating its distribution, sale and consumption. Research shows that the control state system limits physical and social damage the misuse of alcohol causes, yet generates revenues for its jurisdictions. The control system provides a unique balanced approach in the sale and regulation of this unique product.

Full text: Nr. 170

Network of FORUT partner organisations participating in Annual Consultation meeting

Nongovernmental organization

Country: Norway

Funding or support from alcohol industry? No

Web site: <http://www.forut.no>

Summary:

Submission from FORUT Alcohol, Drugs and Development network participating in the Annual Consultation meeting in Malawi 7-8 November 2008:

- The Concerned for Working Children, India
- Association for Promoting Social Action, India
- Child Workers in Nepal, Nepal
- Alcohol and Drug Information Centre, Sri Lanka
- Malawi Girl Guide Association (MAGGA), Malawi
- NGO Gender coordination Network, Malawi
- Drug Fight Malawi, Malawi
- International Federation of Blue Cross, Africa Region, Chad
- FORUT Sri Lanka, Sri Lanka
- FORUT Sierra Leone, Sierra Leone
- FORUT, Campaign for Development and Solidarity, Norway
- IOGT Norway

The signatories to this submission have discussed the various aspects of alcohol as related to key development issues in Africa and Asia, as well as various strategies to prevent alcohol related harm. The effects alcohol use have on children/youth, on marginalized and poor communities, in relation to HIV/AIDS, gender based violence and other development issues underline that the WHO global alcohol strategy needs to be truly global. In this context alcohol use often affects others than the drinker, including the family, children and local community. The strategy should address how alcohol affects the achievements of the Millennium Development Goals.

Use of alcohol can entail violations of our commitment to the United Nations Convention on the Rights of the Child – not only Article 33, which includes the rights of children to be protected from illegal drugs, but all the 44 Articles of the CRC which all the members states are committed to.

For people living in marginalized urban or rural communities, migrants and displaced people social nets are absent. This inhibits their coping mechanism and can easily lead to increased alcohol use and lack of support mechanism to stop harmful drinking.

Many states view increased sale of alcohol as a 'revenue' issue. Health problems, road accidents, violence and other alcohol related problems cause significant costs but are seldom recognised.

Recent studies indicate the linkage between alcohol and HIV transmission. In addition alcohol seems to affect the susceptibility to HIV infections and reduce the effect of ARV treatment .

WHO should consult with different constituencies, including children. The WHO global strategy must contribute to educate and empower national and local governments to implement a strategy that includes education, mobilisation and control. The signatories to this submission underline that the WHO Global Strategy needs to be purely based on protecting public health using the available evidence base

Room et. al.: "Alcohol in Developing Societies; A Public Health Approach"

Babor et. al.: "Alcohol: No ordinary commodity"

We also emphasize the need to safeguard the integrity of alcohol policy from vested interest. Both WHO and national governments should consider affected people as important stakeholders, rather than economic operators. We will request WHO to acknowledge the important role of civil society.

The WHO Global Strategy needs to address the alcohol issue in all its aspects both at the national, regional and global level. Interventions need to be adapted to local realities.

Many of the signatories may help ensure participation of marginalised groups, youth and children for consultations by the WHO, mobilise various groups, develop culturally sensitive materials and work closely with local governments.

Full text: Nr. 233

New Futures

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.new-futures.org>

Summary:

New Futures, a non-profit, non-partisan, advocacy organization, recommends that the World Health Organization focus on policy oriented strategies to reduce alcohol-related harms. We recognize the importance of prevention in a broad sense and treatment for alcohol problems. In both of these realms governments and organizations can play important roles in creating an environment that reduces alcohol-related harms. Policies that encourage treating addiction like other chronic health conditions and policies that recognize the negative impact of alcohol advertising on public health are among the many that nations around the world could use to limit harmful alcohol use.

Full text: Nr. 232

New Zealand Drug Foundation

Nongovernmental organization

Country: New Zealand

Funding or support from alcohol industry? No

Web site: <http://drugfoundation.org.nz>

Summary:

The New Zealand Drug Foundation is a registered charitable entity founded in 1989. We are committed to reducing and preventing the harm caused by alcohol and other drugs in New Zealand, both the social and health harms.

At the international level, the Drug Foundation is a member of the International Harm Reduction Association, International Drug Policy Consortium, Global Alcohol Policy Alliance and Asia Pacific Alcohol Policy Alliance.

Question 1

The Drug Foundation would like to outline four strategies that we believe are effective, but also achievable.

- Manage the availability of and access to alcohol to minimize alcohol-related harm.
- Set the price of alcohol at an appropriate level to disincentivise harmful consumption.

- Promote and protect communities' control and involvement in decisions and processes relating to alcohol in their communities.
- Ensure an effective treatment continuum of care that addresses social integration, prevention.

Furthermore, for these strategies to be successful and effective there needs to be national and international political and governmental leadership.

Question 2

The Drug Foundation notes four key approaches that can be taken to reduce the harmful use of alcohol from a global perspective.

- Ensure that trade in alcohol related goods and services is responsive to the aim of minimizing alcohol related harm at a global level.
- Develop a better understanding of the use of homemade alcoholic beverages in developing countries, and developing approaches to assist these countries in addressing them.
- Assess and address the negative impacts of alcohol on social and economic development
- Support developing countries to set in place effective measures to address alcohol related harm – encouraging local community empowerment and the development of the role of civil society, and in particular NGOs in developing these effective measures, both at international and member state level.

Question 3

In relation to the WHO development of a Global Alcohol Strategy the Drug Foundation can contribute in the following ways.

- Support communities to address their alcohol related harm.
- Add to the evidence base through research and evaluations of initiatives.
- Advocate nationally and internationally for effective, evidence based strategies.
- Disseminate evidence-based, useful information to the public, organizations, and communities.

The Drug Foundation would be happy to support the WHO's consultation process, particularly in relation to consulting NGO's and civil society more broadly.

Concluding comments

The Drug Foundation strongly supports the development of a Global Alcohol Strategy by the WHO and member states. The Drug Foundation also believes that the Global Alcohol Strategy will be most effective if it:

- is evidence and research based
- involves NGOs and civil society
- is a strong, binding framework.

The Drug Foundation commends the WHO for taking this action to address alcohol related harm and supports the development of a strong, evidence based Global Alcohol Strategy that provides a strong framework for member states and civil society to work with in addressing alcohol related harm.

Full text: Nr. 236

New Zealand Winegrowers

Nongovernmental organization

Country: New Zealand

Funding or support from alcohol industry? Yes

No summary available.

Full text: Nr. 275

NGO Fontana

Nongovernmental organization

Country: Denmark

Funding or support from alcohol industry? No

Web site: <http://www.ngofontana.org>

Alcohol consumption is increasing at an alarming rate in developing countries and so are the number of problem drinkers. Extensive and well documented research on measures which work and which do not work to combat the problem, are widely published and tested. It would be a waste of good resources not to transfer this knowledge to developing economies, where the problem is beginning to surface.

The increasing alcohol consumption in some emerging economies such as Vietnam should be of great concern. Alcohol could be the most detrimental risk factor, although official and reliable statistics are scarce. Also, it is probable that alcohol accounts for the same amount of disease as tobacco and that alcohol is one of the leading causes of death and disability.

Despite that, the problem is not recognized in Vietnam, and Vietnam does not have a coherent and communicated national or local alcohol policy.

However, scientific evidence for strategies and interventions designed to prevent or minimize alcohol-related harm exist. harmful drinking affects not only those, who drink, but alcohol abuse or dependency also have severe negative social and economic consequences for others, in particular families and society at large.

Babor et. al. 2003, have made a comprehensive and documented list of cost effective measures which most national policy makers could implement.

Among those are early intervention and treatment strategies.

At the population level, their impact is limited, because specialized treatment for alcohol problems almost by nature can benefit only a relatively small fraction of the population.

However, as treatment is an obligation to any civilized and humane society, it deserves attention irrespective of whether treatment receives public funding or not.

Any and all early intervention and treatment should be best practice and evidence-based.

Alcohol abuse and dependency are complex issues. Alcohol intervention and treatment require specialized skills and training by the medical staff, social workers and counselors involved.

It must be targeted, evidence-based, framed in time, and focused on the alcohol problem, its consequences and complications. Early intervention and treatment is cost effective compared to the total costs which society will incur if nothing is done.

However, even inexpensive efforts can be costly, if they do not have effect.

The following treatment modalities have demonstrated universal effect: 12-Step Treatment and CBT + RET where families are included in the treatment process (prior, during or post treatment of the abuser/dependent).

Effective screening and diagnostic tools are paramount to offering relevant and adequate treatment.

Particular emphasis should be put on diagnosing potential: Alcohol related somatic diseases, psychiatric diseases, co-morbidity (neurosis, nervous fear, phobias, depression, borderline, ADHD, PTSD), cross-dependence, social problems, and family situation.

There is no consistent evidence that intensive residential programs provide more benefit than less intensive out-patient treatment, although in-patient treatment should be used in severe situations.

The majority of problem drinkers, alcohol abusers and alcohol dependent people are relatively well functioning citizens with a social network, a job, a fair income etc.

Addressing this target group will provide the greatest financial benefit for society.

The earlier you get into treatment the greater the benefit.

Public efforts should be made towards addressing the social stigmatization of people having problems with alcohol.

NGO Fontana is operating detox. and rehab. facilities in Vietnam.

We have a fully documented approach to treatment which has demonstrated convincing results.

NordAN - Nordic Alcohol and Drug Policy Network

Nongovernmental organization

Country: Denmark

Funding or support from alcohol industry? No

Web site: <http://www.nordan.org>

Summary:

The view of NordAN – the Nordic Alcohol and Drug Policy Network – on what constitutes a good preventive alcohol strategy in general and a global strategy in particular can be summarized in these points, based on our alcohol policy platform, adopted by representatives of our member organisations:

1. Harm done by alcohol is a serious social and health problem. Particularly important from a policy point of view is the harm caused to other persons than the drinker.

2. It is more humane to prevent harm than to wait until it has occurred. A comprehensive policy is needed, including both population based measures and action directed at risk groups and risky behaviour
3. It is important both to reduce total consumption of alcohol and to influence drinking patterns, eg to avoid intoxication.
4. A high price on alcohol, reduced availability and age limits are the most efficient instruments, both in reducing total consumption and in reducing problems.
5. Information about the effects of alcohol is important, but can not replace restrictions. Commercial alcohol advertising should be avoided as far as possible.
6. Alcohol is a losing affair economically for society. Alcohol related problems cause great costs. Attempts to defend increased drinking with arguments of employment or export incomes must be rejected.
7. Alcohol free zones: Alcohol should be avoided during childhood and adolescence, during pregnancy, in working life, in road traffic, in motor boats and in connection with sports.
8. Care should be financed by public bodies, but can be carried out by others
9. Schools have an important role in prevention.
10. Alcohol research should be given increased resources.
11. It is important that the global strategy has a public health perspective and not a trade perspective. The influence of commercial alcohol industry should be limited, and the conflict between public health interests and the industry's goal to increase sales should be acknowledged.
12. Strong voluntary organisations give good support to alcohol policy.
13. The WHO needs resources to promote implementation of global and regional strategies against alcohol problems.
14. Alcohol is no ordinary commodity, which should be taken into consideration when forming international trade agreements and rules for economic cooperation. States that want to carry out alcohol policies that are more ambitious than those agreed by economic or trade unions should not be prevented from doing so.

NordAN is a network of 88 voluntary organisations in the alcohol and drug field in the Nordic and Baltic States. We work to strengthen the support for restrictive alcohol policies based on solidarity and scientific evidence in our countries. Through our website and newsletter, and different meetings and conferences, we can spread knowledge about alcohol problems and efficient preventive policies, and support voluntary organisations in their work to obtain decisions on good policies and contribute to their implementation.

Full text: Nr. 160

People Against Alcohol, Drug Abuse & Merchandise - PAADAM

Nongovernmental organization

Country: India

Funding or support from alcohol industry? No

Specific inputs from PAADAM for the proposed National Alcohol Control Policy

1. While naming the policy, you may use the term 'National Policy for reducing Alcohol harm or Integrated Policy for Reducing Alcohol harm or a similar sounding connotation. Here the word 'Reducing Alcohol harm' rather than 'Alcohol control' will find favour with all stakeholders and will help break the initial barrier, which is important.
2. Focus more on the controlling the business of hard liquor than soft liquor like Beer, wine and similar ones.
3. Push for dual pricing policy. Low excise/taxes on alcohol with less than 6%TAC. Preferably Ban or high excise/taxation on alcohol with high TAC like hard liquor.
4. But increasing the price of alcohol like in Europe/US may not be a proper strategy. It is our assumption that increasing alcohol price beyond a point may be counter productive and lead to other anti-social trends. While there may be some reduction in consumption due to this, many youth may be tempted to resort to illegal and anti-social methods like theft, cheating, petty crimes and even murder to make up for the additional expenditure. This is validated by the recent spate of murders of security guards in Chennai by groups of youth for petty cash, just to pay for the cost of alcohol. Also, many youth have been taking to chain snatching and mobile thieving to pay for high prices of alcohol.
5. Liquor business houses have been indulging in surrogate/indirect advertisement, using the same brand name for wine glass, mineral water, soda etc. Hence, liquor businesses should be prevented through suitable legislation, use of same brand name or similar sounding one or logo in their audio-visual advertisements for liquor as well as their other products. They can have one brand name or logo for liquor, which of course cannot be advertised and a different one for their other products. This will be a good measure to rein in the liquor businesses.
6. Engage leading corporates especially Software/IT on a continual basis on Alcohol abuse in Workplace and promote the concept of cocktail free parties, not giving liquor as gifts and similar employee welfare

measures as part of their Corporate social Responsibility (CSR). We need to create awareness that good HR policy means a liquor free campus and that helps in employee satisfaction, productivity, loyalty and most importantly improving the bottom line. Allot funds for conducting workshops to corporate employees in an attempt to prevent binge drinking.

7. Never engage liquor businesses in any liquor related deliberations or funding/ promotions. Create a Strategy for negative publicity for alcohol businesses on the whole.
8. Use services of NACO, NGOs working on HIV, Commercial sex workers, volunteers etc to anti-liquor campaign, de-addiction as part of controlling the spread of HIV.
9. Persuade all State Governments to strictly implement legal drinking age of 21 years. This should be prominently displayed in all liquor shops and liquor sold only on proof of age like Driving license.
10. Take serious measure to prevent drink-drive. The message that drink drive is not just injurious to the driver but other road users should be widely publicized. Drink driving is violation of the fundamental rights to life and security of others. Drink-driving should be officially equated to roaming on the streets with an unlicensed, loaded revolver, which may harm either the person or an innocent. The Law ministry to be persuaded to enact and implement strict law against drink drive.
11. Breath analysers and Alcohol in Blood analysers to be installed in major highways, get-aways and Tourist spots to prevent drink-driving. Establishing Mobile courts exclusively to prevent drink-drive will ensure swiftness of punishment which will be a major deterrent against drink-drive including license cancellation and imprisonment. (already recommended by IAPA)
12. Engage the services of Film actors and personalities to speak against alcohol abuse, similar to Polio/HIV campaign.
13. Establish a 'National Institute on Abuse of Addictive Substances' (NIAAS) similar to NIMHANS. Establish these institutes across Indian states, which will support federal Government efforts and share experiences.
14. Lobby to bring in anti-alcohol people as members into State Road safety committees.
15. To prevent hooch tragedies, a law should be enacted to make all methanol manufacturers give a distinct colouring agent to the solvent. The colour of methanol should be widely publicised throughout the country especially rural areas where similar tragedies have occurred before.
16. Persuade the Prime minister to declare the rapid increase in sale and consumption of alcohol as national health emergency similar to famine/Tsunami/HIV.
17. The age of Television should be used by the Ministry of Health. Explore the viability of running a separate state television channel (Health Channel) in English and other regional languages exclusively on all aspects of health. Various Issues on Liquor, Drugs, Tobacco, HIV, Cancer, Medical Insurance and host of other medical issues can be beamed – will have a positive impact on the health of the public. This can be a bold initiative and one more highlight of your achievement in the ministry.

Project Extra Mile

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No information

Web site: <http://www.projectextramile.org>

Summary:

Project Extra Mile is a community-based organization in the United States of America, the State of Nebraska. We are committed to preventing youth access to alcohol and the tragic consequences that result from underage drinking. The organization's mission is to create a community consensus that clearly states that underage alcohol use is illegal, unhealthy, and unacceptable.

Project Extra Mile supports a broad scope of initiatives to prevent the harms associated with underage drinking. The organization is opposed to products that target young people, including alcopops and alcoholic energy drinks. Irresponsible products aimed at youth should be banned or, at the very least, regulated appropriately in order to eliminate youth access and availability to the products.

Public health considerations should take precedence with regard to alcohol policy in the United States and throughout the world, and a global approach to this issue should be reached only after substantial input from representatives involved in public health practice, using sound public health research and science.

Project Extra Mile is opposed to international trade agreements that treat alcohol as a conventional good. Alcohol is not an ordinary article of trade, but rather, a drug that causes significant problems for young people, their families and communities. Efforts to decrease access and availability, restrict advertising and increase price are desperately needed to protect young people. The alcohol industry has no place in establishing such global policies; and further, they should be far removed from any trade agreements and discussions. The alcohol industry – influential and controlling – should not be allowed to exploit developing countries through the manipulation of trade agreements.

Project Extra Mile encourages the World Health Organization to support appropriate regulations, restrictions and alcohol control policies that would enhance public health for youth across the world.

Full text: Nr. 322

Quest for Quality BV, training and consultancy

Nongovernmental organization

Country: Netherlands

Funding or support from alcohol industry? Yes

Web site: <http://www.q4q.nl>

Summary:

As organizers of the International Conferences on Alcohol and Harm Reduction (Brazil 2002, Poland 2004, South Africa 2006 and Spain 2008) we wish to share some observations and recommendations which were brought forward in these conferences.

Reports of these conferences can be downloaded at www.alcoholconference.org

Some observations:

1. Traditional western policies which aim at higher prices and less availability of alcohol have little or no effect in transitional countries because:

- Alcohol has a low priority
- Much of the alcohol consumed is home made or illicit, which makes it impossible to influence the price through taxation
- Laws are often poorly implemented (for example drinking and driving)

2. Health professionals often dominate the alcohol policy field, whilst other disciplines which are also confronted with alcohol related problems (police, city planner and those working in the hospitality industry) are less involved.

3. Especially among western health professionals and researchers a resistance can be observed regarding the involvement of the alcohol beverage industry. There seems to be a confusion between working WITH and working FOR the alcohol industry.

4. Research is often too quantitative and limited to quantities of alcohol consumed. (in stead of looking at alcohol related harm per se). In case drinking concerns home made alcohol and/or in case no standard glasses are used, it is next to impossible to give an adequate figure about quantities consumed.

Some recommendations:

1. Next to traditional western alcohol policies, more attention should be given to targeted interventions. Before implementing targeted interventions an analysis should be made about who drinks where, when and why and what sort of harm is related to this drinking. Subsequently, a plan can be made on how to reduce such alcohol related harm. This may imply a focus on less alcohol consumption, but could also be imply other measures which do not necessarily lead to less consumption but look at changing the drinking environment, organizing night time transportation, changing the setting of a disco etc. etc.

2. Consumption of alcohol is a reality. People enjoy drinking and it has a social function. Alcohol policies should take this into account and aim at increasing the positive effects and reducing the negative effects. The Harm Reduction paradigm as developed for illicit substance use is a powerful tool in developing such realistic policies.

3. Partnerships, based on mutual respect and transparency, are essential in moving alcohol policies ahead. Such partnerships have to involve all stakeholders, such as parents, educators, health professionals, researchers, police, policy makers, city planners, hospitality industry and alcohol producers.

4. Since many different disciplines are confronted regularly with alcohol related harm, training should be offered on a large scale to people working in first aid, police and security staff, policy makers and city planners, and those working the hospitality industry. Such training should focus on (1) sensibilisation of the alcohol issue, (2) concrete actions to take to reduce alcohol related harm en (3) learning the value of cooperation with other disciplines.

Ernst Buning and Monica Gorgulho

Full text: Nr. 117

San Diego County Alcohol Policy Panel

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.alcoholpolicypanel.org>

Summary:

The San Diego County Alcohol Policy Panel believes the best way to reduce community problems and personal harm related to alcohol is to change the social, legal and commercial environments in which alcohol is made available and/or desirable to young people.

We believe “environmental strategies,” which change the legal, social and commercial environments in which decisions around alcohol are made, address the root causes of alcohol-related problems. By changing the socio-economic landscapes in which alcohol problems occur, we take a public health approach to a public health problem, shifting resources into a cost-effective prevention approach and away from attempting to change things one individual at a time.

We support the following environmental change policies:

1. Public drinking should be banned at all parks, beaches, and other community spaces frequented by children and families.
2. Communities should adopt, enforce, and adjudicate social host laws, which hold non-commercial individuals responsible for underage drinking events on property they own, lease, or otherwise control (<http://www.socialhost.org>).
3. Local governments should fund and support public awareness campaigns to reduce underage and binge drinking and adult conduct that facilitates underage and binge drinking.
4. Governments should adopt tax policies that reflect the social and economic costs of alcohol use.
5. State certified Responsible Beverage Sales and Service (RBSS) training should be required and enforced for all owners, managers and employees of businesses licensed to sell alcohol (http://www.marininstitute.org/alcohol_policy/rbs.htm).
6. Public and private entities should fund and support programs to increase public awareness of alcoholic products designed to attract youth or target specific populations or cultures (www.alcopopscoalition.org) and (www.marininstitute.org/take_action/hands-off.htm).
7. Public and private entities should take reasonable precautions in the time, place and manner of placement and promotion of alcoholic products to reduce youthful exposure to alcohol advertising and marketing activity (<http://www.camy.org>).
8. Effective enforcement and adjudication of alcohol laws should be made a priority at all levels of government.
9. Educational institutions should have appropriate and consistent enforcement of policies and codes for students and staff regarding alcohol use and promotion on their campuses.
10. Communities should understand and apply state and local ordinances to control the number, location, and density of alcohol beverage outlets.

Full text: Nr. 95

Santa Fe Underage Drinking Prevention Alliance

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Summary:

To Whom It May It Concern:

Do not be fooled by the liquor industry. Alcohol plays a key role in harming families and communities everyday throughout the world.

The disturbing fact is that drinking is a serious and dangerous problem. The need for families, communities, businesses, law enforcement and government to stay vigilant and active regarding the irresponsible marketing of alcohol has never been greater.

Alcohol consumption is a major contributor to the three leading causes of death among people: motor vehicle crash, suicide and homicide. Youth alcohol use is strongly associated with many other life altering risk behaviors such as unplanned pregnancy, violence, academic failure and DWI. Too many of our young people start to drink at an early age. Yet we can make a difference by advocating for the interventions below:

- Excise tax increases
- Happy hour bans
- Full or partial bans on advertising and marketing, such as restrictions on youth exposure to alcohol advertising and marketing
- Minimum legal purchase age (e.g. 21 in the U.S.)
- Government monopoly of retail sales
- Restriction on hours or days of sale
- Outlet density restrictions
- Brief interventions and treatment
- Lowered BACs limits, random breath testing and administrative license suspension for drinking-driving
- Strict enforcement of existing alcoholic beverage control and traffic safety laws

The Santa Fe Underage Drinking Prevention Alliance is urging communities and families to join together to fight this severe threat to our children by educating themselves about the dangers and costs of alcohol and the impact of alcohol in our communities. Our children deserve to have the brightest possible future we can give them. We can all contribute to our children's and community health by talking about alcohol before children start drinking and supporting policies and initiatives that effectively reduce drinking.

Thank you for helping with this critical work. We wish the families and communities of the World the best.

About Santa Fe Underage Drinking Prevention Alliance

The Santa Fe Underage Drinking Prevention Alliance collaborates to prevent and delay the onset of underage drinking by leveraging resources to implement culturally competent, evidence-based best practices in education, prevention and policies to change community norms around alcohol use. Our vision is that in Santa Fe County no one drinks alcohol before the age of 21, adults model low risk alcohol use, and no one drinks and drives.

For more information regarding the Santa Fe Underage Drinking Prevention Alliance please contact Shelly Mann-Lev, Chair at (505) 467-2573. Contact: Cynthia Delgado, Communications Liaison. Santa Fe Underage Drinking Prevention Alliance. Cell Number: 505-670-3002. Email: cmdelgado@att.net

Full text: Nr. 99

SIMON- Sundsvall

Organizaciones no gubernamentales (ONG)

País: Sweden

Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? No

Informar a la comunidad de Sundsvall y sus alrededores de acuerdo a medios modernos visuales y en forma de una exposición gráfica que se exhibirá en sitios públicos municipales y del Estado. Es de pensar que esta información vendrá acompañada con acciones junto a similares organizaciones como Vileda y IOGT-NTO-Sundsvall. Las acciones se harán en los centros comerciales de Birsta repartiendo folletos que informen sobre los daños y perjuicios del uso del alcohol y estupefacientes.

Nuestra contribución a esta campaña, en contra del uso del alcohol por diferentes grupos de personas, se basa en informar de forma directa e indirecta por dos formas:

- En forma didáctica exponiendo en un material informativo las consecuencias del uso incorrecto del alcohol. Este material se hará girar en bibliotecas y lugares de mayor frecuencia juvenil, adulta y de tercera edad
- También se presentarán videos al respecto. Y en este contexto se invitarán organizaciones que luchan en el mismo ámbito como el IOGT-NTO de nuestra localidad.
- También haremos manifestaciones públicas en las afueras de los expendios estatales al menos una vez por mes. Para así concientizar a aquellos que van a comprar alcohol en ese establecimiento.

Nuestra forma de trabajar la haremos junto a otras organizaciones que también trabajan por la disminución del uso del alcohol y que también trabajan contra el uso de drogas. Al mismo tiempo que participaremos en las manifestaciones comunales con un stand donde se exhibirán las bebidas no alcohólicas que podrían sustituir a las alcohólicas.

Sri Lanka Temperance Society

Nongovernmental organization

Country: Sri Lanka

Funding or support from alcohol industry? No

Summary:

Public health should supersede all other considerations and the message of the harmful effects of the use of alcohol should be loud and clear at all forums international, regional or national. The lead should be taken by international bodies like the World Health Organisation and the World Bank to build awareness among all governments of the seriousness of the global problem and the ill-effects of alcohol use on the well-being of persons, families and nations and the adverse economic and social impact of alcohol use. Public health policies should be protected from commercial and other vested interests of the alcohol industry through concerted action internationally, regionally and nationally.

Price and tax measures are considered the single-most measure that reduces alcohol consumption without any barriers. Besides, there are many non price and tax measures that are effective in reducing alcohol-related harm. Deglamourising alcohol use; raising the permissible age to twenty one years; licensing manufacturers, exporters, importers, wholesalers, distributors and retailers; prohibiting all forms of advertising, promotion and sponsorship by the industry; ban on duty free and internet sales of alcohol products; promoting cessation of alcohol use and implementing measures to reduce alcohol dependency; research, surveys and special studies on alcohol related issues; communication and public awareness; comprehensive national legislation; and establishing liability regimes are recommended.

The WHO should initiate action to negotiate a Framework Convention on Alcohol Control that will give the necessary impetus for desired action at the international, regional and national levels to reduce alcohol-related harm. International cooperation to counter the alcohol pandemic is essential as the trans-national corporations that control the alcohol industry target vulnerable groups especially in the low and middle income countries.

Full text: Nr. 133

STAP (National Foundation for Alcohol Prevention)

Nongovernmental organization

Country: Netherlands

Funding or support from alcohol industry? No

Web site: <http://www.stap.nl>

Summary:

STAP (the National Foundation for Alcohol Prevention, in the Netherlands) has the experience that the key explanatory factors related to alcohol problems are the easy access to alcohol, low prices, the intensity of the marketing and the unrealistic health image of alcohol.

Scientific research has shown that effective policy measures include the following: price policy to influence affordability, minimizing physical availability of alcohol (e.g. by restricting the number of outlets, hours/days of sales, by removing sweet alcohol-pops from the supermarket, etc), increasing the minimum legal purchasing age, improving the enforcement of the minimum legal drinking age, a ban on alcohol advertising, random breath testing and brief interventions for high risk drinkers (see Babor et al., 2003).

On a global level, STAP pleads for the following:

- Member states should not be restricted in pursuing their own national/local alcohol policies due to European/global trade agreements.
- Tax levels should be more harmonised (based on Purchasing Power Parity per country and based on the economic principle that the level of taxation on products like alcohol and tobacco should relate to the costs of these products for society) and EU wine allowances should be stopped.
- A policy of minimum retail prices for alcohol based on health arguments.
- To better protect children against the effects of alcohol marketing, STAP pleads for a total ban on alcohol advertising (similar as with tobacco).
- In order to standardise alcoholic consumptions on a global level, it is necessary that all alcoholic beverages contain the number of grams of alcohol on the label (and not only the percentage of alcohol). This way, global guidelines can be developed and the risk of overconsumption due to confusing drinking guidelines might be reduced.

STAP is a strong proponent of a world-wide Framework for Alcohol Policy similar to the WHO Framework on Tobacco Control. A world-wide agreement about effective policy instruments to reduce youth drinking, to reduce harmful drinking by adults, to reduce drunk driving and to protect third parties frees the way for effective policy making on local, national, European and global level.

STAP advises that the alcohol industry (although involved in producing and distributing alcoholic products), should not play a role in the development of effective alcohol policy, on any level. Commercial interests and maximizing profits are not compatible with public health interests such as the reduction of alcohol-related harm.

STAP is a national, independent non-profit organisation that advocates effective alcohol control policies and works towards public awareness of the risks of alcohol. We work on a local, national and European level. Our main expertise is on local alcohol policy, the monitoring of alcohol marketing (in the Netherlands and in Europe with the European Centre for Monitoring Alcohol Marketing, EUCAM), and promoting an alcohol free environment for pregnant women and minors.

Full text: Nr. 87

StopDrink Network

Nongovernmental organization

Country: Thailand

Funding or support from alcohol industry? No

Web site: <http://stopdrink.com>

Summary:

Effective strategies to reduce alcohol-related harms should have the following characteristics:

First, effective strategies should be based on clear policy direction, good policy content, effective implementation and strong policy support. Knowledge backs up all these important aspects, whereas commitment from policy makers is of great importance to realize the effective strategies.

Second, effective policy or strategies must be created with no commercial interests or interference from alcohol industry and related business. Health benefits of population must come first and should prevail over economical benefits.

Third, the age of new drinkers has been declining. For that reason, it is important to block up marketing strategies and seductive advertisements of alcohol products which will help prevent new drinkers. Restrictions on marketing and a total ban of advertisement should be recommended. Innovative alcohol control campaigning techniques and social marketing strategies can supplement the restrictions imposed on alcohol marketing and advertising.

Last, international collaboration should be strengthened as the alcohol issue can not only be solved at a national level as countries tied with many complicated conditions such as Free Trade agreement. Alcohol should not be considered as equal to other normal commodities and should be excluded from the trade agreement.

From a global perspective, when dealing with a very complicated and controversial problem like alcohol, the world perhaps needs to have power of head, heart and hands. "Head" means knowledge. "Heart" is a commitment especially from policy or government sector. If they are well informed and understand the problems, alcohol control will be a lot easier. "Hands" means participation from civil society. Mobilization of the civil society could contribute extensively to alcohol control. It could give strong support to policy sector, while counterweigh the alcohol industry. When heart, head and hands work together and support each other, the world will be powerful in tackling with problems from harmful use of alcohol. Failure of any function of these three elements could lead the world to nowhere. WHO Secretariat team can therefore play a crucial role in driving and synchronizing these three powers.

StopDrink Network, established in 2003, is the biggest network of people's organizations which works to reduce alcohol consumption and its related harms. The Network has more than 260 allies across the nation. At the international level, StopDrink Network could have the following contributions to reduce harmful use of alcohol:

- Take an active role in a global NGO community and cooperate with them for an advocacy of effective alcohol control policy or other activities that meet the Network's objectives with no interference or commercial interest of alcohol industry.
- Support WHO's efforts in drafting a global strategy to reduce harmful use of alcohol and in the implementation of the strategy.
- Share knowledge, lesson learned and experiences with other countries. StopDrink Network may also be able to provide technical support to other NGOs in SEA.

Full text: Nr. 55

Student Aid Liberia Inc

Nongovernmental organization

Country: Liberia

Funding or support from alcohol industry? No

Summary:

Alcohol is a major problem in Liberia. We have done a survey that proved the youths as major users of alcohol. Our survey showed 43% of youths in Liberia use alcohol in Liberia and we have recommended to the Liberian government to increase tariff on the importation of alcohol in Liberia to help minimize the misuse and abuse of alcohol in Liberia. Our youths were engaged in the 13 years civil crisis in Liberia and they are as such former combatants. They did not only limit themselves to alcohol use, but drugs as well. And here some thing need to be done too.

Alcohol abuse is a serious problem in Liberia amongst the youthful population and we need urgently a remedy to reduce the risky behavior of our youths. They are in any nation the foot to stand on and if all of them are alcoholic what can become of that nation?

We have been fighting in this area carrying out awareness programs in schools and communities. But we have not received any help from WHO in Liberia. We wrote asking for financial assistance to implement a workshop on drug and alcohol, but WHO in Liberia said they only deal with government not NGOs. We pray this time around we can be included in any future events.

Taiwan Medical Association (Member of World Medical Association)

Nongovernmental organization

Country: Taiwan

Funding or support from alcohol industry? No

Web site: <http://www.tma.tw/>

Summary:

Small dosage of alcohol for daily use may be helpful for vascular dilatation etc., in most of the population. But in several Asian populations, including Han-Chinese, Korean, Japanese etc., which represents at least 1/5 of world people, they have 1/2 or 1/3 of the population having ALDH2*2/*2 or ALDH2*1/*2 which encode enzyme cannot - or slows down - the metabolizing of acetaldehyde. Even after small dosage of alcohol drinking, they will produce acetaldehyde accumulate which will not only induce palpitation, facial rash, nausea, etc., but also cause a lots of toxicity in the whole body and increase the risk of cancer in G-I system and liver, as well as increasing the risk for developing early neuron deterioration. WHO should announce to such populations to be careful about using alcohol in any conditions and festivals, even in a birthday party.

Reference: Chen et al, Am. J. Hum. Genet. 65: 795-807, 1999

Professor Ru-Band Lu, November 10, 2008

The Association for Promoting Social Action

Nongovernmental organization

Country: India

Funding or support from alcohol industry? Yes

Web site: <http://apsaindia.org>

No summary available.

Full text: Nr. 333

The BACCHUS Network

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? Yes

Web site: <http://www.bacchusnetwork.org>

World Health Organization -- The BACCHUS Network™

For the young adult, college population in the United States, alcohol is the primary substance that increases in use and abuse upon enrollment and is higher than in the non-college young adult population. Although the majority

(65%) of students choose either to not consume alcohol or to drink at lower-risk levels, those consuming at high-risk levels are the source of the majority of negative consequences.

In 2002, the U.S. National Institute on Alcohol Abuse and Alcoholism published a report with research-based recommendations for a comprehensive alcohol abuse prevention program for colleges. These included screening and brief intervention, visible enforcement of applicable laws, collaborative campus-community efforts, and actively incorporating peer educators in the implementation of programming, messaging, and outreach.

Trained peer educators are trusted sources of reliable and accurate health information among their peers. Peer educators are in a unique role to interact with their peers and to be the communicators of health information on a frequent basis. They also are a valuable link with campus administration; often peer educators can be among the first to know whether their peers know how to look out for one another and what can make educational campaigns resonate.

The BACCHUS Network™ has been supporting this valuable and effective campus resource since 1975 and actively training these student leaders since 1990. If there is one group that can have the broadest outreach with the college student population, it is trained peer educators.

The young adult population is one of the high-risk groups for alcohol abuse, but this age group also has a range of users from abstainers to extreme high-risk drinkers. Prevention and intervention approaches must be able to support the healthy choices of abstainers and low-risk drinkers as well as address the behaviors and attitudes of harmful and hazardous drinkers.

This task can be addressed by augmenting education and awareness efforts with use of motivational interviewing in brief interventions by trained peers and campus staff and with strengthened policy and enforcement efforts.

In addition, changing the environment around drinking can alter how the college population drinks and their attitudes about drinking. Social norming is a proven method for correcting misperceptions about drinking behaviors and attitudes. When these misperceptions are corrected, campuses have seen decreases in alcohol use, abuse, and related problems.

Although the research and documentation of progress must continue, one of the largest hurdles to effective comprehensive alcohol abuse programs is the lack of support and funding. Even when engaging trained student leaders in a program, a campus must still lend dollar and support to the administration, programming, and intervention efforts. Continuing to talk about what should be done is not adequate. The conversations must turn to action, and there must be support for long-term efforts.

In its 34th year, The BACCHUS Network™ (www.bacchusnetwork.org), a U.S. non-profit organization, continues to promote student and young adult based, campus and community-wide leadership on healthy and safe lifestyle decisions concerning alcohol abuse and other high-risk behaviors.

The Mentor Foundation (International)

Nongovernmental organization

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? No

Web site: <http://www.mentorfoundation.org>

Summary:

The Mentor Foundation's mission is the prevention of drug (substance) abuse and the promotion of the health and well-being of children and young people.

Alcohol is a major substance the misuse of which, and the harm that it causes, Mentor aims to prevent.

The focus of Mentor's work and the proposal Mentor would wish to submit concerns the need for appropriate focus on and investment in prevention and education, particularly targeting young people and those who have responsibility to care and support them.

Continued research is required to identify effective prevention/education focused interventions targeting young people and then adequate funding and support for their implementation and evaluation.

Delay of onset of use is an initial and appropriate target but this should extend into allowing young people to have the appropriate knowledge, attitudes, skills and awareness to challenge norms and deal with the range of influences upon them that promote young people's alcohol use.

Mentor feels that the focus on media campaigns and advertising is not sufficient in itself to have the required impact on young people's drinking behaviour.

Similarly to address the matter from a legalistic position in relation to supply and availability is not sufficient by itself.

Mentor also believes that the issue has to be addressed in an appropriate cultural and country context.

The issue of alcohol misuse and the harm alcohol can cause is one that requires an input from all stakeholders including, subject to cultural sensitivity and context, the alcohol industry as well as the health, education, and related interest groups both within and beyond government.

The alcohol industry could work as a partner to support shared objectives of those working in the education and prevention field to prevent the use of alcohol by young people and its misuse by those who are of the legal age to use and do so within the legal and social conditions of the culture/country.

The issue of alcohol use is of major concern particularly that of use among young people and requires a co-ordinated and sensitive approach that will be relevant to young people and the social and cultural context in which they operate.

Mentor believes that guidance is required to help those who tackle the issue of alcohol misuse among young people require appropriate training and support to ensure that it is done in a way that reflects evidence based practice of effectiveness.

Mentor believes a coordinated approach is required that involves all relevant stakeholders in the education and prevention field.

Alcohol education and prevention is best addressed within the context of a broad health education/promotion and personal and social education focus.

Mentor believes that increased emphasis on addressing normative behaviour is required and an increased awareness and acknowledgment of the acceptability of choosing not to drink.

Alcohol use has also to be addressed within the context of safety to address the responsibilities of those who choose to use and the potential consequences of use on others as well as the user eg driving, the work place, the home.

The impact of alcohol on the developing adolescent brain is an area that requires increased focus and attention within the education of young people and others involved in education and prevention as does the matter of predisposal to addiction or problematic use through possible genetic factors.

Appropriate approaches and education/prevention response are required for different target groups and different settings. This requires attention to the approach for universal, indicated or selected target groups.

Mentor is involved and has the potential to help and support the development of best practice in education and prevention with respect to alcohol on the global level both through its organisations and through its networks and planned developments.

Mentor would also wish to use its international and national expertise and experience to help inform and disseminate best policy and practice with respect to alcohol education and prevention within a global context.

Mentor wishes to collaborate and partner with major stakeholders such as WHO in pursuit of appropriate responses to managing substance abuse, alcohol related harm and harmful use of alcohol.

Jeff Lee
Executive Director
The Mentor Foundation (International)
11th November 2008

Full text: Nr. 238

The Student Life Education Company

Nongovernmental organization

Country: Canada

Funding or support from alcohol industry? Yes

Web site: <http://www.studentlifeeducation.com>

Summary:

Based on our experience and feedback from the schools we serve, there are several effective strategies available to reduce alcohol related harm. Young men and women who are 18 -24 years of age in Canada see alcohol as a legal substance that they will legally have access to when they enter into post secondary education. Strategies for this group must acknowledge them as young adults and address the issue of use or misuse in a language and approach that they respect and relate to.

Social Norms Model is an approach that we support and subscribe to. This science base approach to reducing alcohol related harm is based on dispelling the myths and misperceptions that surround the use of alcohol and the perceived negative cultural norm and promotes actual positive norms.

This is an evidence-based process that relies on data to identify the actual norms of a population and then promotes that positive norm back to the population with the healthy protective behaviours

While The Student Life Education Company uses Social Norms Theory to guide our work in the post secondary and secondary markets we believe that it is critical to speak to children about alcohol at an early age. Parents hold the key to open and honest dialogue about alcohol. They can start the process of correcting the misperceptions by using every day opportunities to draw attention to the facts, the religious and cultural roles, and family expectations and values regarding the use or non use of alcohol. Discussions based in fact and not in fear or scare tactics allow children to inquire openly about alcohol before they are faced with the choice of use or non use in post secondary or secondary school. Taking the role of parents influence one step further it is important for parents to see themselves as role models. Children are influenced by what they see their parents do and how they act. By empowering parents to see themselves as role models and encouraging to act in a way they would like their children to act, we are empowering parents as positive influences in their children's lives and giving them reason and permission to confront any issues they may have related to alcohol use.

Full text: Nr. 309

The Union of Russian Brewers (English version)

Nongovernmental organization

Country: Russian Federation

Funding or support from alcohol industry? Yes

Web site: <http://www.beerunion.ru>

Summary:

The Union of Russian Brewers was set up on September 15, 1999 by a decision of the All-Russian (Statutory) Conference of Producers of Beer and Soft Drinks in Moscow. Today the Union unites small, medium-sized and large breweries, the brewing business and, as a matter of fact, is an organization of self-regulation in the area of social responsibility, social and economic partnership, business and power. The main document of self-regulation of the industry, the Code of Conduct of Russian Brewers establishes for market players additional norms in the area of advertising communications which are not provided for by the current Russian legislation in this area of activity.

Strategy of reduction of harmful impact from alcohol consumption is an integrated document which covers a wide spectrum of factors of the regional as well as global character and reflects a set of officially accepted views on goals and the general world strategy in the area of counter-action to misuse of alcohol products and fighting with its negative consequences.

Excessive consumption of alcohol causes numerous negative personal and social consequences, which could lead to physical and moral degradation of a human. At the same time, according to many experts, moderate consumption of alcohol and, first of all, natural wine and beer, being means of satisfaction of certain human needs, represents an integral element of the life style, culture and customs of the majority of the population and is perceived by most of people as a socially acceptable phenomenon.

In accordance with our viewpoint, official approval by the society and the state of a principle of moderate consumption of alcohol as the key approach in the solution of the problems of fighting with binge drinking should become the cornerstone in the global policy under development, if such policy provides for a necessity of implementation of a flexible policy and a wide spectrum of various measures, in terms of their contents and orientation.

It is important to note that eliminating the deeper causes of alcohol misuse is a complex and long-term process. Alongside with that the global policy on issues of reduction of the adverse impact of alcohol consumption must be an integral part of the general social and economic policies of states, and its contents must be built upon an objective analysis of the causes and factors of spreading of the negative manifestations of immoderate consumption of alcohol and taking into account the real-life conditions in the society of any concrete region (country), including the attitude (mentality) of different groups of population (cultural, social, age-related, on the basis of sex etc.) to alcohol as a whole. That is why work at reducing the adverse impact of alcohol consumption cannot be carried out regardless of the specific national features, the living standards of the population, and the level of development of society and the economy, the culture and morality of society.

Full text: Nr. 231

Союз Российских Пивоваров, Неправительственная организация (НПО)

Nongovernmental organization

Country: Russian Federation

Web site: <http://www.beerunion.ru>

Резюме

Союз Российских Пивоваров создан 15 сентября 1999 года решением Всероссийской (учредительной) конференции производителей пиво-безалкогольной продукции в Москве. На сегодняшний день Союз объединяет малый, средний и крупный пивоваренный бизнес и, по сути, является организацией саморегулирования в сфере социальной ответственности и социально-экономического партнерства бизнеса и власти. Кодекс Чести российских пивоваров, являющийся основным документом саморегулирования отрасли, устанавливает для участников рынка дополнительные нормы в области рекламных коммуникаций, непредусмотренные существующим российским законодательством в этой сфере деятельности. Также наша организация является убежденным сторонником разработки и принятия основополагающей концепции регулирования производства и оборота алкоголесодержащих напитков на основе современных взглядов на дальнейшее развитие общества.

Стратегия сокращения вредного воздействия употребления алкоголя, является комплексным документом, охватывающим самый широкий спектр факторов, как регионального, так и глобального характера и отражающим совокупность официально принятых взглядов на цели и общемировую стратегию в области противодействия злоупотреблению алкогольной продукцией и борьбы с его негативными последствиями.

Чрезмерное потребление алкоголя вызывает многочисленные негативные последствия как личностного так и общественного характера, что может привести к физической и нравственной деградации человека. В тоже время, как отмечается многими экспертами, умеренное потребление алкоголя представляет собой неотъемлемый элемент образа жизни, культуры и быта подавляющего большинства населения и в массовом сознании воспринимается как социально приемлемое явление.

По нашему мнению, официальное признание обществом и государством принципа умеренности в потреблении алкоголя как основополагающего подхода в решении проблем борьбы с пьянством должно стать краеугольным камнем в разрабатываемой глобальной политике, предусматривающей необходимость проведения гибкой политики и широкого спектра разнообразных по содержанию и направленности мер.

Вместе с тем, устранение глубинных причин злоупотребления алкоголем — сложный и долговременный процесс. Среди основных проблем провоцирующих максимальный уровень негативного общественного резонанса в отношении злоупотребления алкоголем, и которые, по нашему мнению, требуют первостепенного внимания стоит выделить следующие аспекты:

- высокий уровень потребления абсолютного алкоголя на душу населения;
- значительная доля абсолютного алкоголя в общей структуре потребления всех типов алкоголя приходится на напитки с высоким содержанием спирта, и в первую очередь, на ликеро-водочную продукцию, имеющих 30-40% объемной доли содержания этилового спирта;
- высокая степень доступности алкогольных напитков для несовершеннолетних (или лиц, не достигших законодательно установленного возраста, при достижении которого разрешено приобретение алкоголесодержащих напитков);
- неэффективное использование элементов государственного регулирования в сфере ценообразования и розничной продажи алкоголесодержащих напитков;
- социальная и экономическая неосведомленность широких слоев населения относительно последствий пагубного воздействия неумеренного потребления алкоголя (особенно крепкого) и как следствие физическая и моральная потеря значительной доли трудоспособного населения.

Вместе с тем, глобальная политика по вопросам снижения вредного воздействия от употребления алкоголя должна выступать как неотъемлемая часть общей социально-экономической политики государств, а ее содержание должно строиться на объективном анализе причин и факторов распространения негативных проявлений неумеренного употребления алкоголя и учете реальных условий жизни общества в конкретном регионе (стране), в том числе отношения (менталитета) различных групп населения (культурных, социальных, возрастных, по половому признаку и т.д.) к алкоголю в целом. Поэтому работа по снижению вредного воздействия потребления алкоголя не может проводиться в отрыве от национальной специфики, уровня жизни и многообразия культурных слоев населения, а также степени развитости социально-экономической сферы, культуры и нравственности общества.

Полный текст № 336

Traffic Injury Research Foundation (TIRF); Submission from the President and CEO

Nongovernmental organization

Country: Canada

Funding or support from alcohol industry? Yes

Web site: <http://www.tirf.ca>

Summary:

The Traffic Injury Research Foundation (TIRF), a registered charity established in 1964, is Canada's road safety research institute and knowledge source for safe driving. It is a world leader in research, program and policy development, evaluation, and knowledge transfer focusing on the road user, and behaviours that result in driver error and account for 80% of road crashes. TIRF has received international recognition and acclaim for its accomplishments related to identifying the causes of road crashes and developing programs and policies to address them effectively

This submission from TIRF is in response to the World Health Organization's (WHO) public hearing on a draft global alcohol strategy. TIRF has developed a comprehensive package of effective initiatives that are being applied in Canada and the United States (U.S.) to monitor and raise the visibility of the impaired driving issue, but more importantly, to promote practical strategies to reduce this persisting problem. These initiatives also address the priority needs contained in Canada's national alcohol strategy.

TIRF emphasizes two effective strategies to reduce alcohol related harm. First, TIRF encourages monitoring of the magnitude and characteristics of the impaired driving problem to improve understanding and inform decision-making. TIRF initiatives in this area include a combination of annual public opinion polls and the collection of data relating to fatalities and injuries due to impaired driving. In conjunction with this, TIRF draws attention to critical gaps in knowledge including the lack of research regarding what interventions are effective with youth convicted of impaired driving and promotes action to address it.

Second, TIRF develops knowledge transfer and exchange initiatives to encourage the adoption of evidence-based practices and guide the implementation of effective programs and policies. Strategies in this area include working closely with criminal justice practitioners to understand barriers and challenges to the implementation of effective policies and programs and identify ways to overcome them. More importantly, TIRF has been a vital source of information to many professionals and is actively building appropriate educational primers and materials designed to meet their needs.

From a global perspective, the best ways to reduce problems related to the harmful use of alcohol is to focus efforts on the development of evidence-based practices, to promote evaluation of programs and policies, and to engage practitioners in implementation. Efforts are needed to build cooperative partnerships that bridge gaps and challenge the "silo" mentality because individualized practices impede progress in reducing impaired driving.

As an independent, objective and internationally recognized research institute, TIRF has the credibility and influence to challenge traditional thinking about impaired driving and overcome barriers. It is also well-positioned to assemble strong partnerships across relevant sectors, and build consensus around the development and implementation of evidence-based strategies. Of greater importance, some of TIRF's most compelling and ground-breaking initiatives to reduce impaired driving have been supported by both government and industry, and in particular, the alcohol industry. This clearly demonstrates that in cooperation with other sectors, industries are our partners, not adversaries, and they play a critical role in reducing impaired driving.

Full text: Nr. 270

TUBA

Nongovernmental organization

Country: Denmark

Funding or support from alcohol industry? No

Web site: <http://tuba.dk>

Summary:

A significant part of the alcohol-related harm is done in families to the children. Because of the nature of the problem, very few children or parents in these families seek help. A different kind of alcohol treatment has been developed in Denmark, which is able to attract young people from these families, which treats and prevents the massive problems that come from alcohol abuse in families.

We suggest other member states find ways to make treatment available and attractive to young people in the process of leaving home and establishing their own homes.

We are including a profile TUBA's work.

Full text: Nr. 310

Underage Drinkers Against Drunk driving

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No information

Web site: <http://udadd.com>

Summary:

A playlist of TV news videos, entitled "WITHOUT FURTHER COMMENT" can be found at http://udadd.com/media/Playlist_for_high_school_audience.wpl

Watch the video and fancy yourself a high school senior watching this in a student assembly the day before the prom. You cannot drive drunk after watching this, and you will be glad that it is balanced and fair by portraying older people too.

Full text: Nr. 214

Venezuela Libre de Drogas

Organizaciones no gubernamentales (ONG)

País: Venezuela

Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? No

Página web: <http://www.librededrogas.org/>

Partiendo de que una gran parte de los accidentes de tránsito no son casuales y que pueden prevenirse y que los accidentes de tránsito son el resultado de un conjunto individual de circunstancias entre las que se ubica el consumo perjudicial de bebidas alcohólicas, es importante generar estrategias para reducir el impacto del consumo de alcohol en los accidentes de tránsito.

La gran incidencia de accidentes directa e indirectamente provocados por el consumo de alcohol puede estar vinculada con cambios en el comportamiento tales como la arrogancia, la liberación de inhibiciones y el juicio afectado o reducido entre los conductores y los peatones.

Uno de los principales problemas relacionados con el consumo dañino de alcohol son los accidentes de tránsito que involucran a los consumidores de bebidas alcohólicas. Está científicamente comprobado que el consumo de bebidas alcohólicas aumenta las posibilidades de que ocurran accidentes, en la medida en que modifica la capacidad de discriminación visual y auditiva, reduce la coordinación del movimiento y los reflejos, cambia el comportamiento (ausencia de inhibición y euforia, falta de juicio, sensación de falsa seguridad) no sólo entre quienes conducen sino también en los peatones (Melcop & Oliveira, 1997).

Educar para la salud es la medida informativa que consideramos mas procedente: Educar para la Salud en medio escolar, comunitario y laboral promover hábitos saludables de vida, informar y educar a la población en general y a grupos poblacionales específicos (niños, adolescentes, embarazadas) acerca de los riesgos derivados del consumo de alcohol y concienciar a la población acerca de la necesidad de un consumo moderado de alcohol.

Desarrollar un Proyecto de Prevención de Accidentes de Tráfico como una estrategia de Atención Primaria de Salud, que se centre en la definición de políticas que generen conciencia en los riesgos de conducir bajo los efectos del alcohol y establezcan regulaciones para establecer límites de alcoholemia en los conductores y mecanismos de control y sanciones.

Woman's Christian Temperance Union of Southern California

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.wctusocal.com>

WCTU of Southern California offers students through age-appropriate school contests (Poster, Essay, Picture Coloring and Oratorical) the opportunity to learn the harmful effects of alcohol and other addictive, harmful drugs.

WCTU also reaches out to the community at large with exhibits of literature, charts, and graphs demonstrating the real effects of alcohol and other harmful drugs on the individual as well as society in general.

Women's Organisations Committee on Alcohol and Drug Issues

Nongovernmental organization

Country: Sweden

Funding or support from alcohol industry? No information

Web site: www.ksan.se

WOCAD welcomes the decision by the World Health Assembly to develop a global strategy for prevention of alcohol related harm.

It is of great importance that WHO assumes the global leadership in this area. We thank the WHO for giving us the opportunity to contribute in this process and wish to raise the need of gender specific analyses in each and every step in developing a global strategy.

Leena Haraké

General Manager

WOMEN'S ORGANISATIONS COMMITTEE ON ALCOHOL AND DRUG ISSUES

WOCAD [Women's Organisations Committee on Alcohol and Drug Issues] is the Swedish women's organisations' collaborating body for issues concerning alcohol, narcotics and addictive drugs. WOCAD's main work is preventive. Our target groups comprise girls and women of all ages.

WOCAD is a politically independent and non-denominational organisation with 30 member organisations. WOCAD embraces a total of over 270 000 women.

WOCAD is a member of ICAA (International Council on Alcohol and Addictions), EWL (European Women's Lobby), NordAN (Nordic Alcohol and Drug Policy Network) and a representant at the EU Civil Society Forum on Drugs in the EU.

World Association of the Clubs of Alcoholics in Treatment

Nongovernmental organization

Country: Italy

Funding or support from alcohol industry? No

Summary:

An outline of our belief is that only through a general change in behaviour, not only in the individual, but also in the population, on a worldwide basis, can we reduce the harmful use of alcohol. W.H.O. should therefore continue to encourage governments to take measures to limit and restrict the distribution of alcoholic beverage and point to the fact that the family is the most important target group in these efforts. Community programmes like ours must also be encouraged, as one of the most effective way to change the general culture from the bottom.

Full text: Nr. 28

World Medical Association

Nongovernmental organization

Country: France

Funding or support from alcohol industry? No

Web site: www.wma.net

Summary:

The World Medical Associations (WMA) welcomes the opportunity to contribute to WHO public hearing on ways of reducing use of alcohol and reiterates its genuine willingness to engage in the fight against the harmful use of alcohol worldwide.

The WMA has a long-standing commitment towards the reduction of the harmful impact of alcohol on health and society. In 2005, the Association adopted a Statement on Reducing the Global Impact of Alcohol on Health and Society, stressing the causal relationships between alcohol consumption and more than 60 types of disease and injury including traffic fatalities. Alcohol consumption is the leading risk factor for disease burden in low mortality developing countries and the third largest risk factor in developed countries.

The global burden related to alcohol consumption is considerable, contributing to unemployment, crime and violence – in particular domestic violence against women and children – health care costs, fetal alcohol syndrome, traumatic injury and high-risk sexual behaviour leading to sexually transmitted diseases, including HIV.

As part of the recommendations, WMA urges National Medical Associations and all physicians to take a range of actions to help reduce the impact of alcohol on health and society, including:

1. To advocate for comprehensive national policies that include measures to educate the public about the dangers of unsafe and unhealthy use of alcohol.
2. To promote national policies that follow 'best practices' from the developed countries that, with appropriate modification, could also be effective in developing nations.
3. The statement includes the restriction of the promotion, advertising and provision of alcohol to youth as well as the development of partnerships with other concerned civil society groups in this area.
4. National medical associations are also required to undertake to screen patients for alcohol use disorders and at-risk drinking, and to provide specialized treatment and rehabilitation for alcohol-dependent individuals and assistance to their families.
5. Finally, WMA recommends promoting consideration of a Framework Convention on Alcohol Control similar to that of the WHO Framework Convention on Tobacco Control that took effect in 2005.

Full text: Nr. 116

Youth Leadership Institute

Nongovernmental organization

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.yli.org>

Summary:

As an organization concerned with public health and safety, substance abuse prevention and treatment, fiscal responsibility, and the well being of young people and families, we strongly urge the UN community throughout WHO to seriously consider new strategies that allow communities, organizations and governments to tackle from an environmental prevention perspective the alcohol industry's negative influence in building a public health environment. Children and teenagers are among those at highest risk of alcohol-related problems, including fetal alcohol syndrome and a wide range of other alcohol effects, domestic and social violence, heavy and addictive drinking, accidental and intentional trauma, unintended sex and the spread of sexually-transmitted diseases.

Full text: Nr. 260

Received full text submissions

006	Association for Healthy Lifestyles
007	Fetal Alcohol Information Network
012	NGO Fontana
013	Student Aid Liberia Inc
017	Center for SCREEN-TIME Awareness
026	International Center on Alcohol Policies
028	World Association of the Clubs of Alcoholics in Treatment
029	CISA - Center for Information on Health and Alcohol
036	European Working Group on Treatment of Alcohol Dependence
042	ACTH
043	IOGT Junior Association of Norway
047	Fundacion Prever
055	StopDrink Network
058	EMNA
087	STAP (National Foundation for Alcohol Prevention)
092	Canadian Centre on Substance Abuse
094	Hands Across Cultures, Corp.
095	San Diego County Alcohol Policy Panel
099	Santa Fe Underage Drinking Prevention Alliance
101	Marninwarntikura Fitzroy Women's Resource Centre Aboriginal Corporation
106	German Centre for Addiction Issues / Deutsche Hauptstelle für Suchtfragen (DHS e.V.)
113	ALIA - Alleanza Italiana Alcol
116	World Medical Association
117	Quest for Quality BV, training and consultancy
118	Friends of Temperance, Finland
119	Éduc'alcool
124	EURO CARE (The European Alcohol Policy Alliance)
131	SIMON- Sundsvall
133	Sri Lanka Temperance Society
138	Alcohol Healthwatch Trust
140	Kännikapina- open movement to people who want that Finland drinks less
145	International Society of Addiction Medicine (ISAM)
146	IOGT-NTO
149	Food Industry Secretariat of the Independent Self-governing Trade Union "Solidarnosc
150	Juvente
153	FORUT, Campaign for Development and solidarity
155	Alcohol Policy Youth Network - APYN
158	Global Alcohol Policy Alliance (GAPA)
160	NordAN - Nordic Alcohol and Drug Policy Network
162	Alcohol Health Alliance
163	IOGT Norway
167	ASPAT (Association Sénégalaise pour la Paix, la lutte contre l'Alcool et la Toxicomanie)
170	National Alcohol Beverage Control Association (NABCA)
171	International Clearinghouse for Birth Defects Surveillance and Research (ICBDSR)
175	Alcohol Action Ireland
190	KRZYS Foundation
193	False Bay Therapeutic Community Centre
194	AIM- Alcohol in Moderation
195	Danish Alcohol Policy Network
202	Center for Science in the Public Interest
203	Canadian Vintners Association
209	Drug Free Highlands

210	International Institute of the IOGT-NTO Movement
213	Bowen Center
214	Underage Drinkers Against Drunk driving
218	Commonwealth Medical Association
219	Global Road Safety Partnership
222	Massachusetts Association of Alcoholism and Drug Abuse Counselors
227	Finnish Health Association
229	Asia Pacific Alcohol Policy Alliance
231	The Union of Russian Brewers
232	New Futures
233	Network of FORUT partner organisations participating in Annual Consultation meeting
236	New Zealand Drug Foundation
238	The Mentor Foundation (International)
239	Alliance House Foundation
243	International Federation of Blue Cross
254	Active - sobriety, friendship and peace
260	Youth Leadership Institute
264	Funadación de Investigaciones Sociales, A.C.
265	Taiwan Medical Association (Member of World Medical Association)
266	Entreprise & Prévention
270	Traffic Injury Research Foundation (TIRF); Submission from the President and CEO
272	Marin Institute
275	New Zealand Winegrowers
276	Alcohol and Drug Information Centre
280	Fundación Alcohol y Sociedad
283	Associazione Eurocare Italia
286	Fetal Alcohol Spectrum Disorders Ireland
287	American Public Health Association
290	ABMRF/The Foundation for Alcohol Research
307	IOGT International
308	Indian Alcohol Policy Alliance
309	The Student Life Education Company
310	TUBA
311	ACTIS - Norwegian Policy Network on Alcohol and Drugs
313	Consumers' Association of Penang (CAP)
317	IOGT-NTOs Junior Association in Sweden
322	Project Extra Mile
326	European Public Health Alliance
327	FDI World Dental Federation
332	Alcohol Focus Scotland
333	The Association for Promoting Social Action
334	International Federation of Medical Students' Associations - IFMSA
336	Союз Российских Пивоваров, Неправительственная организация (НПО)
339	Hungarian Association for Responsible Alcohol Consumption
341	American Athletic Institute

REDUCING HARMFUL DRINKING: INDUSTRY CONTRIBUTIONS

This paper was prepared on behalf of the companies sponsoring the International Center for Alcohol Policies; it is Brett Bivans and Marjana Martinic's input into the WHO Global Strategy process on areas where industry members can contribute.

PRODUCERS' ROLE IN REDUCING HARMFUL DRINKING

Interventions to reduce the potential harm associated with drinking can be divided into two basic categories, which are by no means mutually exclusive and may be used in tandem to complement and strengthen each other. One is the *population-level* approach, consisting of across-the-board measures, such as controls over price and availability. The other approach involves interventions that are applied in a *targeted* way, focusing on particular groups, behaviors, or settings where the potential for harm is elevated. A balanced alcohol policy therefore includes targeted interventions, allowing for flexibility and specificity in addressing problems and drawing on contributions from sectors beyond government, including the beverage alcohol industry.

Alcohol producers recognize that theirs is one of the most highly regulated industries in the world. Part of the reason for this is the potential that exists for their products to be irresponsibly consumed and thus cause harm. Of course, this potential exists for other products, such as automobiles and pharmaceuticals. Reasonable regulation is designed to protect consumers and society at large without imposing intolerable demands on producers or restricting individual freedom of choice. Thus, in seeking the right balance between population-level measures and targeted interventions, all stakeholders have to be conscious of the need and potential for partnership.

There is growing international recognition of the importance of building and strengthening relationships between the public and private sectors. Such collaborations offer innovative solutions for addressing social, economic, and environmental challenges and enhance the provision of goods and services. Considerable efforts, however, are still required from all stakeholders to move from the abstract desirability of partnerships to putting real partnerships into practice that enhance the delivery of a shared focus on reducing harmful drinking.

The industry aligns with the overarching goal of reducing harmful drinking as part of its long-term business interests. ICAP and its sponsoring companies endorse the fact that targeted interventions implemented in partnership make a significant contribution to this goal. Initiatives exist in a range of areas in which industry members, by virtue of their involvement, resources, or expertise, have a unique contribution to make. Below are examples of industry partnerships in a range of areas.

WHAT IS BEING DONE: MULTI-STAKEHOLDER PARTNERSHIPS

Many targeted interventions to reduce harmful drinking are best delivered in partnership, with industry members well positioned to play a substantial role. The broad range of possible interventions to target harmful drinking will necessarily involve an equally broad range of stakeholders in their implementation. Two important areas are education and road safety.

Industry Partnerships in Consumer Education and Public Awareness

Education may be aimed at the general population, for example, through the provision of drinking guidelines, issued by governments and quasi-governmental organizations in many countries. In some countries, packaging and labeling of commercial beverages are used to provide basic information on alcohol content, ingredients, or allergens. The challenge is how to make these facts and recommendations accessible and relevant to the reality of how people drink. Industry members can help educate consumers by disseminating such information on their product or dedicated websites.

Young people—particularly those under the legal drinking age—are the most frequent target of alcohol education, including school-based programs, life skills, and mass media campaigns. As parents and peers are two of the most significant influences in shaping behavior among young people, approaches have been developed to involve them in reinforcing positive norms about drinking, changing negative norms, and reducing the potential for harm. The Strengthening Families Program, implemented with industry support in several countries (e.g., Poland, Spain, and the U.K.), helps build parents' skills and facilitate dialogue about drinking.

Educational approaches can also be aimed at professionals who deal with alcohol issues. These include awareness raising and skills training for education, health, social, and law enforcement workers. For example, the industry's Alcohol 101 program in the U.S. helps educators encourage responsible choices among secondary school and college/university students; and Soif de Vivre, a road safety education campaign in France, targets some materials at education professionals. Support by industry members can also help integrate information about drinking into training curricula for nursing, medical, and social service courses, or through continuing medical education programs.

Industry Partnerships in Road Safety

Alcohol impairment, both by drivers and pedestrians, is acknowledged as an important contributory factor in road traffic injuries and was identified as one of the “critical risk factors” in the World Bank and WHO's *World Report on Road Traffic Injury Prevention*. The alcohol industry's involvement in road safety generally, and combating impaired driving in particular, has been extensive, global, and long-running.

ICAP is a founding member of the Global Road Safety Partnership (GRSP); ICAP staff contributed to the development of the *Good Practice Manual on Drinking and Driving*, produced by GRSP under the UN Global Collaboration on Road Safety. With its sponsors, ICAP supports the recommendations of the *World Report* and the *Good Practice Manual*. Industry members are already making positive contributions that build on the recommendations of the *World Report*.

Industry has participated in a number of partnership initiatives in this area:

- public awareness campaigns—advertisements and messages by government, public health, and private sector organizations about the effects of alcohol on driving;

- designated driver campaigns and programs;
- ride-share/free-taxi or taxi-call programs—schemes organized in collaborations with local government to provide alternative transport for those who have been drinking;
- server training and responsible hospitality programs;
- support for setting of legal blood alcohol concentration limits, public awareness campaigns about these limits, and collaboration with local authorities to improve enforcement;
- development of national alcohol policies and plans of action.

There is considerable scope for these programs to be improved. Industry members are keen to develop their actions further and to explore increasing collaboration with governments, the public health community, and others involved in road safety.

Industry Partnerships in Other Areas

A number of other areas have been conducive to partnership. The initiatives highlighted below are examples of the myriad of interventions that beverage alcohol members are already doing and that they are willing to replicate, scale up, and help adapt to different national, religious, and cultural contexts in partnership with other stakeholders. The ICAP Blue Book contains numerous additional examples (<http://www.icap.org>); and the Worldwide Brewing Alliance (<http://www.thebrewersofeurope.org/>) and the European Forum for Responsible Drinking (<http://www.efrd.org/>) both publish compilations of industry members' partnership initiatives to reduce harmful drinking.

1. Screening and Brief Interventions

Among the most successful targeted interventions for “at-risk” groups are early screening for alcohol problems and the provision of treatment or brief interventions. Evidence in support of such measures is strong. While industry members themselves cannot provide these interventions, they can partner with and support training and resources for technical personnel who can. For example:

- *Screening and Brief Intervention by Pharmacists.* In Chile, a joint project of ICAP, the University of Chile, Thomas Jefferson University, and Farmacias Ahumada, a major pharmacy chain, trained pharmacists—the main point of contact for primary health care among lower socioeconomic groups—to identify early signs of alcohol abuse in clients, offer interventions, and provide follow-up counseling.

Screening for alcohol problems can be coupled with other areas of prevention, such as workplace alcohol programs, routine prenatal screening, HIV screening, and vaccination and other preventive care to socially excluded groups and communities.

Another area for industry involvement is the development of on-line screening programs, particularly useful for giving advice to young people. Such initiatives can be developed and made available with the involvement of educational institutions and other partners.

2. Responsible Hospitality

Responsible hospitality and server training are obvious initiatives in which the beverage alcohol industry has a clear role as a partner. These programs are often delivered and supported by partnerships involving local government, enforcement agencies, health services, and, importantly, the retail and hospitality sectors. Establishing national guidelines for server training is a sphere where both partnerships and delivery of programs can be enhanced. For example:

- *TIPS—Training for Intervention Procedures.* This U.S. skills-based training program is designed to prevent intoxication, alcohol-impaired driving, and underage drinking. See: <http://www.gettips.com/>.

3. Drinking and Pregnancy

Harm reduction approaches to alcohol policy focus on minimizing the potential harm associated with certain patterns of drinking. Included among these approaches are measures that address groups of individuals deemed to be at particular risk for harm. One area that has attracted particular attention is alcohol consumption by pregnant women. For example:

- *Foetal Alcohol Syndrome (FAS) Campaign.* Initiated in 2004 in South Africa, this campaign brought together the Industry Association for Responsible Alcohol Use (ARA), the Foundation for Alcohol Related Research (FARR), and the Department of Health. See: <http://www.farr.org.za>.

4. Drinking and the Workplace

Programs concerning alcohol in the workplace are part of sound organizational practices designed to support employees, families, and the community. In this regard, employers recognize that they have a role and responsibility to enact policies and promote efforts intended to prevent harm before it occurs through limiting the availability of alcohol, offering education programs about drinking and alcohol abuse, implementing individual interventions for employees with drinking problems, and offering employee assistance programs (EAPs) and screening of problem drinkers. For example:

- *Heineken “Cool@Work.”* This global program offers training on how to live by Heineken’s workplace alcohol policy and how to communicate it, both internally and externally. See: <http://www.heinekeninternational.com>. Other industry members have similar programs.

5. HIV/AIDS

Partnerships with the private sector, national governments, NGOs, and community-based organizations can contribute to reducing some of the effects of the HIV pandemic by supporting affected individuals. Such programs often support increased community efforts to prevent new infections and the improvement of care for those already afflicted. For example:

- *Nile Breweries clinic support.* Nile Breweries partners with the Ugandan Ministry of Health, an NGO, and a local healthcare organization to supply a fully-equipped, government-accredited clinic with drugs, a qualified doctor, and nurses. See: <http://www.sabmiller.com>.

EVALUATION

Effectiveness research is increasingly an important component of prevention, especially given the growing emphasis on evidence-based programming. Rigorous insistence on measurement, however, may not always be possible, particularly when it comes to developing countries. Moreover, whereas quantitative measures are certainly fairly straightforward to interpret, qualitative indicators are also important but more rarely taken into consideration. For instance, is it possible to quantify change in drinking culture? There needs to be some agreement among those who work in the prevention field and, particularly, those who attempt to assess various prevention efforts that there is a place for both qualitative and quantitative measures of effectiveness.

The complexity of assessing interventions means that many efforts are never formally evaluated. This lack of formal evaluation is often emphasized by the critics of various targeted intervention approaches. However, this raises an important issue: The lack of evaluation is by no means proof that certain approaches *do not work*; it simply means that a program or an approach has not been evaluated, nothing more or less. Where possible, the industry is willing to work with others to rigorously evaluate prevention programs.

(A referenced version of this paper is available on the ICAP website at www.icap.org.)

World Association of the Clubs of Alcoholics in Treatment (WACAT)

Preamble

An outline of our belief is that only through a general change in behaviour, not only in the individual, but also in the population, on a worldwide basis, can we reduce the harmful use of alcohol. W.H.O. should therefore continue to encourage governments to take measures to limit and restrict the distribution of alcoholic beverage and point to the fact that the family is the most important target group in these efforts. Community programmes like ours must also be encouraged, as one of the most effective way to change the general culture from the bottom. The relevance of what we are doing in the overall alcohol policy formulation has been already acknowledged by W.H.O. and the European Commission for Health and Consumers.

Methodology

The core of the **Social-ecological approach to alcohol-related and mixed problems** (Prof. Hudolin's methodology) is the Club of Alcoholics in Treatment.

The Club of Alcoholics in Treatment (CAT) is a multi-family community consisting of minimum 2 and maximum 12 families and a servant-teacher; it is an integral part of the local community, and is a nodal point in the health promoting and health protecting network.

The Club is a setting where it is possible to discuss the drinking behaviour, an eventual relapse, and more generally the family's life style, by elaborating on the basis of the concept "here and now". Because all the families have similar problems, there is no criticism, no stigma, no intolerance. The only "medicines" are friendship, solidarity and love. The Club exists for the purpose of people who drink, and consequently a relapse should not be dramatized, even if every effort must be done to quickly overcome it.

It is important to stress that this methodology is based on a family approach, and on the spiritual and material ties which exist within the family. The new family takes part in the basic training programme right from the beginning and, step by step, must accept that alcohol related problems are considered as a behaviour involving the whole family system. It must be noted that a family member asking for help for one of his/her relatives, is part of a family system, a system involved as a whole in the alcohol related problem, and she/he needs the treatment too.

The Club of Alcoholics in Treatment must follow these fundamental rules:

- a. Fixed weekly meetings, date, time, place and punctuality;
- b. Smoking is not allowed during the Club meetings;
- c. The Club must split up before reaching 13 families, and possibly every year, as a way to stimulate and encourage more families to join the Club.
- d. The discussion within the Club is confidential.

The Club has to accept all families, without any difference regarding religion, ethnical origins, political or social affiliations. The attendance by the families is free of any charge.

Prof. Hudolin's methodology foresees the possibility to include also families with mixed problems in the Clubs. Mixed problems are the combination of an alcohol-related problem with use of other psychoactive substances, psychiatric problems, social problems, homelessness and other particularly complicated problems. To this respect, the servant-teacher must co-operate with the professionals (for example psychiatrists) who may be treating the people with mixed problems. It is not safe to have more than 20% families with mixed problems in the same Club.

The servant-teacher is a full member of the Club; he/she has decided, after a specific training, to offer his/her services to the families as a volunteer. The expression "servant" was introduced by Prof. Hudolin just to point out the function of "service" that he/she should offer. Such function is better implemented if he/she does not take a central role, does not act as a leader, and does not try to offer all the answers to the families. He/she has to provide a good atmosphere within the Club, in order to favour a good communication and interaction among all the members. As a Club cannot exist without families, similarly a Club cannot exist without a servant-teacher. His/her presence is essential and marks the difference between the Clubs and the self-help groups (like for instance the Alcoholics Anonymous).

He/she is the one who welcomes the new families through the "first interview", during which a family is informed about how the Club works and about the Local School on Alcohol Related Problems (1st module).

He/she takes on also the role of teacher, when teaching in the Local Alcohol Schools. The Local School on Alcohol Related Problems has three modules, as follows:

- 1st module: 8-10 meetings of two hours each, basic information for new families having just joined a Club
- 2nd module: the families already in the programme, have to be updated about the developments of the social-ecological approach through one meeting of 4-5 hours, at least every two years
- 3rd module: the families of the local community are made aware about the alcohol related problems and the social-ecological approach through 1 or 2 meetings for a total of 4-5 hours.

Training and updating is also provided for the servant-teachers, and is organised as Basic training and Continuous training, according to a well defined programme of courses.

Families and servant-teachers together continue their educational process by attending the Interclubs, Congresses, and meetings, according to specific local programmes.

A positive change inside the Club must be followed by a change inside the community, otherwise it has little value. The change is really successful if the families bring such change to the outside community, and contribute to change the general culture about safe and healthy life styles.

The Clubs which are active in the same area, can create associations of Clubs, whilst always maintaining their autonomy. The single Club and the associations are independent from all Public Health Services, institutions and other agencies; however, it is advisable that they cooperate with such bodies on the basis of common programmes.

The principles of the Club's methodology fit very well into the health promotion principles included in many international documents, such as the Alma Ata Declaration, the Ottawa Charter, the Adelaide Conference, the Copenhagen Declaration, the Jakarta Declaration, and more particularly, in the latest World Health Organization documents, such as Health for All in the 21st Century, the European Charter on Alcohol 1995 and the Stockholm Declaration 2001.

The work carried out by the Clubs is certainly effective, and the results are now supported by scientific evidence.

Percentage of people with alcohol beverage consumption before and after attending the CATs - Italy 2005

	Before entering CAT	During last year	During last month
All members (including family members) %	68,9	19,8	7,8
Only Alcoholics %	94,5	26,1	8,0

Comments

Alcohol consumption:

In Italy 89% of all club members (incl. family members) who were drinking, quit drinking

92% of alcoholics quit drinking (this is an *EXCEPTIONAL RESULT*, proportionally more alcoholics quit than family members)

P.S.

To validate the CATs data, since 2005 we have established a cooperation with C.N.R. (National Centre for Research) of Pisa, Italy, which is a state agency for scientific researches, in particular with its Physiology and Epidemiology Dept.

Since then they elaborate all our questionnaires (about 11/12,000 per year) and have also amended such questionnaires in order to obtain more control and increase the number and quality of data.

There are about 2,200 CATs in Italy and about 500 abroad. At any given time, 20/25,000 families are attending the weekly meetings. More than 200,000 have been attending the CATs over the last 30 years. More documents on the theoretical and methodological basis of the social-ecological approach can be found on the website www.aicat.net (even though the majority of the documents are, at present, only in Italian language).

First World Assembly, Udine (Italy) 17-18 october 2007

With the spreading of the Clubs of Alcoholics in Treatment to a large number of countries, it has become necessary to envisage a network that can assist and provide services to the local Associations in order to ensure that the growth continues flawless. The World Association of Clubs therefore can be seen as a global network that improves the quality of life on earth, by promoting and protecting the health of all individuals, the families and the communities on this planet, in particular through the prevention and reduction of the alcohol related problems worldwide, by promoting the development and the dissemination of the Clubs of Alcoholics in Treatment (CAT) and of the social-ecological approach to the alcohol related and mixed problems.

Among the main objectives, WACAT will have to serve the interests and the needs of the members of all the CATs; to ensure that, particularly in those areas of the world where alcohol related problems are increasing, there is a support for training and updating the members of the CATs; in particular, to ensure that terminology, methodology and training about the Clubs of Alcoholics in Treatment, are consistent and homogeneous worldwide, by providing to the members a supporting service to this respect; in general, to favour the creation of international forum for alcohol related problems, including meetings, information sharing, in particular through electronic communications, and publications; to cooperate with national and international organizations, public services and local communities to alleviate alcohol related problems.

The members of all recognized CATs, that follow the principles of the Hudolin methodology, can be automatically members of WACAT.

The assembly has represented an important opportunity for the delegates of the CATs of the world to meet, listen to each other, verify the "state of the art" of the movement, and thereafter decide whether to adhere or not.

On the occasion of the first World Assembly of CATs, delegates from the following countries were attending: ITALY, NORWAY, DENMARK, ROMANIA, GREECE, SPAIN, CROATIA, SLOVENIA, BELARUS, SWEDEN, ESTONIA, CHILE, ARGENTINA, ECUADOR, BRAZIL, BOLIVIA, MAURITANIA, KENYA, INDIA, SRI LANKA. Ten more countries have been invited but could not make it.

Mission

The WACAT aims are:

- 1) To be at the service of all the Clubs of Alcoholics in Treatment
- 2) To support and stimulate the growth and dissemination of Clubs around the world
- 3) To ensure the homogeneity in the development of the social-ecological approach throughout the world
- 4) To favour and protect the autonomy of the Clubs, and at the same time stimulate the cooperation and solidarity among the various club associations
- 5) To support a training & updating system, by crediting the trainers who have sufficient experience in international work and establish a norm for national training

- 6) To stimulate the establishment of a network among the various associations and programmes, and to extend the contacts with International Institutions
- 7) To promote the dissemination of the social-ecological approach in the world
- 8) To ensure that appropriate procedures are the same all over the world

Working programme

WACAT will facilitate and promote training and updating in all the interested countries, and will try to ensure (as far as possible) that the best procedures (provided they are defined and tested), are utilized all over the world. The aim is to ensure that the contents and methodology are as much as possible the same in the world.

WACAT will specifically engage in the training of local trainers, while the local Clubs must comply with a minimum of conditions before starting local training programmes.

All documents that will circulate within WACAT will be translated into the most common languages, initially English and Spanish, while the meetings should take place in English only, which is the most common international language.

The Assembly has elected the Executive Committee for 2007-2009, which consists of one president (Ennio Palmesino, from Italy) and three vice-presidents, one for Europe (Nils Kohl from Denmark), one for the Americas (Juan Manuel Cerna Guerrero, from Chile), and one for Africa, Asia and Oceania (Olcott Gunasekera from Sri Lanka).

WACAT will be seeking independent financing for its activity, and will try to establish a collaboration with international bodies, such as the World Health Organisation (W.H.O.) headquarters in Geneva, W.H.O. regional offices, the European Commission on Health, and others.

Conclusions

The spreading of the Clubs of Alcoholics in Treatment to a larger number of countries can only benefit the local communities, particularly those where the Public Health Services are lacking or are not focusing enough the alcohol related problems. There are countries which are at risk to switch directly from poverty to alcoholism, without even having experienced a period of welfare. This is due to the pressure of industry's marketing policies, and the imitation of western way of life. What is needed is a global network that stresses to the local community the importance of healthy life styles, promotes the quality of life on earth, through the promotion and protection of health of all individuals, the families and the communities on this planet, in particular through the prevention and reduction of the alcohol related problems worldwide.

Genova (Italy) October 2008.

Ennio Palmesino (Chairman)
e-mail wacat@aicat.net
mobile tel. 0039-347-2215882

Due to the need to prevent and avoid negative consequences of the excessive consumption of alcoholic beverages, the NGO CISA (Center for Information on Health and Alcohol) was created in April 2004 and has since become a reference in cataloguing and spreading to the general public, as well as health workers and the scientific community, impartial and reliable scientific data on alcohol consumption and its effects on health.

At first, the actions of CISA were initiated with a website, available in Portuguese, Spanish and English, in which current and reliable information on health and alcohol have been posted on a regular basis. Even with a reduced team (of only six employees) and the support of a deliberative, scientific and fiscal council (in their majority composed of credible and renowned professionals from Brazil and Latin America, among them researchers, PhDs and professors), CISA has become one of the main sources of information in Brazil. Currently, CISA's library has over 2,000 titles, counting among them national and international scientific publications and official data. There are over 29,000 monthly visits, about 1,000 visits a day, a number very close to those of other older and well established Brazilian websites.

Besides a lot of international visitors, many Brazilian visitors return regularly to the website, a sign that CISA has been recognized as a quality, ethical, serious, current and reliable source of information. Adding to the articles and official data, the website has over 100 interviews with leading national and international health, communication and law professionals, always related to detailing themes on alcohol and health, following what's on the media and literature.

Some sections of the website were specifically designed to interact with our visitors. They can contact us asking specific questions, suggesting new interviews, booking a visit to our Center and general requests. In the "Forum", the user can interact with other visitors and with the CISA team and discuss the new articles, share doubts and opinions.

Besides its importance as a source of scientific information, CISA has acted socially through important partnerships, campaigns, seminars and lectures, besides giving interviews and writing articles for print, radio and TV media, always aiming to clarify

and inform the general public about alcohol-related issues. However, the elaboration and distribution of educational material is what has brought the NGO even closer to the community, informing parents, educators, young people, authorities and government officials on the consumption of alcohol, its dangers, its impact on health, and has strengthened our position in prevention campaigns.

So far, a number of materials has been developed, such as “How to talk to your children about alcohol” (presented as a manual and as a DVD) aimed at parents and educators; “The right choice: Sports without alcohol” (developed as a partnership with Instituto Compartilhar, an NGO founded by Bernardinho, coach of the Brazilian volleyball team); and “Drinking or Driving: Do the Right Choice”, which deals with drinking and driving behavior, as well as the Brazilian legislation on that matter, (presented as a folder and a DVD). So far, this year, over 800 DVDs have been distributed, as well as over 6800 folders and guides.

All are distributed for free and can be requested through our website. They have been used on various populations, throughout Brazil (and recently, Portugal, as well), as support for the education of children, adolescents and youngsters, in high school and college campaigns, in support for services aimed at caring for low-income populations (public hospitals, for example), companies (small, medium and large scale), information to young adults (such as an educational campaign at the electronic music festival Skol Beats), information for drivers when getting licensed, among many others. These actions have counted on the participation of public organizations: secretariats and sub-mayor offices of the Mayor’s Office of Sao Paulo; National Department of Traffic; Institute of Psychiatry of the Clinics Hospital – University of Sao Paulo (the largest public hospital complex in Latin America), as well as several schools, both public and private throughout the country.

In 2005, CISA was recognized by the Justice Ministry as an OSCIP – Civil Society Organization of Public Interest (an honor given to those organizations which stand out in community works). In 2008, CISA established important partnerships, aiming mainly to prevent alcohol use, with partners such as the City Education Secretariat, the Department of Federal Road Police, Education Ministry and Ecovias (which manages main roads in the State of Sao Paulo), among others, enhancing its social role.

Since one of the values of CISA is the support to the development of knowledge on alcohol and health, besides collaborating with public policies that aim to reduce harmful alcohol consumption, currently the NGO finances and supports scientific research, in both financial and intellectual terms, in partnerships with universities and scientific research groups, enhancing its credibility in areas related to its field of action. Thus, CISA has invested about US\$ 150,000.00 for the development of the section on natural history of alcohol use, abuse and dependence in the “São Paulo Megacity” project, the largest and most complete study on the prevalence of mental disorders in the city of Sao Paulo, part of the global study “World Mental Health Survey” (which has the collaboration of almost 30 other nations). Besides that, CISA has invested about US\$ 96,000.00 in a study that observes the efficacy of different types of treatment for alcohol dependence and associated symptoms, developed at the Institute of Psychiatry of the Clinics Hospital. These results will be soon published by Addiction. CISA has also invested heavily in spreading scientific information, be it through the collaboration in writing scientific articles or giving lectures and presentations in congresses, seminars and conferences.

CISA gathers its funds from companies such as Unimed Paulistana (a health care provider), FENASEG (National Federation of Insurance Companies) and AmBev (a leading drink company in the Americas). Their financing, however, does not impact on the content of any of the NGO’s activities, which are always thought out and decided by our team.

Finally, our initiative should be comprehended as a great opportunity to inform and educate the general population on alcohol consumption, stimulating the development of new scientific researches and also guiding public authorities to establish alcohol and other drugs prevention programs, diminishing its social impact.

Contribution to WHO public hearing on ways of reducing harmful use of alcohol

IOGT Junior Association is a Norwegian NGO, working with children, for children's personal development and a child-friendly community. We are specialized in alcohol and drug prevention issues. In addition to traditional NGO work in local children's clubs, we have special competence on problems related to children living in families with alcohol and drug problems. In our work we use the Norwegian term "De usynlige barna"; The invisible kids. Furthermore we run a prevention program in schools (Trygg Oppvekst), based on Antonovsky's model for development of resilience and strengthening of salutogenetic factors in children.

We first of all warmly welcome the decision by the World Health Assembly to develop a Global Strategy on prevention of harmful use of alcohol. It is of critical importance for all NGOs who work for health promotion, development and welfare that WHO takes the global leadership by producing such a strategy. This will, maybe more than anything else, benefit children all over world, who are innocent victims of the drinking habits of the adult population, most of all by men.

The established evidence-base

The best evidence-base for effective action has been produced by the World Health Organization itself by its support to the production of documentation like:

- Babor, T.F. et. al.: Alcohol: No Ordinary Commodity – Research and Public Policy,
- Room, Robin, et. al.: Alcohol in Developing Societies: a Public Health Approach,
- WHO: The World Health Report 2002; Reducing Risks, Promoting Healthy Life,
- WHO Expert Committee on Problems Related to Alcohol Consumption, Second Report, WHO Technical report Series 944.

We use this material as the basis for our national work and we hope that the same will be the case for the Global WHO Strategy, without the contents of the available evidence-base being compromised by the influence of vested interest in alcohol production. This is of critical importance, both to guarantee the quality of the Strategy and as a signal to Member States and other stakeholders in the follow-up of the Strategy.

Focus on children

Being a children's organization we obviously recommend the Global Strategy to have a focus on situation of children and how they suffer in families with alcohol problems; "the invisible kids". They are all around us, but we do not see them or their silent sufferings. Their quality of life in adolescence is strongly impaired by father's drinking, sometimes also by mother's, many of them have no one to help them in their situation, and often they even have to take over the responsibility for their family and their parents. On top of such experiences in childhood, they run greatly increased risk for socio-psychological problems in their adult life. In many developing societies these sufferings from adult's drinking come on top of other stress factors in the lives of these children; poverty, school drop-out, HIV/AIDS in the family etc.

In some areas there have been made assessments of the number of children suffering from adult drinking. In Norway the estimate is 120.000 children in a population of 4,5 million, in Sweden the figure from September this year was 385.000 children in double the Norwegian population. The report "Alcohol in Europe" estimated the European figure to be between 4,7 – 9,1 million children who live in families which are influenced by parents' harmful drinking.

Population-based strategies

The most effective interventions, also recommended by research and WHO itself, and used by many member states as well, are population-based interventions, in particular control policies to regulate prices, availability and marketing. Such interventions, resulting in reduced average consumption level in the population, have the advantage that they also benefit "the invisible kids". These children are difficult to reach by more specific interventions, as many of them, per definition, are not seen or understood neither by their close environments nor the social welfare system or treatment facilities. Another strong side of population-based interventions is that they have an immediate effect also for children living in families with heavy drinkers. A lot of suffering can be avoided by such interventions that reach the invisible kids in their early ages, rather than waiting for more targeted interventions later when the damage is already done.

In addressing the needs of children who suffer from parents' drinking, a broad approach is needed. Alcohol dependency and hazardous drinking on single occasion are obviously key problems. But the dependency or the amount consumed is in itself not the critical factor. The consequences of the consumption, the changed behaviour by parents, are more important. Harm to children is done when alcohol is used in a way where parents are not able to function as parents normally do.

Targeted interventions towards children

Targeted interventions towards children at risk are, however, also needed, both directly to the children but also to the problem drinker(s) of the families. We would suggest the following:

- To give priority to treatment methods which involve the wider social network of the problem drinker, not only the drinker him/herself. The Family Club Method, once started in former Yugoslavia, is now being used with great success in Italy and is also being exported to other countries in Europe as well as to some developing countries. Such methods involve spouses and children of the problem drinker, and even the extended family and close friends. Not only to help the problem drinker, but also to give support to relatives who often suffer just as much as the heavy drinker.
- All types of treatment facilities, clinics and hospitals should have systems to consult and involve spouses and children of the patients, in order to find out what their needs are and how they can be helped. Such systems should form an important element in strategies for secondary prevention.
- To develop an international network for exchange of experiences from and examples of primary prevention programs which aim at strengthening the resilience factors in young kids. Such programs can both serve as primary prevention towards broader groups of children and as a tool to come in touch with children who are more at risk because of alcohol or drugs problems in their families. Our organization is, as mentioned above, working with such a program in Norwegian schools. We have already picked up a lot from our international contacts, but we would benefit even more if there was a more systematic international network for learning and sharing. We would of course also be willing to share our knowledge with other NGOs and government institutions.

Additional challenges in developing societies

Being part of an international civil society organization, which has global solidarity as one of its basic principles, we would recommend that the WHO Global Strategy has a strong focus on the situation and needs of developing societies in relation to alcohol prevention. In these countries drinking is both a poverty issue and a modernity issue. As indicated by Robin Room et al in “Alcohol in Developing Societies” there is a great risk that alcohol consumption and alcohol-related harm will increase when economic development gives increased purchasing power in the growing middle classes in many countries in the South. These countries also have a young population without established drinking habits, a fact which makes these countries even more vulnerable, and also more tempting for the multinational drinks industry.

The Global Strategy should effectively address the fact that the drinks industry has identified developing countries as their “emerging markets”, where they expect a substantial increase in sales and consumption. Both in their market strategies and their promotion strategies they aim at increasing their sales in developing societies. Preventing such a development should be a key success indicator in the Global Strategy.

Links to key development issues

In relation to developing societies the strategy should also aim at linking alcohol problems to other key development concerns; prevention of HIV/AIDS and gender-based violence, poverty eradication, public health promotion, gender equity, good governance etc. Such approaches would make it easier to involve in alcohol prevention efforts also mainstream development NGOs who are specialized in such issues. This would give the WHO Global Strategy a stronger momentum and a broader platform, but it would also enhance the results of the programs that these organizations are conducting on gender issues, poverty, HIV/AIDS etc.

Harm done to others

The Global Strategy will obviously have its emphasis on health issues related to harmful use of alcohol, as health consequences from drinking are well documented, both on the individual and community level. However, we would appeal to the WHO also to include a broader spectre of alcohol-related harm; i.e. social, cultural and economical consequences. A lion's share of the negative consequences from drinking may be harm done to others than the drinker. This may be harm done to close relatives or friends of the drinker, but also harm done to a larger circle of people because of binge drinking and rude behaviour, violence, accidents etc. A focus on the innocent victims of other people's drinking we believe will strengthen the legitimacy of the Global Strategy and also the legitimacy of the interventions that shall be taken at the local and national level in the follow-up of the strategy.

Contact information:

IOGT Junior Association of Norway
P.O. Box 8857 Youngstorget
0028 Oslo
E-mail: dagend@online.no



FUNDACIÓN PREVER

¡UNIDOS EN LA ESPERANZA POR UN MUNDO MEJOR!

Carrera 47 Numero 124-20

Barrio Batán Paradero Transmilenio Calle 127

TELÉFONOS 6090771 3153553450

Email fundacionprever@yahoo.es

Bogotá - Colombia

La población con la cual trabajamos desde hace 17 años, es exclusivamente jóvenes, adolescentes y adultos jóvenes, por lo que nuestras reflexiones irán orientadas a esta población.

Cuestión 1: Opiniones sobre estrategias eficaces para reducir los daños relacionados con el alcohol

CONTROL

1. Aplicación real de la ley sobre 200 metros libres de sitios de expendio alrededor de establecimiento educativos: colegios y universidades.
2. Restricción en cuanto a venta de alcohol e ingesta en el mismo sitio: pequeños supermercados de barrio, tiendas, etc.

PREVENCIÓN

- Material de difusión masiva sobre alcohol y consecuencias con información científica actualizada orientada específicamente para jóvenes, así como material específicos para educadores y otro para padres de familia
- Material específico para Jueces de menores y jueces de familia con información referente a: consecuencias del consumo de alcohol y conductas delictivas, consumo de alcohol y daño a terceros, consumo de alcohol y relación con ingesta de otras sustancias psicoactivas ilícitas, donde se explicita la necesidad de derivar a los jóvenes involucrados e alguna de estas situaciones a programas de tipo socio comunitario como grupos de autoayuda, mutua ayuda o de ser el caso a tratamiento ambulatorios CON ASISTENCIA PARALELA A ACTIVIDAD ESCOLAR, y solo los casos de abuso de alcohol a programas residenciales que cumplan las condiciones científicas básicas, que garanticen una adecuada intervención individual, familiar y de red con las ONG locales.

TRATAMIENTO

Generar una mayor orientación sobre programas preventivos en contexto socio comunitario y programas ambulatorios de tres niveles: 1- Los soporte de 8 a 12 sesiones mes, Externado programa de 4 horas complementario a actividad escolar y para casos de alta vulnerabilidad programa de semi internado de 8 horas con permanencia en su casa y colegio en los días de fines de semana, con la existencia de programas institucionales SOLO PARA CASOS DE ABUSO DE ALCOHOL, evitando así la exclusión social y la marginación de estos jóvenes que por su edad y sus necesidades socio afectivas ameritan estar involucrados en sus redes afectivas de apoyo.



FUNDACIÓN PREVER

¡UNIDOS EN LA ESPERANZA POR UN MUNDO MEJOR!

Carrera 47 Numero 124-20

Barrio Batan Paradero Trasmilenio Calle 127

TELÉFONOS 6090771 3153553450

Email fundacionprever@yahoo.es

Bogotá - Colombia

Cuestión 2: Opiniones sobre el mejor modo de reducir los problemas relacionados con el uso nocivo del alcohol desde una perspectiva mundial

1. Aumento en el costo de cerveza
2. Comerciales mundiales dirigidos exclusivamente a jóvenes sobre alcohol y riesgos a nivel individual, familiar, escolar y social, donde se incluya igualmente la infracción a la ley.
3. Pagina web para jóvenes donde puedan tanto recibir información como participar sobre la prevención del consumo de alcohol con propuestas innovadoras que puedan ser implementadas por ellos mismo en su contexto socio cultural, al igual que sitio de Chat con especialistas, salas de opinión entre jóvenes, concursos de mensajes creativos sobre alcohol realizados por ellos mismo, premios por participar como camisetas, minutos de celular, etc.
4. Red de padres protectores ante uso de alcohol exclusivamente, esto hace que los adultos quieran asumir su responsabilidad, sin identificarse con otras sustancias ilegales, lo cual hace que los adultos no quieran ser reconocidos socialmente como pertenecientes a estas redes.

Cuestión 3: Modos en que pueden ustedes contribuir a reducir el uso nocivo del alcohol.

Desde hace 17 años adelantamos:

1. Programas de soporte 8 a 12 sesiones mes para usuarios experimentales y recreativos de alcohol con apoyo familiar y escolar.
2. Tenemos grupos para padres y jóvenes de apoyo
3. Ayudamos en conferencias y talleres sobre prevención, pero estamos dispuestas a hacerlo exclusivamente para alcohol

Cuenten con nosotros, por nuestros jóvenes,

Cordialmente

GLORIA INES DE SALVADOR A.
ESPECIALISTA FARMACODEPENDENCIA



What are your views on effective strategies to reduce alcohol-related harms?

First, effective strategies to reduce alcohol-related harms should be based on clear policy direction, good policy content, effective implementation and strong policy support. Knowledge backs up all these important aspects, whereas commitment from policy makers is of great importance to realize the effective strategies.

It is undeniable nowadays that there are plenty of evident-based information and results of actual implementations from many countries around the world verifying which policy or strategies are effective in reducing harms of alcohol, and which are not or less effective. WHO should also be able to underline and promote cost effective strategies which will generally work well within limited budget and resources. Ineffective strategies should be clearly addressed and separated.

Alcohol policy could be very complicated and controversial in different contexts, particularly when alcohol business is influential. If WHO, as a global leader who works to protect health of world population, convinces member states to use effective strategies under health protecting policy value, policy makers will listen and take WHO's recommendations into account to offset arguments of alcohol business.

Second, effective policy or strategies must be created with no commercial interests or interference from alcohol industry and related business. Health benefits of population must come first and should prevail over economical benefits. Alcohol business should never be allowed to take part in policy development. The only role of the alcohol business is to accept and follow health-protecting policy. WHO as an international health agency should take a strong leadership role in combating with alcohol problems as successfully did with tobacco. Alcohol is a "silent killer" as it is more dangerous than tobacco and other drugs combined. As a result, international regulations or cooperation should be considered seriously. If possible, WHO should also provide member states with advice or guideline on appropriate relationships or position when dealing with alcohol business.

Third, children and youth must be protected from harms of alcohol and should not get easy access to alcohol. The age of new drinkers has been declining. It is therefore important to block up marketing strategies and seductive advertisements of alcohol products which will make the figure of new drinker even more alarming. Restriction on marketing and total ban of advertisement should be recommended. Education is proved



STOPDRINK NETWORK

to be ineffective for prevention of alcohol problems. Conventional education in school will be even more hopeless. As a result, to protect the youth, innovative campaigning techniques and social marketing strategies will support alcohol marketing and advertising restriction measure.

Last, international collaboration should be strengthened as the alcohol issue can no longer be solved individually or at a national level as countries tied with many complicated conditions. In a globalised world, many countries particularly developing ones are largely affected by Free Trade Agreement and rapid growth of multinational alcohol companies. More efficient cross-border transportation and sophisticated marketing techniques through high speed internet makes the control of alcohol consumption more difficult. Consequently, alcohol should not be considered as equal to other normal commodities and should be excluded from the trade agreement.

From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

The world perhaps needs to have power of head, heart and hands. “Head” means knowledge. We believe that the world has a great amount of knowledge almost of all perspectives about alcohol. There may only be some gaps or particular issues have to be further explored. “Heart” is a commitment especially from policy or government sector. If they are well informed and appreciate the problems, alcohol control will be a lot easier. “Hands” means participation from civil society. Mobilization of the civil society could contribute extensively to alcohol control. It could give strong support to policy sector, whereas being leverage to the alcohol industry. When heart, head and hands work together and support each other, the world will be powerful in tackling with problems from harmful use of alcohol. Failure of any function of these three elements could lead the world to nowhere. WHO Secretariat team can therefore play a crucial role in driving and synchronizing these three powers.

A global strategy to reduce alcohol related harms should at least incorporate the three powers. When driving and synchronizing the three powers, consideration on the followings may be helpful.

- Knowledge management including utilization and dissemination of knowledge
- Clear policy direction covering a control of aggregate level of alcohol consumption by reducing drinking frequency, drinking volume per occasion and drinker prevalence particularly among the young is one of the most important policy at the global level.
- Identification of policy gaps or whatever weakens policy and elimination of the gaps



- Identification of appropriate role of each stakeholder.
- Creation of possible channels or mechanism to link and generate the optimum use of knowledge, policy commitment and civil society.

In what ways can you or your organisation contribute to reduce harmful use of alcohol?

StopDrink Network, established in 2003, is the biggest network of people's organizations which works to reduce alcohol consumption and its related harms. The Network successfully receives wide public participation across the country through more than 260 of its member allies. Objectives of the Network are to encourage participation of civil society, build up their capacity for an efficient and effective campaigning and advocacy. StopDrink plays a vital role in supporting and coordinating advocacy efforts at all levels (local to national). The Network initiates a wide range of campaigns both air and ground wars which are launched regularly to tackle alcohol problems, for instance cultural related campaigns to promote alcohol abstinence, target-based campaigns, an advocacy for alcohol-free zone and project to monitor misconduct of the alcohol business.

At a national level, StopDrink Network has the following contributions to reduce harmful use of alcohol:

1. Closely monitor marketing strategies, movement and malpractice of the law of the alcohol industry
2. Actively support law enforcement and create surveillance network in order to keep a close look on alcohol business and ensure that their operations will comply with the law.
3. Develop activities to prevent new drinkers including trainings for parent or family on how to deal with alcohol related problems.
4. Promote a variety of successful alcohol-abstinence projects to be implemented across the country
5. Enhance capacity of partner organizations to strengthen the network.

What StopDrink Network could contribute at an international level would be:

1. Take an active role in a global NGO community and cooperate with them for an advocacy of effective alcohol control policy or other activities that meet the



STOPDRINK NETWORK

Network's objectives with no interference or commercial interest of alcohol industry.

2. Support WHO's efforts in drafting a global strategy to reduce harmful use of alcohol and in the implementation of the strategy.
3. Share knowledge, lesson learned and experiences with other countries. StopDrink Network may also be able to provide technical support to other NGOs in SEA.

Submitting on behalf of the StopDrink Network and its 264 partner organizations in Thailand by
Areekul Puangsuwan
Project Manager
International Collaborating Center
StopDrink Network



EMNA

European Mutual-Help Network for People with Alcohol Related Problems

If alcohol harm is an emergency, mutual-help is a response

Alcohol beverage consumption in Europe kills at least 195,000 European citizens every year, many more than all illicit drugs altogether. The report "Alcohol in Europe" (2006) has for the first time unveiled the mass-destruction power of alcohol beverages, and has put forward some key questions.

There are a number of activities linked to alcohol-related harm that have been carried out over the last years in fields such as road safety, commercial communication, consumer and agricultural policy, and data collection. But policy-making would have limited results without the huge network of voluntary work aimed at treatment and rehabilitation of people having alcohol related problems.

Today the Mutual Help Approach involves public services, voluntary organisations and other institutions in a large network aimed at health promotion and health protection. It is a particular form of expert knowledge which is acquired by training and by own experiences made with the alcohol problems. Mutual Help groups contribute considerably to preventing the relapse, and to rehabilitation and reintegration into profession, society and family. They complement the professional efforts and guarantee at long term the success of treatment.

EMNA represents a large group of citizens in Europe that are directly affected by the harm done by alcohol consumption. Two of the objectives of EMNA are to raise awareness of the importance of mutual help groups and community programmes at European level, and second to give people affected a voice. We are therefore grateful for having the opportunity to address the W.H.O. on this topic.

We estimate that all the members belonging to our organizations in Europe amount to close to 500,000 persons, and through the periodical attendance to the groups, they bring remarkable changes within their families and their communities, significantly reducing the degree of alcohol related harm which the families suffer. Between 70 and 80% of the people attending the groups steadily maintain abstinence. The groups are effective also regarding underage drinking, as we emphasize on the importance of the role of the parents. Actually, most of our member associations work on the basis of a family approach, so that they embrace also the relationship between youngsters and parents.

The groups are all particularly experienced in the skills involved in accompanying people in difficulty with substance consumption: training in these skills, linked to national educational programs, may be more effective in prevention of alcohol consumption among the young than most of the traditional alcohol information or educational projects. These good experiences need to be made known to each other in the sense of a "best practice" exchange.

EMNA is an umbrella organisation established in 2004 in Brussels, by 7 of the leading non-government organizations that in Europe take care of alcohol related problems. The national organizations now represented by EMNA are 15, from 9 countries belonging to EU or EFTA, comprising approximately 25,000 groups and 4-500,000 members.

EMNA has the ambition of tackling one of Europe's largest public health challenges, that is the consumption of alcohol beverages, which in this continent regrettably is at highest levels in the world. Our response suggests all public and private institutions and bodies to make reference to mutual help methods and community programmes.

We think the public health approach would benefit from relating closer to the human suffering and concerns at stake. Those suffering from the harmful drinking of alcohol come from all walks of life; they have names and faces, friends, families and colleagues.

The core component of the self/mutual help method can never be emulated by the professional health systems: the power of sharing their troubles and the efforts to surpass them. Friendship, solidarity and love cannot be prescribed.

EMNA is encouraged by the fact that the W.H.O. at several occasions has emphasised the important role that mutual help-groups can and should play in European member states (see quotes below).

EMNA, being a mutual help-network is primarily concerned with what conventionally is referred to as treatment and rehabilitation. However, mutual help, or community programmes, have a strong preventive dimension, as they mobilise individuals at community and citizen level and provide long term support. Furthermore, mutual help groups give the medical and scientific research data a human face.

EMNA is not an alcohol policy organisation. We do however subscribe to the perspectives in the W.H.O. Alcohol Action Plans and the W.H.O. Charter on Alcohol and what is referred to as the comprehensive public health paradigm. In addition, EMNA has supported the European Strategy on Alcohol (2006) and is a founding member of the European Forum on Alcohol and Health (2007). Representing a group of citizens that may be branded as once harmful drinkers, and being primarily concerned about improving the conditions for mutual help methods, we acknowledge that tackling alcohol related problems in the long term requires population-wide measures relating both to supply and demand.

EMNA acknowledges the need for a careful and methodical progress in this policy area. For many years now alcohol has entered the health agenda at national and European level. The W.H.O. European Alcohol Action Plan, the W.H.O. Ministerial Conference in Stockholm on Alcohol and Young People in 2001 and not least the two EU Council decisions in June 2001 have provided for this, the latter setting in motion the strategy process we now have before us. The Framework for Alcohol policy by W.H.O., 2005, and the EU Alcohol Strategy 2006 are other cornerstones in the long term development of an effective alcohol policy in Europe. The European Strategy, in particular, is motivated by the common good of the citizens, it makes reference to evidence, to the harm and cost, and to the recommendations for future actions.

There are four target areas where mutual help may be referred to:

1. Research and data collection. There is a need for a better understanding of the effectiveness of self/mutual help methods and community programmes. Mutual help groups are a large data-base of success in themselves and many of EMNA's members collect data regularly.

2. Early intervention. Mutual help groups are not part of early intervention, but early intervention may, in many cases, lead to referral to mutual help groups. The availability of mutual help groups increases the efficiency of early intervention.
3. Protection of third parties, families and children. Mutual help is a method that absorbs a wide range of issues concerning not only the drinker's consumption of alcohol but also issues relating to their families, colleagues, friends and community. Many groups are open to family members, and provide support directly to the drinker's nearest environment. In Italy, for instance, around 20,000 families attend weekly meetings in CATs, bringing about remarkable changes within the same families and their communities, and significantly reducing the degree of alcohol related harm which the families suffer.
4. Young people: curbing underage drinking is a priority we fully support, not least its emphasis on the importance of the role of the parents. Very often root causes of harmful drinking by young people are related to a history of existing alcohol or drug use in the family. Second, many groups may include family members or establish particular groups for them. Our mutual help groups, together with national education programmes, may be more effective in prevention of alcohol abuse among the young than traditional alcohol information projects or education campaigns.

The group model represents a huge resource to society in tackling drinking problems. We believe it can improve the ability to connect to citizens, to people and real issues, complementing the intrinsically complex and theoretical approach of most of the European documents.

Why are mutual/self help groups, methods and programmes important?

- Mutual help is effective in the recovery and protection of those who are affected by harmful drinking and in the prevention of such harm.
- Mutual help-groups complement professional treatment and increase the effectiveness of conventional treatment. Our members in Spain, Italy and Germany, for example, each report complete abstinence over any one year period for around 80% of their members.
- Mutual help is good prevention. It targets a group of people that are at risk. People in groups not only tend to stay sober, they tend to have a preventive effect on friends, families, society, communities – however difficult this may be to measure scientifically. Family members of people with a history of harmful drinking tend to be at higher risk than the average.
- Mutual help-groups are important institutions in civil society. They represent an important volunteer contribution and foster the idea of Community. Generally our members are not anonymous, participate fully in local affairs and demonstrate publicly the possibility of full recovery from addiction through abstinence.
- Mutual help is cost effective, not least important in member states where health systems are under financial strain, in particular in societies in transition.
- Mutual help-groups integrate people into the various fabrics of society. It reintegrates people with alcohol problems into working life as well as community and family life. It is a cost-effective social inclusion.

- Research (Humphreys and Moos 1996, 2001) shows significant healthcare cost reductions for patients who are involved with mutual-help groups – about US\$ 5,000 per person in the year following inpatient treatment.

The objectives of EMNA

1. Promote mutual-help groups and community programmes as an important part of the treatment enabling people with alcohol related problems to overcome dependency, to recover, to reintegrate within their family and community, and to prevent relapse.
2. Promote a diversity of effective methods within the mutual-help approach and community programmes that acknowledges and values the various professional, cultural, and spiritual traditions and priorities in Europe.
3. Give a voice to people affected by the harm of alcohol related problems.
4. Exchange and disseminate 'best practices' on topics like: Methods, Organisation, Cooperation with professional treatment system and public health authorities
5. Importance of choice, individuality and the diversity of treatment
6. Evaluation
7. Strengthen the role of volunteers as a valuable resource, as complementary to professional treatment, as a part of a comprehensive approach to alcohol related problems
8. Promote dialogue with professionals, health officials, public authorities and the academic community.
9. On issues relevant to these objectives, prepare common positions on European level.
10. Raise awareness of the mutual help-approach and community programmes in the new member states of the European Union.

Quotes

Mutual-help and self-help groups, their programmes and methods have been recognised by both health experts and the scientific community.

W.H.O.'s view:

"Research and successful examples in countries demonstrate that significant health and economic benefits for the European Region may be achieved if the following ten health promotion strategies for action on alcohol are implemented to give effect to the ethical principles and goals listed above, in accordance with the differing cultures and social, legal and economic environments in each Member State:

[para 9:] Support nongovernmental organizations and self-help movements that promote healthy lifestyles, specifically those aiming to prevent or reduce alcohol-related harm" (WHO European Charter on Alcohol 1995).

"ensure a coordinated approach that involves the social services, criminal justice bodies and self-help groups, as well as the health services" ('Recommended actions in treatment' European Alcohol Action Plan 2000-2005).

"By the year 2005, all countries of the European Region should support non governmental organizations and self-help movements that promote initiatives aimed at preventing or reducing the harm that can be done by alcohol" ('Societies capacity to respond to alcohol related harm', European Alcohol Action Plan 2000-2005)

“The Regional Committee urges integrational (sic), intergovernmental and non governmental organizations, as well as self-help movements, to undertake joint action with Member States and with the Regional Office to maximize the Region-wide efforts to reduce the harm resulting from alcohol consumption” (WHO-EURO resolution EUR/RC49/R8)

Researchers view:

“In many societies, these [mutual help] movements reach at least as broadly into the population as any organized professional effort in the field, and sometimes more broadly”.
(Professor Robin Room)

“The experience of many societies teaches us that mutual help movements provide much of the backbone for an effective societal response to drinking problems. The long-term effects of substantial mutual help activity in a society may well be more significant than the effects of professional treatment activities and of formal availability control systems.” (Robin Room: Mutual Help Movements for Alcohol Problems in an International Perspective, Addiction Research 6:131-145, 1998. Room is Professor at Stockholm University and Director of SoRAD)

“Self-help groups constitute a significant part of the de facto system of care for alcohol and drug problems in the United States” (“Self-help Organizations for Alcohol and Drug Problems: Towards evidence-based practice and policy”. Paper based primarily on the discussions of a workgroup on alcohol and drug-related self-help organizations held at a meeting funded by The Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services and The Mental Health Strategic Healthcare Group, U. S. Department of Veterans Affairs (VA).

Contact:

Ennio Palmesino
Chairman
e-mail: e.palmesino@tiscali.it
Phone: +39 347 2215882
Via S. Maria in via Lata 3/3
I-16128 Genova, Italy

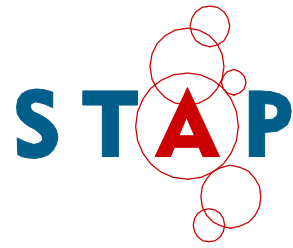
Svein Furnes
Secretary
e-mail: svein@actis.no
Phone: + 47 23 21 45 00
c/o Actis: Torggt. 1
N-0181 Oslo, Norway

Full members of EMNA, Oct. 2008

Vie Libre, France
Alcool Assistance, France
Länkernas Riksförbund, Sweden
Guttempler, Germany
Kreuzbund, Germany
AICAT (Italian Association of Clubs of Alcoholics in Treatment), Italy
F.A.R.E., Spain
The Hungarian Federation of Clubs of Rehabilitated Alcoholics, Hungary
IOGT, Denmark
InTact, Netherland
Blaues Kreuz in der Evangelische Kirche, Germany
Freundskreise für Suchtkrankenhilfe, Germany

Associate Members

Actis, Norway, Rio, Norway, Blue Cross International



WHO Submissions to public hearing on ways of reducing harmful use of alcohol

Deadline 31 October 2008

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

STAP (the National Foundation for Alcohol Prevention, in the Netherlands) has the experience that the key explanatory factors related to alcohol problems are the easy access to alcohol, low prices, the intensity of the marketing and the unrealistic health image of alcohol.

Babor et al. (2003) have reviewed a wealth of scientific evidence on effective policy measures. Based on this compilation of studies we as STAP believe that more effective policy measures to reduce alcohol consumption and alcohol-related harm are the following:

- Price policy to influence affordability
- minimizing physical availability of alcohol (e.g. by restricting the number of outlets, hours/days of sales, by removing sweet alcohol-pops from the supermarket, etc)
- minimum legal purchasing age (18 years)
- improving the enforcement of the minimum legal drinking age
- ban on alcohol advertising
- random breath testing
- brief interventions for high risk drinkers
- see Babor et al., 2003 p.264-266.

Less effective and often costly measures include e.g. educational measures such as:

- alcohol education in schools
- public service messages
- college student education
- warning labels
- see Babor et al., 2003 p.264-266.

STAP pleads for an integrated approach (based on the systems approach by Harold Holder, see Holder, 1998). Effective alcohol policy should always be based on three key elements:

- increasing the awareness of the problem and public support for policy measures (obtained by communication strategies and media attention)
- implementation of effective legal regulations
- enforcement of these regulations

These principles can be implemented on national policy level as well as on regional and local level. An important condition of effective policy is the availability of data and of evaluation studies.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

On a more global level there are several ways to tackle alcohol-related harm. Below are several topics that deserve special attention, according to STAP:

- Free trade agreements vs public health.
Countries that want to undertake action on their national levels are often hindered by legal restrictions due to super national trade agreements. It would be very helpful if it would be possible to make exceptions to these agreements based on public health grounds. Alcohol is no 'ordinary commodity'. Member states should not be restricted in pursuing their own national/local alcohol policies due to European/global trade agreements.
- Taxation.
Taxation is one of the most effective measures to reduce alcohol-related harm and relatively cheap to implement. The economic costs (e.g. health care, police, justice etc) in the EU due to alcohol use are four times as high as the total tax profits in the EU member states (Cnossen, 2006). Ad to that the immaterial costs (e.g. the 10.000 traffic deaths and social problems in families, abuse, aggression etc.) and it is actually unbelievable that alcohol still seems to be such an 'ordinary commodity', which it, obviously, is not.

Tax rates differ between EU member states. Approximately half the member states e.g. have no excise duties on wine (wine producing countries even receive fundings from the EU to promote wine drinking because wine is classified as an agricultural product in some of these countries). According to STAP, tax levels should be more harmonised (based on Purchasing Power Parity per country and based on the economic principle that the level of taxation on products like alcohol and tobacco should relate to the costs of these products for society) and EU wine allowances should be stopped.

- Minimum pricing
The easy availability of alcohol in supermarkets in connection with the growing popularity of drinking in private places are important clarifying factors of the alcohol problem in modern societies. Regular price discounts of alcohol in supermarkets are influencing the buying behaviour of clients and stimulates drinking. STAP pleads for a policy of minimum retail prices for alcohol based on health arguments.
- (Total) ban on alcohol advertising.
Several longitudinal studies have shown that exposure to alcohol advertising and/or marketing lowers the age of onset of drinking in young people and also increases alcohol consumption on the long term (e.g. Collins et al., 2007; Ellickson et al., 2005; Henriksen et al., 2008; Snyder et al., 2006; Stacy et al., 2004). Only one out of 13 longitudinal studies found no effect of exposure to (outdoor) alcohol advertising on drinking behaviour (Pasch et al., 2007). Expectancies about alcohol already develop long before the onset of drinking. The way alcohol is portrayed in the media contributes to these expectancies.

To better protect children against the effects of alcohol marketing, STAP pleads for a total ban on alcohol advertising (similar as with tobacco). In case a total ban for all alcohol advertising is not feasible, then at least a restriction of the volume of alcohol advertising/marketing for traditional media (e.g. radio, tv, print, outdoor) is suggested (e.g. time ban for radio and television). For relatively new types of media (e.g. internet, buzzmarketing, viral marketing, sponsoring, SMS, etc) a total ban is preferable since these types of alcohol marketing cannot be easily monitored by independent parties. This way, it will never be clear how many

minors are being reached by this type of advertising. The industry has more access to this type of data, but these data are not accessible for the public.

The voluntary codes of the industry focus mainly on content restrictions of alcohol advertising and to a far lesser extent on restrictions of the volume of alcohol advertising (STAP, 2007). We know from research that the volume of alcohol advertising has a large impact on drinking behaviour of young people (e.g. Collins et al., 2007; Ellickson et al., 2005; Henriksen et al., 2008; Snyder et al., 2006; Stacy et al., 2004).

In the self regulation codes, the industry often employs the so-called 25%-rule. The EFRD (European Forum for Responsible Drinking) even uses a 30% rule. According to this rule, no audience consisting of more than 25% (or 30%) minors may be reached with alcohol advertising. However, EU27 member states contain on average 19,4% minors (Eurostat). In practice, alcohol advertising can therefore take place freely because the 25% limit (and to an even lesser extent the 30% limit) will not be crossed easily. Another disadvantage of this rule is that in absolute numbers, still a lot of minors are being reached by alcohol advertising. In theory 100% of the EU minors are allowed to be reached by alcohol advertising, as long as there are more adults watching (e.g. with soccer cups).

- Standardisation of drink units.

Drinking guidelines for 'acceptable drinking' are very different throughout countries. The guidelines often mention the 'number of glasses' and, to a lesser extent, the number of grams. For the individual it remains unclear how many grams of alcohol a beverage contains. Because glasses, packages, etc differ between countries, brands and type of alcoholic drink, a 'standard alcoholic consumption' in fact doesn't exist anymore. In order to standardise alcoholic consumptions on a global level, it is necessary that all alcoholic beverages contain the number of grams of alcohol on the label (and not only the percentage of alcohol). This way, global guidelines can be developed and the risk of overconsumption due to confusing drinking guidelines might be reduced.

STAP is a strong proponent of a world-wide Framework for Alcohol Policy similar to the WHO Framework on Tobacco Control. A world-wide agreement about effective policy instruments to reduce youth drinking, to reduce harmful drinking by adults, to reduce drunk driving and to protect third parties frees the way for effective policy making on local, national, European and global level.

STAP advises that the alcohol industry (although involved in producing and distributing alcoholic products), should not play a role in the development of effective alcohol policy, on any level. Commercial interests and maximizing profits are not compatible with public health interests such as the reduction of alcohol-related harm.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

"STAP is a national, independent non-profit organisation that advocates effective alcohol control policies and works towards public awareness of the risks of alcohol".

STAP is operating on several levels:

- Local
- National
- European

STAP focuses on several topics:

- Monitoring alcohol marketing
STAP has been monitoring the alcohol marketing in the Netherlands for several years (commissioned by the ministry of Health, Welfare and Sports). Therefore, we have gained a lot of knowledge about the functioning of self regulation of the alcohol industry. Together with several other NGO's we promote the monitoring of alcohol marketing in other European countries (done by EUCAM, the European Centre of Monitoring Alcohol Marketing, www.eucam.info). STAP and EUCAM both promote and disseminate research on the impact of alcohol advertising on young people.
- Local alcohol policy
Without the support from local and regional authorities national alcohol policy is hard to implement effectively.
STAP supports Dutch municipalities in the development of local alcohol policy (www.alcoholbeleid.nl). We write local policy plans, conduct local research and coordinate local and regional projects. STAP is involved in most Dutch local projects and played an important role in the development of a local policy guideline in 2007. General aim is to promote inter-sectoral alcohol policy based on the systems-approach of prevention.
In Europe we coordinate the local policy work package of the Building Capacities program. STAP also develops local alcohol policy in two Romanian municipalities together with national prevention partners over there.
- Promotion of alcohol free environments (alcohol & pregnancy, alcohol free zones for young people below 16 etc.)

References:

- Babor, T., et al. (2003). Alcohol: No ordinary commodity. Research and public policy. Oxford University Press: New York.
- Cnossen, S. (November, 2006). CPB discussion paper: Alcohol Taxation and Regulation in the European Union.
- Collins, R.L. et al. (2007). Early adolescent exposure to alcohol advertising and its relationship to underage drinking. *Journal of Adolescent Health*, 40, 527-534.
- Ellickson, P.L. et al. (2005). Does alcohol advertising promote adolescent drinking? Results from a longitudinal assessment. *Addiction*, 100, 235-246.
- Eurostat.
- Henriksen, L., Feighery, E.C., Schleicher, N.C., & Fortmann, S.P. (2008). Receptivity to alcohol marketing predicts initiation of alcohol use. *Journal of Adolescent Health*, 42, 28-35.
- Holder, H.D. (1998). Alcohol and the Community. A systems approach to prevention. Cambridge University Press: UK.
- Pasch, K.E., Komro, K.A., Perry, C.L., Hearst, M.O., & Farbachsh, K. Outdoor Alcohol Advertising near Schools: What does it advertise and how is it related to intentions and use of alcohol among young adolescents? *Journal of Studies on Alcohol and Drugs*, 68, 587-596.
- Snyder, L.B. et al., (2006). Effects of alcohol advertising exposure on drinking among youth. *Archives of Pediatrics and Adolescent Medicine*, 160, 18-24.
- Stacy, A.W. et al., (2004). Exposure to televised alcohol ads and subsequent adolescent alcohol use. *American Journal of Health Behavior*, 28, 498-509.
- STAP (2007). ELSA: Regulation of Alcohol Marketing in Europe. Utrecht: National Foundation for Alcohol Prevention.
- www.eucam.info
- http://ec.europa.eu/agriculture/capreform/wine/index_en.htm

Canadian Alcohol Policy as Represented in the National Alcohol Strategy (NAS)

A recent Canadian study estimated that the economic cost of alcohol-related harms was \$14.6 billion, based on 2002 figures. This translates into \$463 for every Canadian. The cost is slightly less than the total estimated costs of tobacco (\$17 billion), but nearly double the total costs attributed to illicit drugs (\$8.2 billion).

In response to public concern about the impact of alcohol-related harms, the Canadian Centre on Substance Abuse, the Alberta Alcohol and Drug Abuse Commission and Health Canada co-chaired the National Alcohol Strategy Working Group, which represented a wide range of alcohol stakeholders in Canada, including all levels of government, non-governmental organizations, addictions agencies, academia, Aboriginal and Inuit service organizations, and the alcohol beverage and hospitality industries. The Working Group produced a document entitled “Reducing Alcohol Related Harm in Canada: Toward a Culture of Moderation, Recommendations for a National Alcohol Strategy” (NAS) in April 2007. The NAS sets out a comprehensive, collaborative strategy that provides direction and 41 evidence-informed recommendations for developing a culture of moderate alcohol use, with the aim of reducing alcohol-related harm.

The NAS signals a new way of thinking about alcohol use in which *implicit* and poorly understood messages are replaced by an *explicit* unifying theme and a coordinated approach that reflects healthy norms and standards, fostering better understanding of the various risks involved in drinking, creating environmental supports and incentives to reduce harmful drinking, and helping Canadians to be wiser in their use of alcohol so as to minimize those risks. Cultural change is key to achieving the goals set out in the Strategy.

The current submission encapsulates the content of the NAS, which can be read in full on the CCSA website at <http://www.ccsa.ca/2007> [CCSA Documents/ccsa-023876-2007.pdf](http://www.ccsa.ca/2007). There is a close correspondence between the recommendations in the Canadian strategy and the recommendations and background papers produced by the WHO in preparation for the draft global strategy to be submitted to the Sixty-third World Health Assembly in 2010.

The NAS is a monograph, but should be seen as a process and a dynamic one—the product of ongoing consultations among parties with interests in the use and abuse of beverage alcohol from importing, production and distribution to the enforcement of regulations and research on policy-relevant alcohol issues. The partnerships/agencies actively participating in the NAS and activities undertaken to date are described below.

An overall aim of the Strategy is to support the development of a culture in which moderate drinking dominates drinking practices, so that when and if people drink alcoholic beverages there would be a low likelihood of harm. Goals of the NAS include the reduction of harm to individuals, families and communities across Canada; an increase in public knowledge about the impact of alcohol use; the development of approaches to prevent, reduce and address alcohol problems, and the identification of the most effective actions in these areas. As this is a national strategy, there is an additional aim to increase and strengthen collaborative partnerships involving governments, non-governmental organizations, industry, addictions agencies, law enforcement, and communities affected by alcohol-related harm.

More detailed work must be done to address the particular needs of indigenous peoples (First Nations, Inuit and Métis) regarding alcohol use, as well as to create an effective strategy to prevent fetal damage from alcohol and to ameliorate the suffering of those living with fetal alcohol spectrum disorder (FASD).

As a result of considerable discussion and consultation, the NAS Working Group agreed to 41 recommendations, grouped into four broad areas of action:

- **Health promotion, prevention and education**—aims to raise public awareness about responsible alcohol use. A key component of this strategic area is the achievement of consensus on national drinking guidelines in order to promote specific practices consistent with moderate drinking. To facilitate consistent messages, information would be disseminated providing the definition of a standard drink, drink containers would be labeled, and differences in the alcohol content of various types of beverages would be explained.

The NAS pays special attention to younger people, both underage drinkers and young adults, and there are specific recommendations that address the situations of people in schools and in post-secondary institutions.

- **Health impacts and treatment**—aims to reduce the negative health impacts of alcohol consumption and address the contribution of drinking to injury and chronic disease. Prominent in this area are the effects of excessive drinking per se on the life chances of the drinker and on that individual's family, colleagues and close associates. Other health issues concern the use of alcohol with other drugs, and drinking practices that increase the risk of FASD.

The NAS encourages exploration and development of early identification of possible problems with alcohol, integrated with brief intervention and (if necessary) further referral. Widespread screening,

brief intervention and referral could address alcohol use problems early enough to prevent serious and possibly irreversible harm.

Alcohol problems are highly diverse. Therefore, the NAS aims to support a broad range of interventions and treatment to address the needs of those in trouble with alcohol, as well as the needs of their families and close associates.

- **Availability of alcohol**—aims to implement and enforce effective measures that have an impact on access to alcohol. Supporting limits on availability represents population-level approaches. Such measures include taxation, a minimum age at which alcohol can be bought, and setting limits on hours of sale and on numbers of establishments licensed for on- and off-premise sales.

There is attention paid to server training—the training of staff in licensed establishments to avoid selling drinks to intoxicated customers. There is also discussion of encouraging measures that would increase taxes on beverages commensurate with their alcohol concentration, as opposed to the current situation where taxes correspond more to beverage volume.

The NAS recommends reviews of alcohol advertising to assess its correspondence with moderate drinking norms and to monitor possible messages about alcohol availability to youth.

- **Safer communities**—aims to create safer communities and to minimize harms related to intoxication. Alcohol is recognized as a contributing factor in driving accidents and deaths, other accidents and injuries, assaults, homicides, fires and other events that threaten public safety and community wellness. Chronic heavy drinking also threatens the physical, mental and social well-being of drinkers, their families and their associates.

Youth and impaired driving are a focus in this section of the NAS, as younger people are more vulnerable to acute or event-specific harms than are those who are older. While injuries and deaths involving alcohol-impaired driving have decreased in recent years, drink-driving still remains a major cause of death in Canada, especially among younger people.

The NAS recommends measures to reduce impaired driving, including increased enforcement of current drink-driving laws, zero tolerance provisions (0.00 BAC) for drivers under the age of 21, and adoption of technology-based solutions (e.g., ignition interlock systems) for high-risk or alcohol-dependent drivers. There are other drinking and driving recommendations involving early identification of high-risk drivers for treatment and rehabilitation.

Organizational Support

The following organizations support the direction and recommendations of the NAS. All of the organizations currently have an active role in implementing one or more of the 41 recommendations contained in the strategy.

Alberta Alcohol and Drug Abuse Commission
Brewers Association of Canada
Canadian Association of Chiefs of Police
Canadian Association of Liquor Jurisdictions
Canadian Centre on Substance Abuse
Canadian Council of Motor Transport Administrators
Canadian Public Health Association
Canadian Vintners Association
Centre for Addiction and Mental Health
Centre for Addictions Research of British Columbia
Mothers Against Drunk Driving (MADD) Canada
Manitoba Liquor Control Commission
Nova Scotia Department of Health Promotion and Protection
Ontario Public Health Association
Toronto Drug Strategy Implementation Panel
Spirits Canada—Association of Canadian Distillers

These agencies represent a broad base of support, as well as different interests with the capacity to address the range of issues that have been covered by the NAS. Governments, non-governmental organizations, health departments, law enforcement agencies, and organizations representing alcohol beverage industries are involved in the Strategy, contribute to it and are kept up to date on NAS activities.

Current Activities of NAS Partners

Most of the initial activities address the first aim of the Strategy, *Health Promotion, Prevention and Education*. Drinking Guidelines have been finalized by Health Canada and their release in pamphlet form will occur when they are approved by the Government of Canada.

Nova Scotia Health Promotion and Protection and the Centre for Addictions Research of British Columbia initiated projects targeting young people. The Nova Scotia group implemented the Yellow Flag campaign, targeting young adults, aged 10–24. The Centre for

Addictions Research of British Columbia has established partnerships with five post-secondary institutions in order to discourage high-risk drinking in schools and colleges.

MADD, the Toronto Drug Strategy and the Manitoba Liquor Control Commission have developed and are conducting ongoing public awareness campaigns, and the Canadian Association of Liquor Jurisdictions announced that they will encourage support for a culture of moderation in their promotional activities.

Activities in the realm of *Health Impacts and Treatment* include several papers on alcohol and cancer risks from the Centre for Addiction and Mental Health. This organization is also an active participant on several chronic disease prevention committees.

The Canadian Centre on Substance Abuse has initiated an update of the Alcohol Risk Assessment and Intervention screening tool for brief intervention. This project involves colleagues from the British Columbia Mental Health and Addiction Services and the College of Family Physicians of Canada and is funded through contributions from the Brewers Association of Canada, the Canadian Vintners Association, the Association of Canadian Distillers and CCSA.

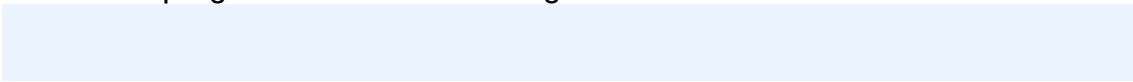
Concerning *Availability*, the Centre for Addictions Research of British Columbia continues to be active in exploring ways of achieving volumetric pricing and tax incentives. Papers have been published on alcohol pricing and taxation alternatives, and there are ongoing discussions about pricing and tax incentives with the Province of British Columbia.

The Centre for Addiction and Mental Health has long been addressing the issue of *Safer Communities*. Their safer bars and server training programs, informed by a series of research papers, have been widely disseminated across Canada and the project—especially its server training program—continues to be active in publishing and evaluating the program.

Next Steps

The Canadian Centre on Substance Abuse continues to perform a Secretariat role relating to NAS activities and facilitating partners' implementation of NAS recommendations. To this end, a NAS Advisory Committee has been established, and its initial meeting will take place in December 2008. The objectives of the Committee are

- To lead the implementation of the NAS recommendations

- To identify key stakeholders committed to implementing specific recommendations
 - To promote awareness of the NAS and provide "best practice" advice to all levels of government, NGOs and the private sector
 - To contribute to the effective exchange of information on alcohol
 - To promote and assist the development of realistic and effective policies and programs aimed at reducing the harms associated with alcohol.
- 

Number of Words: 1829

Infusing Hispano/Latino Values into an Exemplary Substance Abuse Prevention Program

By

Harry Montoya, MA

President/CEO

Hands Across Cultures, Corp.

Northern Santa Fe County and Southern Rio Arriba County have long suffered from the scourge of substance abuse, specifically the Black Tar Heroin epidemic. Here are a few startling statistics:

- According to the Centers for Disease Control, New Mexico leads the nation for per-capita accidental heroin and poly-drug poisonings, while Rio Arriba leads New Mexico by more than 5 to 1.
- In 1997, the rate of drug related deaths in Rio Arriba was over 30 per 100,000, more than three times the state-wide rate.
- Rio Arriba County ranks third in deaths of men from alcohol-related accidents. Cirrhosis, a leading cause of death in Rio Arriba is approximately three times the cirrhosis mortality rate for Santa Fe and Taos Counties, and New Mexico.
- Illicit drugs were involved in 84% of all drug deaths in Rio Arriba between 1998 and 1999. Alcohol was involved in 65% of all drug deaths.

These are just a few of the alarming numbers that we deal with in our work here at Hands Across Cultures, Corp. Our agencies mission to improve the health, education and well being of the people of Northern New Mexico through family-centered approaches deeply rooted in the multicultural traditions of their communities.

There has been much attention given the gravity of our problem going back to a forum in 1992. Since that time, we've had two other forums that have focused on this problem, the most recent one on August 15, 2003 when Governor Bill Richardson visited our community.

So one may question, I know I certainly do, why there hasn't been a reduction in negative consequences and an increase in numbers of positive outcomes in that period. The answer is complex and requires some explanation here. Hands Across Cultures has been in business for nine years now. We began our programming in 1995, and can pinpoint to the 1992 meeting as being the catalyst for the formation of our organization. Prior to that, there has never been a sustained prevention effort in our community. The reality is that sometimes before things get better, we may see things get worse. This has been the case, as I perceive it.

Now, one may wonder, what is one to do? The answer is again complex and the bottom line is that there are two overriding issues that need to take place. The first, is the political will to want to make a difference and create the policy to promote the programming. This is going to require continued collaborative building efforts in the community. We need to work toward unconditional consensus. We can't continue to attempt to collaborate with agencies that have set conditions on others if they are going to "participate".

The second requirement is financial resources. The reality is that we need funding to carry out the programming necessary to begin addressing the many needs in our community. Hands Across Cultures continues to work for additional funding and replacement funding for our prevention programs. It is my belief that we need to invest in the future of our community through our youth. As the old saying goes, “an ounce of prevention is worth a pound of cure”, or “Mas Vale Prevenir que Lamentar”. There has been a significant amount of funding that has gone into Treatment but a paltry amount for prevention, and the prevention funding, at least from the Department of Health/Behavioral Health Services Division, has been cut twice in four years for our programming.

Now, what I am about to suggest for a funding source, has been attacked by the liquor and beer industry. I have suggested that we increase the liquor excise tax. How this would work is that counties would be given the opportunity to have an election with the question on the ballot being something like, “*are you in favor of increasing the excise tax on liquor for the purposes of DWI prevention and treatment programs?*” This could generate a potential additional \$500,000 to \$1 million for Rio Arriba and Santa Fe, respectively.

The Blue Ribbon Tax Committee in 2003 heard all of the tax overhaul proposals and I testified that this was a viable option for funding these prevention and treatment programs. What we have to do is convince people that this is indeed a viable option and support these efforts in order to have our legislature pass the legislation, and have the Governor sign the bill. It’s about time that the industry and those individual causing disrepair in our society, help in paying for some of the social ills caused as a result of alcohol, particularly underage drinking.

A viable program that we need to undertake is a Parent Corps. Modeled after the Peace Corps, the Parent Corps will build and train a leadership corps of parents. Parent Leaders will educate the parents in their childrens school and surrounding community about the risks addictive drugs pose to children and adolescents. The goal of this educational effort is to mobilize parents into action and help them form parent drug-prevention groups to protect their childrens health and well-being.

There is hope and as long as we have that and faith, we will overcome the negative consequences. As Martin Luther King, Jr. used to say, “*It’s always time to do what’s right. If something is morally right, the politics will follow.*” What we are doing in our work, is morally right, and that’s working to save people’s lives.

San Diego County Alcohol Policy Panel Alcohol Policy Recommendations

The San Diego County Alcohol Policy Panel (Policy Panel) is a unique coalition providing leadership in underage and high-risk drinking prevention in California and the U.S. for nearly fifteen years. A diverse group of leaders from every sector of the community (including law enforcement, public health, education, clergy, military, business, youth, government and business), the Policy Panel believes the best way to reduce community problems and personal harm related to alcohol is to change the social, legal and commercial environments in which alcohol is made available and/or desirable to young people.

We believe “environmental strategies,” which change the legal, social and commercial environments in which decisions around alcohol are made, address the root causes of alcohol-related problems. By changing the socio-economic landscapes in which alcohol problems occur, we take a public health approach to a public health problem, shifting resources into a cost-effective prevention approach and away from attempting to change things one individual at a time.

We have modified our 10 policy recommendations for the purposes of the WHO request as follows:

Alcohol Availability

1. Public drinking should be banned at all parks, beaches, and other community spaces frequented by children and families.
2. Communities should adopt, enforce, and adjudicate social host laws, which hold non-commercial individuals responsible for underage drinking events on property they own, lease, or otherwise control (<http://www.socialhost.org>).
3. Local governments should fund and support public awareness campaigns to reduce underage and binge drinking and adult conduct that facilitates underage and binge drinking.
4. Governments should adopt tax policies that reflect the social and economic costs of alcohol use.
5. State certified Responsible Beverage Sales and Service (RBSS) training should be required and enforced for all owners, managers and employees of businesses licensed to sell alcohol (http://www.marininstitute.org/alcohol_policy/rbs.htm).

Alcohol Marketing

6. Public and private entities should fund and support programs to increase public awareness of alcoholic products designed to attract youth or target specific

populations or cultures (www.alcopopscoalition.org) and (www.marininstitute.org/take_action/hands-off.htm).

7. Public and private entities should take reasonable precautions in the time, place and manner of placement and promotion of alcoholic products to reduce youthful exposure to alcohol advertising and marketing activity (<http://www.camy.org>).

Community Norms

8. Effective enforcement and adjudication of alcohol laws should be made a priority at all levels of government.
9. Educational institutions should have appropriate and consistent enforcement of policies and codes for students and staff regarding alcohol use and promotion on their campuses.
10. Communities should understand and apply state and local ordinances to control the number, location, and density of alcohol beverage outlets.

The San Diego County Alcohol Policy Panel has received several state and national awards for its groundbreaking efforts to reduce underage and binge drinking and related community problems. It has successfully engaged youth as meaningful leaders in underage drinking prevention (<http://www.sdyouthcouncil.org>) and established a unique, multi-jurisdictional law enforcement task force that conducts high-visibility enforcement operations targeting underage drinking and DUI (<http://www.sdletf.org>).

The Policy Panel can contribute to the reduction of harmful use of alcohol by continuing to advocate for public policies and other environmental changes that alter the social and economic conditions in which harmful alcohol use occurs.

The Policy Panel also publishes resources to assist other groups in implementing environmental strategies and provides training and technical assistance to public health, law enforcement, governmental and youth organizations. We have published a social host case study, college presidents forum reports, and several community action kits addressing law enforcement, youth, responsible beverage service, rural communities, and community organizing as they relate to the underage and binge drinking prevention.

For more on our organization or to download our publications, please visit our website (<http://www.alcoholpolicypanel.org>).

Full Submission for the WHO Public web-based hearing on ways of reducing harmful use of alcohol. (2,000 words)

Introduction

We are the women of the Marninwarntikura Women's Resource Centre in Fitzroy Crossing in the northern part of Western Australia and this submission details the steps we took to minimize the scourge of alcohol which has been destroying our lives and the lives of our children.

We are a community of 3,000 people, with 1,500 people living in the town and 1,500 people living in 30 nearby communities in the Fitzroy Valley. We are reasonably remote with the nearest town of Derby being 250 kms to the west, and Halls Creek 290 kms to the east. Sixty five percent of our population are indigenous, with people coming from one of 4 different language groups (Gooniyandi, Bunuba, Walmajarri and Wangkajungka). Our non-indigenous population of approximately 35% comprises people working in the service industries such as health, education and government administration.

Similar to many indigenous communities our community has been devastated by alcohol. In our community approximately 30% of indigenous people drink and of these, 30% drink at high risk levels. These high risk drinkers were consuming approximately 2,000 cases of beer/week, or 48,000 cans/wk costing close to AUD\$6 million/year. The money spent on alcohol meant that there was little money left to feed the family.

There are many other consequences of this alcohol consumption. We now have 30% of our next generation affected by foetal alcohol spectrum disorder. Our young people have committed suicide or been involved in tragic accidents while under the influence of alcohol. We've seen family breakdown, an increase in social problems such as low self esteem, lack of motivation, and a loss of direction in life. Our people are suffering many alcohol related health problems such as liver disease, pancreatitis, malnutrition and many types of cancer. So many of our people have seen violence, have performed acts of violence and live every day fearing for their well being. In our community there is so much grief, suffering and trauma caused by uncontrolled alcohol abuse that it could not be allowed to continue any longer. We faced a humanitarian crisis of unknown proportions and were desperate to find a solution that could be quickly implemented and stimulate the change needed to heal.

Our plan to restrict alcohol

Every year the indigenous women of our community come together in the bush to talk about our problems and to search together for solutions. At the bush camp in 2007 a decision was made that, in retrospect, was the most important decision

ever made in the life of our community. At this meeting Emily Carter and June Oscar, leaders of the Marninwarntikura Women's Resource Centre, raised the sensitive topic of alcohol and the devastation and cultural genocide it was causing. Over the next few days women of all generations talked together formulating a plan that would change the community forever. This plan involved lobbying the Australian Liquor Licensing Board to impose restrictions on liquor outlets in Fitzroy Crossing preventing the sale of takeaway full and mid-strength beer. The women understood that many of the alcohol problems were due to the community's easy access to takeaway alcohol and that if this could be restricted many problems would be solved. Additionally such a strategy was more likely to gain the community support so necessary for the successful implementation of the plan, rather than seeking a total ban on alcohol in the community. Total bans had been imposed in outlying communities with little success given the lack of government support to police these bans and to provide additional health services for recovering alcoholics.

At the bush camp much discussion occurred about how to involve the community and get their support for the implementation of the ban. The elders at the camp indicated that they would support the women in any way possible, while the mothers and children discussed how best they could contribute. All the women understood that this was going to be a long and difficult struggle as alcohol was so much a part of their way of life. Also this was the first time ever that an Australian Indigenous community had requested that the Liquor Licensing Board impose restrictions on the town's liquor outlets. These outlets, while not directly contravening the conditions of their license, had broken the moral and ethical rules of the community in which they operated by continuing to sell alcohol to people living a squalid and miserable existence due to their alcohol addiction.

A series of carefully planned meetings were then held by the women of the Marninwarntikura Women's Resource Centre to inform others of their plan and to seek their support. Several large community-wide meetings were held in Fitzroy Crossing. The support that the women received from community elders and leaders was invaluable. These meetings ensured that the whole community was kept informed on this initiative, the reasons behind it, and its progress. These meetings were often stormy, and ensured that accurate information could be shared.

At the same time, June Oscar and Emily Carter met with key public office holders including the state government ministers for Health, Racing Gaming and Liquor, and Police, putting forward their concerns and demands for action. The Commissioner for Police publicly supported their demands, as did Dr Fiona Stanley the Director of the Telethon Institute for Child Health, and General John Sanderson then Advisor to the State Government on Indigenous Affairs.

Because their initiative closely followed the Federal Government's intervention into Indigenous communities in the Northern Territory, it aroused intense media

interest. The women were able to mobilise this media attention and use it to put forward an integrated picture of the serious issues facing their community, and to insist that appropriate actions were taken.

The Results

The results of our alcohol restrictions have been studied closely by the Liquor Licensing Board and researchers at Notre Dame University in Western Australia. The data presented below comes from these reports. Six months after the implementation of the ban there has been a:

- 43% reduction in the number of reported incidences of alcohol related domestic violence
- 55% reduction in the number of alcohol related presentations to the emergency department
- 88% reduction in the amount of pure alcohol being purchased in takeaway form from the main liquor outlet (8,541 litres were purchased in July-Sept 07, reducing to 949.25 litres purchased in October to December)

More extensive reporting of data can be obtained from the authors.

In addition to these figures we have noticed that:

- Children are attending school more regularly
- Older people are sleeping better due to a reduction in noise and anti-social behaviour on the streets
- There are fewer fights and ambulance and police are called out less often
- Women are finding their voices again and are beginning to take up leadership roles
- The wider community are openly discussing the problem of alcohol
- There have been no alcohol related suicides since the alcohol restrictions were introduced, this being significantly different from the 13 suicides that occurred in the Fitzroy Valley in the 13 months prior to the ban.

Some of the difficulties we have encountered include:

- An increase in the amount of sly-grogging
- Verbal, psychological and physical threats and abuse from those in the community opposed to the ban
- The movement of some drinkers from Fitzroy Crossing to other towns in which there is no control of alcohol consumption

The Future for Fitzroy Crossing

Our alcohol restriction strategy has had enormous positive impact on the lives of the people of Fitzroy Crossing. Of course it has not solved all our problems but it a beginning, a much needed breathing space, that will allow us to confront what

needs to be done to address the serious social problems our families have been facing.

The fact that 30% of the next generation suffer foetal alcohol spectrum disorder and were disadvantaged even before their birth is a great burden for our community. We wonder how we are going to support these children and young people given our lack of resources and the poverty in which many of them already live. What will be the impact of these children on our community and how will we ensure that our culture remains strong when many of our youth will not live sufficiently long to become elders and pass down their knowledge? These are the issues that we are struggling to address but it is these issues that keep us women determined to lobby strongly for a continuation of the alcohol restrictions. We are fighting to give our children a future. We want to build on the extraordinary gains that we have made in the last year. We can't bear to think of ever returning to the alcohol fuelled chaos we knew as 'normality'. For the first time in years our community is starting to feel what a 'normal' life can be where we sleep at night and no longer rush off to funerals.

We hope that this submission proves useful for other indigenous communities in the world who are living with a similar crisis. We believe that our story is important not only for the hope it has brought to the people of Fitzroy Crossing but for the hope that it might provide to other communities searching for solutions.

Statement of the German Centre for Addiction Issues (DHS e.V.)

Problem statement

In Germany the average alcohol consumption sank constantly, but too slowly during the last 20 years, so that it still remained 10.1 litres per capita in 2006. This means Germany is one of the heaviest drinking nations in Europe. The harmful use of alcohol is a leading risk factor for premature death and disability. 9.5 Mio Germans between 18 and 64 years drink more than 12g (women) and more than 24g (men) of alcohol per day, the limit posed by professional medical associations for alcohol consumption with a relatively low risk. Of these 9.5 Mio consumers 2 Mio drink alcohol in a harmful way and 1.3 Mio are dependent and need treatment.

Children are starting to consume drugs earlier and earlier. But while the consumption of illicit drugs by young people is decreasing, alcohol consumption increases. Hospital admissions of young people (10 to 20 years) because of alcohol intoxication escalated from 12.035 in the year 2000 to 19.500 in the year 2006. Alcohol consumption in adolescence can trigger long term biological changes that may have prejudicial effects on the developing brain. The younger people start to drink and the heavier they drink, the more they are at risk of alcohol dependence and alcohol related harm during young adulthood, including suicide.

In Germany alcohol is the most frequent reason for hospital admissions of men. 42.000 people whose death is related directly (i.e. by alcohol misuse) or indirectly (i.e. in a car accident caused by a drunk driver) to alcohol consumption die in Germany any one year. The share of deaths attributable to alcohol for people dieing between 35 and 65 years accounts for 25% with males and 13% with females. Morbidity assessed on base of inpatient hospital treatments shows that 2% (0,9% women and 3,4% men) of these treatments are due to alcohol consumption. The costs of alcohol related diseases (excluding intangible costs) amount to 24.4 billion € per year.

As a consequence thereof the health and economic burden of alcohol consumption in Germany is high, leading to pain and suffering, harm to third parties, health inequalities, and a drain on the economic productivity.

Question1: What are your views on effective strategies to reduce alcohol-related harm?

Alcohol policy in Germany as a means of preventing or reducing the harms associated with alcohol consumption has been for a long time a matter of abstinence organisations and of health education. During the last 10 years there has been increasing awareness about problems related to alcohol, especially for young people and third parties. Nevertheless

changes in policy are slow. While public health experts see the necessity of a coherent alcohol policy in all relevant policy areas, alcohol producers and their lobbies plea for a partial approach, which focuses on behavioural prevention and self-regulation.

Given the relatively low effectiveness of educational programmes on changing drinking behaviour on the one hand and the immense investments in alcohol marketing (over 1bn only in Germany) on the other hand, policy should shift to more effective, structural approaches, as e.g. taxation, availability of alcoholic beverages, and regulation of marketing. The passing of the “Alcopops Law” in Germany which had a lowering impact on the consumption of these beverages among young people, shows the importance of alcohol taxes as a measure of alcohol policy. But such legal changes must be embedded in a comprehensive approach. Changing only one policy element is not a successful option. In the case of the rise in prices through the tax on alcopops young consumers shifted to other products - beer- and wine premixes - , which the alcohol producers had willingly designed. While the market for beer is shrinking, the sales of premixes on the base of beer have expanded. This means alcohol policy measures should not be implemented in isolation but as a package of measures and options at different political and social levels and areas, such as law, education, treatment, transport, consumer protection, and regulation of commercial communication.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

One important long-term objective should be providing support and increasing awareness worldwide of the wide range of impacts of harmful alcohol use on health, social development, crime and injuries.

International Alcohol Policies of WHO and of other international actors like the EU Commission have an impact on the development of special national initiatives in the alcohol field. They increase the pressure for action on the governments and build an important platform for discussions.

The regulation of cross-border issues is of global interest, as the alcohol industry acts global as well: Marketing, commercial communication, sales and smuggling of alcoholic beverages have emerged as worldwide concerns and need to be addressed by an overarching global framework for action.

The best ways to reduce problems related to harmful use of alcohol worldwide are mainly the same that have shown to be effective on national level. These are:

- Taxation
- Reduce availability of alcoholic beverages
- Regulation of marketing and commercial communications
- Prevention of alcohol-related accidents and injuries
- Prevention of alcohol-related communicable diseases
- Brief interventions

Furthermore strategies to reduce alcohol related harm should focus on:

- Social welfare and development
- Managing illicit and smuggled alcohol

Alcohol producers and other economic operators in the alcohol field have a responsibility to market their products according to laws and agreements of the EU member states. Their responsibility in reducing the harm done by alcohol should be related to their product, the core of their businesses. The industry shall focus on server training, compliance with laws, employee assistance and (possibly) a limited role in countering drink-driving, but they should not be involved in youth education given conflicts of interest.

The setting and implementing of public health policies with respect to alcohol policy should be protected from commercial and other vested interests of the alcohol industry. Therefore it should not be accepted that the alcohol industry has a role in deciding public health policies.

Question3: In what ways can your organization contribute to reduce harmful use of alcohol?

DHS as an umbrella organisation provides a platform for all the associations and charities active in the German addiction field. The DHS has the aim of informing people about addiction-related problems, advising them and drawing their attention to support provision. This involves preventive measures. Another aim of DHS is to further professional expertise and to instigate specialist and political debates. As a consequence of this endeavour DHS has elaborated an alcohol action plan which drafts the aims and instruments of a comprehensive alcohol policy. This document can be downloaded from our website www.dhs.de and will soon be available in English as well. DHS as a member of the European Alcohol Policy Network supports the recommendations of the report “Alcohol in Europe – A Public Health Perspective” prepared by Peter Anderson and Ben Baumberg [June 2006]) and the conclusions of the Building Capacity Conference in Barcelona in April 2008 (<http://www.dss3a.com/btg/pdf/conclusions.pdf>).



Alleanza Italiana Alcol

c/o Dott.ssa Fiorella Alunni
via dei pioppi 6
50013 Campi Bisenzio
Florence ITALY
Tel. and fax 00390557949650
e-mail: rivistaalcolologia@alcolonline.it

Florence, 30th October 2008

SUBJECT: Public hearing on ways of reducing harmful use of alcohol (3rd-31st October 2008)

ALIA (ALLEANZA ITALIANA ALCOL) is an Italian free alliance of both associations and single people tenaciously committed to reduce use of alcohol by promoting innovative and scientifically-based policies and disseminating effective information on both the current alcohol policies and the consequent advocacy/consultancy practices.

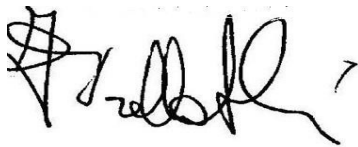
We propose the following measures:

1. We strongly endorse an European Community legislative ban on alcoholic beverage sales to underage youths
2. We call for new rules on alcoholic beverages labelling aimed to both inform and protect consumers against the risks related to alcohol consumption. Labels must - at least - contain simple but effective warnings for young people, pregnant women, vehicle drivers and people who make use of drugs
3. We call for an E.C. Recommendation aimed to stop both local and national Public Bodies from supporting events which are either dedicated to or organised for the promotion of alcoholic beverages.
4. Despite the *Council Recommendation on the drinking of alcohol by young people, in particular children and adolescents (2001)*, low alcoholic strength beverages are normally marketed to young people. These commercial practices encourage youths to adopt life styles

which either require or are strictly connected to alcohol consumption. In this regard, we call for a more stringent application of the current legislative rules.

5. Some non-alcoholic beverages, such as sparkling wine products, are often marketed and presented as safe beverages for both children and young people. On the contrary, we strongly believe that their habitual use ultimately induces children - who naturally tend to imitate adult behaviours - to espouse life styles heavily connected to alcohol consumption and abuse. We thus call for an effective European Community Directive aimed to regulate the commercialisation of these products. In particular, we demand rules which oblige both producers and their commercial partners to clearly and appropriately indicate the ingredients used for these beverages. As a matter of fact, many of them have been often recognised as cancerous substances.
6. We also believe that beverage producers should be encouraged to both research for and produce new low alcoholic strength beverages, improve the overall production quality and ensure correct and effective information.

Dott.ssa Fiorella Alunni

A handwritten signature in black ink, appearing to be 'Fiorella Alunni', with a stylized initial 'F' and a trailing flourish.

WHO PUBLIC HEARING ON WAYS OF REDUCING HARMFUL USE OF ALCOHOL

COMMENTS FROM THE WORLD MEDICAL ASSOCIATION

The World Medical Associations (WMA) welcomes the opportunity to contribute to WHO public hearing on ways of reducing use of alcohol and reiterates its genuine willingness to engage in the fight against the harmful use of alcohol worldwide.

The WMA has a long-standing commitment towards the reduction of the harmful impact of alcohol on health and society. In 2005, the Association adopted a **Statement on Reducing the Global Impact of Alcohol on Health and Society**, stressing the causal relationships between alcohol consumption and more than 60 types of disease and injury including traffic fatalities. Alcohol consumption is the leading risk factor for disease burden in low mortality developing countries and the third largest risk factor in developed countries.

The global burden related to alcohol consumption is considerable, contributing to unemployment, crime and violence – in particular domestic violence against women and children – health care costs, fetal alcohol syndrome, traumatic injury and high-risk sexual behaviour leading to sexually transmitted diseases, including HIV.

The WMA denounces the fact that, in recent years, some constraints on the production, mass marketing and patterns of consumption of alcohol have been weakened and have resulted in increased availability and accessibility of alcoholic beverages and changes in drinking patterns across the world. This has created a global health problem that urgently requires governmental, citizen, medical and health care intervention.

The WMA believes that **population-based approaches** affecting the social drinking environment and the availability of alcoholic beverages are more effective than individual approaches (such as education) for preventing alcohol related problems and illness - however not excluding one another. Alcohol policies that affect drinking patterns by limiting access and by discouraging drinking by young people through setting a minimum legal provision age are especially likely to reduce harms. Laws to reduce permitted blood alcohol levels for drivers and to control the number of sales outlets have been effective in lowering alcohol problems.

Recommendations:

The WMA urges National Medical Associations and all physicians to take the following actions to help reduce the impact of alcohol on health and society:

1. Advocate for **comprehensive national policies** that

- a. Incorporate measures to educate the public about the dangers of hazardous and unhealthy use of alcohol (from risky amounts through dependence), including, but not limited to, education programs targeted specifically at youth;
 - b. Create legal interventions that focus primarily on treating or provide evidence-based legal sanctions that deter those who place themselves or others at risk, and
 - c. Put in place regulatory and other environmental supports that promote the health of the population as a whole.
2. Promote national and sub-national policies that follow '**best practices**' from the developed countries that with appropriate modification may also be effective in developing nations. These may include setting of a minimum legal age for the provision of alcohol to young people including vigorous enforcement, restricted sales policies, restricting hours or days of sale and the number of sales outlets, increasing alcohol taxes, restrictions on drinking in non-licensed public places and implementing effective countermeasures for alcohol impaired driving (such as lowered blood alcohol concentration limits for driving, active enforcement of traffic safety measures, random breath testing, and legal and medical interventions for repeat intoxicated drivers).
3. Be aware of and counter non-evidence-based alcohol control strategies promoted by the alcohol industry or their social aspect organizations.
4. **Restrict the promotion, advertising and provision of alcohol to youth** so that young people can grow up with fewer social pressures or inducements to consume alcohol. Support the creation of an independent monitoring capability that assures that alcohol advertising conforms to the content and exposure guidelines described in alcohol industry self-regulation codes.
5. **Work collaboratively with national and local medical societies, specialty medical organizations, concerned social, religious and economic groups** (including governmental, scientific, professional, nongovernmental and voluntary bodies, the private sector, and civil society) to:
 - a. Reduce harmful use of alcohol, especially among young people and pregnant women, in the workplace, and when driving;
 - b. Increase the likelihood that everyone will be free of pressures to consume alcohol and free from the harmful and unhealthy effects of drinking by others; and
 - c. Promote evidence-based prevention strategies in schools.
6. Undertake to
 - a. **Screen patients** for alcohol use disorders and at-risk drinking, or arrange to have screening conducted systematically by qualified personnel using evidence-based screening tools that can be used in clinical practice;
 - b. Promote **self-screening/mass screening** with questionnaires that could then select those needing to be seen by a provider for assessment;
 - c. Provide brief interventions to motivate high-risk drinkers to moderate their consumption; and
 - d. Provide **specialized treatment**, including use of evidence-based pharmaceuticals, and rehabilitation for alcohol-dependent individuals and assistance to their families.
7. Encourage physicians to facilitate **epidemiologic and health service data collection** on the

impact of alcohol.

8. Promote consideration of a **Framework Convention on Alcohol Control similar to that of the WHO Framework Convention on Tobacco Control** that took effect on February 27, 2005.
9. Furthermore, in order to protect current and future alcohol control measures, advocate for consideration of alcohol as an extra-ordinary commodity and that measures affecting the supply, distribution, sale, advertising, promotion or investment in alcoholic beverages be excluded from international trade agreements.

October 2008

Summary

As organizers of the International Conferences on Alcohol and Harm Reduction (Brazil 2002, Poland 2004, South Africa 2006 and Spain 2008) we wish to share some observations and recommendations which were brought forward in these conferences.

Reports of these conferences can be downloaded at www.alcoholconference.org

Some observations:

1. Traditional western policies which aim at higher prices and less availability of alcohol have little or no effect in transitional countries because:
 - Alcohol has a low priority
 - Much of the alcohol consumed is home made or illicit, which makes it impossible to influence the price through taxation
 - Laws are often poorly implemented (for example drinking and driving)
2. Health professionals often dominate the alcohol policy field, whilst other disciplines which are also confronted with alcohol related problems (police, city planner and those working in the hospitality industry) are less involved.
3. Especially among western health professionals and researchers a resistance can be observed regarding the involvement of the alcohol beverage industry. There seems to be a confusion between working *WITH* and working *FOR* the alcohol industry.
4. Research is often too quantitative and limited to quantities of alcohol consumed. (in stead of looking at alcohol related harm per se). In case drinking concerns home made alcohol and/or in case no standard glasses are used, it is next to impossible to give an adequate figure about quantities consumed.

Some recommendations:

1. Next to traditional western alcohol policies, more attention should be given to **targeted interventions**. Before implementing targeted interventions an analysis should be made about who drinks where, when and why and what sort of harm is related to this drinking. Subsequently, a plan can be made on how to reduce such alcohol related harm. This may imply a focus on less alcohol consumption, but could also be imply other measures which do not necessarily lead to less consumption but look at changing the drinking environment, organizing night time transportation, changing the setting of a disco etc. etc.
2. Consumption of alcohol is a reality. People enjoy drinking and it has a social function. Alcohol policies should take this into account and aim at increasing the positive effects and reducing the negative effects. The **Harm Reduction paradigm** as developed for illicit substance use is a powerful tool in developing such realistic policies.
3. **Partnerships**, based on mutual respect and transparency, are essential in moving alcohol policies ahead. Such partnerships have to involve all stakeholders,

such as parents, educators, health professionals, researchers, police, policy makers, city planners, hospitality industry and alcohol producers.

4. Since many different disciplines are confronted regularly with alcohol related harm, **training** should be offered on a large scale to people working in first aid, police and security staff, policy makers and city planners, and those working the hospitality industry. Such training should focus on (1) sensibilisation of the alcohol issue, (2) concrete actions to take to reduce alcohol related harm en (3) learning the value of cooperation with other disciplines.

Ernst Buning and Monica Gorgulho

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

- Focus on targeted interventions and partnerships between all stakeholders.
- Formulate realistic goals
- Make use of experience from the Harm Reduction Movement in the field of illicit substances

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

- Pay attention to the specifics of a certain country/society and try to find approaches which fit their culture best. Simply exporting approaches from the western world does not work.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

- Organizing the International Conferences on **Alcohol and Harm Reduction** (see www.alcoholconference.org)
- Organising and executing training for people working in the **night time economy** (see www.urbannights.org)
- Organising and executing seminars on the development of **alcohol policies for countries in transition** (see: www.alcoholseminar.org)

CONTRIBUTION FOR WHO PUBLIC HEARING ON WAYS OF REDUCING HARMFUL USE OF ALCOHOL

Friends of Temperance, Finland

October 2008
Tom Anthoni

The big picture

Alcohol is no ordinary commodity. Alcohol industry and free trade cannot be allowed to rule, with health sector policy makers nibbling at the edges. Limiting the harms of alcohol is not only a project for the health sector. It is a project for all sectors of society. Alcohol directly or indirectly affects everyone. So in the long run, we are all stakeholders.

In order to effectively reduce harmful use of alcohol in any society, you must be able to take decisive actions which reduce the total consumption of alcohol because total consumption and the amount of harm are closely related. These kinds of changes encompass a variety of measures aimed at reducing the role of alcohol. In fact, alcohol should be less present in everyday life. It is not an inevitable fact that we must adjust ourselves to increasing alcohol deaths, injuries, violence in families, children and youth dropping out etc. Alcohol policy makers must have the courage to use effective measures that are known to work.

The measures that work: effective strategies to reduce alcohol-related harm

1) Price and availability: prevention and protection of youth

From a global perspective, high alcohol prices and strict regulations on the availability of alcohol are measures that work. To name a few, these measures include high taxes, regulation of the number of alcohol outlets, age controls, drink-driving policy enforcement. "Alco pops" and other alcoholic beverages favoured by youngsters, such as beer, should carry a surplus tax.

2) Marketing: a worldwide ban on advertising like tobacco

Science advises us that alcohol advertising should be very limited, because it recruits young people as drinkers and upholds positive attitudes toward alcohol in the adult population. In fact, alcohol advertising should be totally banned. A worldwide ban on alcohol advertising, like tobacco, would be an effective strategy.

3) Control of the alcohol industry

The alcohol industry does not want to reduce alcohol consumption. Therefore the aims of the alcohol industry contradict the policies of public health that strive to reduce alcohol consumption and alcohol-related harm. Research funded by the alcohol industry cannot be equal to research done by governmental institutions and NGO's. When aims of the alcohol industry affect research they are never in line with the objectives of public health.

Also, alcohol industry representatives should not be allowed to participate in public health decision-making aimed at reducing the consumption of alcohol and alcohol-related harm.

Alcohol industry should openly tell about the research it supports and the amount of funds and methods it uses in alcohol advertising. As it is now, messages are blurred, deliberately.

4) Political commitment and public awareness: support for critical action against alcohol

Effective and lasting results can be reached only when policy makers show real commitment to limit the role of alcohol in society. Civil society must be supported in its efforts to take critical action against alcohol. Developing countries must be supported in developing their alcohol policy legislation. Countries with existing and longstanding alcohol policy legislation must enforce their laws.

5) Education

Information about alcohol, properly adapted to the age of the child and youngster, is the responsible task for all educators, from early childhood on. Various education campaigns support the aims of public health to reduce alcohol-related harm.

6) Health sector

The health sector is encouraged to take a more active preventive role. Physicians can do a lot in primary prevention and early detection of alcohol problems.



CONTRIBUTION D'ÉDUC'ALCOOL, QUÉBEC, CANADA.

En harmonie avec la stratégie canadienne sur l'alcool : Vers la culture de la modération.

Éduc'alcool est un organisme sans but lucratif du Québec qui mène depuis près de 20 ans des actions de prévention, des programmes d'éducation et des campagnes d'information pour promouvoir la consommation modérée et responsable de l'alcool chez les buveurs modérés et les buveurs à risque, excluant les alcooliques.

Les objectifs de l'organisme sont les suivants :

- éduquer le grand public et particulièrement les jeunes à la consommation de boissons alcooliques ;
- promouvoir la modération dans la consommation d'alcool ;
- prévenir et dénoncer les méfaits causés par l'abus d'alcool ;
- fournir de l'information sur les effets psychologiques et physiologiques de l'alcool ;
- valoriser la notion de plaisir liée à une consommation réfléchie et équilibrée ;
- établir le contexte historique et culturel qui entoure la consommation de produits alcoolisés ;
- faire le point sur les mythes entourant l'alcool ;
- mener des enquêtes et soutenir des recherches à caractère scientifique.

Le slogan d'Éduc'alcool reflète bien la mission de l'organisme : « *La modération a bien meilleur goût / Moderation is always in good taste* ». Au Québec, c'est plus qu'un slogan. C'est devenu une expression courante et consacrée, un proverbe dont le taux de notoriété, mesuré selon les normes en vigueur, dépasse les 95 %.

Au cours des dernières années, Éduc'alcool a mis sur pied de multiples programmes et projets s'adressant à une multitude de groupes cibles. Il a, au fil des ans, acquis une crédibilité et une reconnaissance incontestables à la fois au pays et à l'étranger.

Depuis sa mise sur pied en 1989, Éduc'alcool a consacré plus de 25 millions de dollars pour l'éducation des Québécois à l'alcool. Par ailleurs, il a bénéficié de tant de partenariats, de tant d'espaces et de temps d'antenne gratuits dans les

médias que l'on peut facilement chiffrer à plus de 70 millions \$ la valeur de ses actions. C'est la plus importante somme consacrée à la prévention au Québec.

Les programmes d'Éduc'alcool visent les écoliers avec *À toi de jouer* qui s'adresse aux enseignants des niveaux primaire et secondaire, grâce à son partenariat avec les commissions scolaires et avec *L'Impro Éduc'alcool-Juste pour rire*, un concours annuel d'improvisation qui rejoint des dizaines de milliers de jeunes dans les écoles.

Ils visent les étudiants des niveaux collégial et universitaire par des campagnes menées en collaboration avec les établissements d'enseignement. Les campagnes contre le calage d'alcool durant quatre ans ont permis d'éradiquer le phénomène au Québec et ont été citées comme un modèle du genre.

Ils visent les femmes enceintes avec « *La grossesse et l'alcool en questions* » conçu avec le Collège des médecins du Québec et endossé par le ministère de la Santé et des Services sociaux du Québec.

Ils visent les parents avec le programme « *Parler d'alcool avec ses enfants sans être dépassé* » qui a été repris dans quatre provinces et territoires au Canada et par trois pays étrangers.

Ils visent les apprentis conducteurs avec le programme « *Boire. Conduire. Choisir* » qui est diffusé dans les écoles de conduite du Québec en partenariat avec elles.

Ils visent les bateliers, les chasseurs et les pêcheurs grâce à des programmes ciblés, réalisés notamment avec la Société de sauvetage.

Ils visent les jeunes en difficulté avec « *S'entraider à modérer* » un programme réalisé dans les Maisons des jeunes.

Ils visent les jeunes internautes âgés entre 12 et 19 ans, avec le programme « *Question d'alcool : À toi de jouer* », un programme pédagogique accessible sur son site Internet.

Ils visent aussi le grand public avec la vulgarisation des connaissances scientifiques dans une collection de publications sur l'alcool et la santé dont les sept titres publiés jusqu'ici : *L'alcool et le corps humain*, *Les effets de la consommation modérée et régulière d'alcool*, *Les effets de la consommation abusive d'alcool*, *l'alcool et les personnes âgées*, *les niveaux de consommation d'alcool à faible risque*, *La grossesse et l'alcool en questions*, *L'alcool et les mélanges*. Ces publications sont disponibles dans les hôpitaux et les établissements de santé du Québec.

Ils visent également les buveurs par des campagnes de marketing social dans les médias de masse, qu'elles portent sur un thème spécifique (alcool et violence) ou qu'elles fassent la promotion de la norme sociale qu'est la modération. La télévision, la radio, l'affichage, l'imprimé, les cartes postales gratuites et Internet sont mis à contribution.

L'organisme intervient aussi sur la scène publique sur l'ensemble des sujets liés à l'alcool et sur les grands enjeux sociaux qu'il soit sollicité par les médias ou qu'il prenne l'initiative d'apporter sa contribution sur des projets de loi ou des règlements relatifs à la sécurité routière, aux étiquettes de mise en garde sur les bouteilles d'alcool ou sur l'obligation pour les serveurs des établissements licenciés de suivre des cours de service responsable de l'alcool.

Il est naturellement impossible de citer ici la multitude d'actions menées par l'organisme et leur rayonnement. Qu'il suffise cependant de signaler que plusieurs de ces programmes tels *A toi de juger*, *La grossesse et l'alcool en questions*, *Parler d'alcool avec ses enfants*, entre autres, sont repris dans de nombreux pays étrangers.

De plus, l'expérience d'Éduc'alcool est citée en référence dans de nombreux pays dont plusieurs, tels l'Australie, la Suisse, la Suède, la France, pour n'en citer que quelques-uns, s'inspirent de son action. Le rayonnement d'Éduc'alcool déborde les frontières du Canada puisqu'il a fait en sorte que l'organisme est appelé à apporter des contributions et même à conseiller des gouvernements à l'étranger.

1) Points de vue sur les stratégies efficaces pour réduire l'usage nocif de l'alcool

Éduc'alcool croit que la prévention et l'éducation, associées à d'autres mesures, constituent un apport significatif à la réduction de l'usage nocif de l'alcool dans la société. Cette conviction, il la tient de ses 19 années d'actions sur le terrain, des évaluations d'impact qu'il mène sur chacun de ses programmes, de l'Observatoire de la relation des Québécois à l'alcool, une enquête épidémiologique sur divers aspects de la consommation d'alcool qu'il mène tous les cinq ans au Québec, et sur les comparaisons faites avec les autres provinces du Canada.

L'organisme fonde son action de prévention sur des principes de base suivants :

- L'alcool est un produit à nul autre pareil. Il peut être agréable et même bénéfique, mais c'est le modèle de consommation qui en est le déterminant.
- Contrairement au tabac, par exemple, il existe un niveau sécuritaire de consommation de l'alcool.
- L'alcool a droit de cité dans la société et il fait partie de nos vies, mais il peut être associé à des problèmes et créer des dépendances. C'est un produit à risque.
- Les producteurs doivent donner le « mode d'emploi » des produits qu'ils mettent en marché et l'industrie de l'alcool est responsable de la manière dont elle commercialise ses produits.
- Les gens sont responsables de leurs choix. Ils doivent être traités en adultes et en personnes responsables.
- La relation des gens à l'alcool est affaire de culture; elle n'est pas biologiquement déterminée. Cette relation peut être saine ou malsaine, selon les normes qui prévalent dans la culture.
- Il faut faire passer les gens de la culture de l'ivresse à celle du goût; du « je bois pour me soûler » au « Je bois parce que j'apprécie ce que je goûte ». Le passage se fait par la promotion de la culture de la modération.
- Il faut conduire les buveurs non pas à boire plus, mais à mieux boire.
- Il faut proposer des repères quant aux quantités qui, pour les femmes et les hommes, constituent une consommation modérée.

Les stratégies les plus efficaces sont celles qui répondent aux caractéristiques suivantes :

- Elles ont des objectifs socioculturels clairement déterminés et toutes les actions entreprises doivent concourir à leur atteinte;
- Elles s'inscrivent dans la durée et sont conçues dans une approche à long terme;
- Elles sont mesurées à la fois sur une base opérationnelle et sur une base populationnelle;
- Elles prennent en compte la réalité des cultures et des comportements des sociétés;
- Elles font confiance à la capacité des gens de faire des choix.

2) Points de vue sur les meilleurs moyens de réduire les problèmes liés à l'usage nocif de l'alcool dans une perspective mondiale et moyens par lesquels votre contribution est susceptible de réduire l'usage nocif de l'alcool.

Il va sans dire que lorsque nous affirmons que la relation des sociétés à l'alcool est avant tout affaire de culture, nous ne prétendons pas posséder la solution à tous les problèmes et l'universelle panacée.

Il existe aussi au Québec des personnes aux prises avec des problèmes d'abus et de dépendances à l'alcool, mais dans l'ensemble la relation des Québécois à l'alcool est plutôt saine, notre modèle de consommation davantage centré sur la modération que dans les autres provinces du Canada.

De fait, de tout le Canada, c'est au Québec que l'on retrouve le plus grand pourcentage de buveurs d'alcool chez les personnes âgées de 15 ans et plus (83%) : nous sommes bons premiers au pays.

Et c'est au Québec que l'on retrouve le plus petit pourcentage d'épisode de consommation excessive (plus de 5 verres par occasion) ou dangereuse (plus de 8 verres).

Certes, il n'est pas possible de faire une relation directe de cause à effet entre ces résultats et les actions que nous menons, mais devant la constance des faits, il nous apparaît que notre omniprésence au Québec constitue un rappel constant à un mode de consommation modérée. En association avec les autres stratégies préventives – taxations, limite d'âge pour l'achat, contrôle de la disponibilité, lois sur la conduite avec capacités affaiblies – il fait partie de la constellation de mesures assurant au Québec le meilleur bilan de consommation d'alcool du Canada.

Les programmes d'Éduc'alcool sont « exportés » de par le monde sur les cinq continents. Ils sont adaptables aux cultures locales car leurs fondements sont universels. Ils peuvent donc être mis à la disposition de ceux qui souhaitent les adapter.

La relation des gens à l'alcool est d'abord affaire de culture, nous le répétons, et les cultures sont influencées et façonnées par les normes qui prévalent dans cette société. Avec une portée et un impact exceptionnels, les actions préventives et éducatives d'Éduc'alcool constituent des rappels constants, multiples, variés, parfois drôles, parfois instructifs, que l'alcool n'est pas un produit ordinaire dont l'usage doit être modéré.

Éduc'alcool est un des partenaires actifs de la Stratégie nationale sur l'alcool du Canada. La Stratégie tire son titre du slogan d'Éduc'alcool. La présidente et le directeur général de l'organisme ont été des membres actifs des divers comités qui ont conduit à son élaboration et à sa mise en oeuvre.

La modération a bien meilleur goût.

EUROCARE RESPONSE TO WHO CONSULTATION ON WAYS OF REDUCING ALCOHOL RELATED HARM

Eurocare welcomes the initiative of the WHO in taking the lead in coordinating a global response to the multifaceted nature of widespread alcohol related harm.

In the European Union, alcohol is responsible for 12% of male and 2% of female premature death and disability, after accounting for health benefits. Young people shoulder a disproportionate amount of this burden, with around 25% of youth male mortality being due to alcohol. This makes alcohol the third highest risk factors for ill-health and early death in the EU.

Furthermore, alcohol is a major contributory factor in **injuries and accidents** in the EU; it is estimated that 1 in 3 of all road traffic deaths are caused by alcohol and 10,000 of these affect people other than the drink driver.

Alcohol is also a significant contributory factor in the incidence of **abuse and violence**; it is estimated that one in six cases of child abuse is related to alcohol, and that over 7 million children live in families adversely affected by alcohol.

Up to 2 in 5 cases of domestic violence inflicted in women is believed to be due to alcohol.

Alcohol also plays a role in the occurrence of **homicide**, and it is thought to be involved in two fifths of all murders.

In terms of **inequalities between countries**, alcohol plays a considerable role in the lowered life expectancy in the EU10 compared to the EU15, with the alcohol-attributable gap in crude death rates estimated at 90 (men) and 60 (women) per 100,000 population.

On the other hand, many of the conditions underlying **health inequalities within countries** are associated with alcohol, although the exact condition may vary (e.g. cirrhosis in France, violent deaths in Finland). Worse health in deprived areas also appears to be linked to alcohol, with research suggesting that directly alcohol-attributable mortality is higher in deprived areas beyond that which can be explained by individual-level inequalities

The cost of alcohol-attributable disease, injury and violence in the EU was estimated at € 125 billion for 2003, equivalent to 1.3% of GDP. This cost is shouldered by society at large (although to a lesser extent in countries where excises duties are used as a social welfare tax).

Alcohol related harm is becoming an issue at global level, especially in developing countries. Therefore, Eurocare believes that there would be an added value in having a global alcohol strategy that provides guidelines and sets out policy priorities, and that supports Member States in preventing and reducing alcohol related harm.

Both the 'Framework for alcohol policy in the WHO European Region' and the 'EU Alcohol Strategy to support Member States in Reducing Alcohol Related Harm', have proven the need for, and benefit of coordinated action, and have provided impetus for action both at national and European level.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Eurocare believes that all countries should have in place a coherent strategy to prevent and reduce alcohol related harm:

A comprehensive alcohol strategy should take into account public health considerations, be evidence based, and should overall be cost effective. It should:

- be underpinned by an integrated approach across relevant sectors and government departments at different levels (national, regional and local)
- assess the scale of the problem
- include targets/objectives and a structure for implementation and monitoring, including clear responsibility/accountability
- include a communication plan/strategy

Integrated strategies should consist of a mix of effective interventions ranging from primary prevention to treatment and rehabilitation.

Based on existing evidence, Eurocare believes the following areas for interventions should be included in all strategies:

- **Regulating the alcohol market: reducing affordability** (ie: the price of alcohol compared to other basic consumer goods in a given country) **and availability of alcohol to protect public health:**

Regulating the price of alcohol, and including a system of alcohol taxation where beverages are taxed proportionately to the alcoholic strength. The level of tax should at least be sufficient to cover the cost of dealing with alcohol problems. A proportion of alcohol taxes should be earmarked to fund programmes to reduce the harm done by alcohol. Evidence suggests that increases in the price of alcohol reduce the alcohol consumption of young people with a greater impact on more frequent and heavier drinkers.

Managing the availability of alcohol by regulating the supply and sale of alcohol can be achieved through a comprehensive system of licensing, underpinned by public health considerations. This should seek to restrict both the number and density of outlets (including supermarkets and general retail stores) change their location, and control the days and hours of opening.

Establishing a minimum drinking age law backed up with a range of severe penalties against sellers and distributors, such as withdrawal of license, or temporary and permanent closures. Such strategies are also more effective when backed up by community based prevention programmes.

- **Regulating alcohol marketing:**

Restricting alcohol promotion: prohibiting the use of direct or indirect incentives that encourage the purchase of alcohol products (such as sales promotions of alcoholic beverages, happy hours etc). Restrict the volume and content of commercial communications, with a particular emphasis on new media. Ban the sponsorship of cultural and sport events.

There is a need for consistent compliance with regulatory frameworks governing the whole supply chain from production to sale and covering all forms of marketing.

- **Drink-driving:** Blood Alcohol Concentration levels of maximum 0,5 g/l and 0,2 g/l for young and novice drivers and drivers of public services and heavy goods vehicles; intensive random breath testing; licence suspension for a minimum of 12 months, penalties proportionate to the seriousness of the offence and mandatory treatment programmes for repeat drink drivers.
- **Opportunistic screening and brief interventions in a variety of health care settings, ranging from primary health and maternity care** (with a special focus on injured patients emergency room settings).
- **Treatment and rehabilitation of individuals with alcohol problems:**
Timely specialised treatment should be made widely available for individuals with alcohol dependence.
- **Education and awareness raising:**
Mainly effective as a means to raise awareness of the problems caused by alcohol and prepare the ground for specific interventions and policy changes. Evidence shows that these elements should form part of an integrated strategy, but never used as stand alone measures to reduce alcohol related harm.

In addition to national and regional alcohol strategies, a global strategy would provide a common framework and a knowledge base for all WHO Member States. It will also give an opportunity to build sustainable structures for the participation of NGOs in reducing alcohol related harm.

A global strategy should be adaptable to the differing national, religious and cultural contexts, as well as to the diverging public health problems, needs and priorities. Finally, such a strategy on a global scale should seek to take into account discrepancies in resources, capacities and capabilities in the different Member States.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

Two of the main objectives of a global strategy should be to provide support to the WHO Member States and to increase awareness worldwide of the wide ranging impact of harmful and hazardous alcohol use on health, society and the economy, an impact which is particularly devastating in developing and least developed countries.

All WHO Member States should develop and implement their own comprehensive regional or national alcohol strategies. A considerable number of WHO Member States are currently lacking knowledge of the extent of alcohol related harm, as well as means needed to prevent and reduce this harm.

Furthermore, there are cross-border issues that require global action to support WHO member States, such as marketing, illegal sales and smuggling of alcoholic beverages. These have emerged as worldwide concerns, which need to be addressed by an overarching global framework for action.

Further, a cross national and international approach would allow the establishment of mechanisms for sharing country experiences and exchanging good practices.

One central task for the WHO will be to provide the knowledge base for WHO Member State actions, for example through the funding of new alcohol research and the development of a global monitoring and information system. Given its international role and profile, sustained global action of the WHO in the field of alcohol related harm, will provide the impetus for local, national, and international action in this field.

The WHO at both regional and global levels will have a key role to play in evaluating the progress made at global level.

Eurocare believes there is a need to embark on specific work on topic areas that include:

- Prevention of alcohol-related accidents and injuries
- Affordability and availability
- Social welfare and development
- Prevention of Foetal Alcohol Spectrum Disorders
- Brief interventions
- Managing illicit and smuggled alcohol
- Prevention of communicable diseases where alcohol is a risk factor
- Commercial communications

Areas in which the WHO can take the lead include:

- Strengthening evidence base at global level
- Ensuring adequate data collection
- Carrying out repeated and comparative surveys
- Further developing Global Burden of Disease study

- Supporting further research on reducing alcohol related-harm, alcohol's role in spreading of infectious diseases and its role in hindering social and economic development
- Support further research on Foetal Alcohol Spectrum Disorders (FASD); launch a comprehensive campaign aimed at the general public, as well as health professionals, raising awareness of risks associated to alcohol consumption for the unborn child and the developing brain (including among adolescents)
- Promote a Blood Alcohol Concentration level of maximum 0,5 g/l and 0,2 g/l for young and novice drivers and drivers of public services and heavy goods vehicles.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

Eurocare (The European Alcohol Policy Alliance) is a network of some 50 voluntary and non-governmental organisations working on the prevention and reduction of alcohol related harm across 20 countries in Europe.

Member organisations represent a diversity of views and cultural attitudes, and are involved in the different branches of alcohol work, including research and advocacy; education and training of voluntary and professional community care workers; provision of counselling services and residential support for problem drinkers, of workplace and school based programmes as well as the provision of information to the public.

The main objectives of Eurocare are to:

- Raise awareness among European, national and regional decision makers of the harms caused by alcohol (social, health and economic burden) ensuring that these are taken into consideration in all relevant EU policy discussions
- Bridge the gap between science and policy; promote the development and implementation of policies based on the best available science, aimed at effectively preventing and reducing this burden
- Mobilise civil society to promote alcohol policies which safeguard individuals, the family and society from the harm done by alcohol

Eurocare believes in the participation of civil society organizations without conflict of interests in alcohol policy development, as a counter-influence to the vested trade interests, which might otherwise dominate political decision-making.

Although Eurocare recognises that the Alcohol Industry (alcohol producers, distributors and retailers) has a responsibility to market their products according to laws and agreements of the Member States, it is strongly advisable that they do not have a role in deciding public health policies with respect to alcohol policy, which should be protected from commercial and other vested interests.

Through its geographically broad membership and network of experts, Eurocare could support the implementation of the strategy by:

- Advocating the implementation of evidence based alcohol policies to reduce alcohol related harm and promote coalition building to achieve alcohol policy objectives at both national and EU level.
- Mobilising civil society in supporting the implementation of the strategy.
- Providing independent monitoring of the implementation of the strategy at European level.

In addition, Eurocare could:

- Translate the evidence base into policy recommendations

- Be a one stop resource for European information and analysis on alcohol and alcohol policy. This information (ie: news, fact sheets and policy papers etc) can be widely disseminated through our website, newsletter, and events and conferences
- Host a data base of EC funded projects in its website

Submission of Olcott Gunasekera (Honorific Title- *Deshabandu*)

Chairperson, Alcohol & Drug Information Centre (ADIC) - Sri Lanka

President, Dharmavijaya Foundation

Deputy Chairman, Sri Lanka Temperance Association (founded 1912)

Vice President for Asia, Africa, and Australia, World Association of Clubs of Alcoholics in Treatment (WACAT) & President, Sri Lanka National Association of Family Clubs

**To the World Health Organisation's Public Hearing on
'Ways of reducing harmful use of alcohol'**

Sri Lanka is the only country, as far as I am aware, that has promulgated a single piece of legislation to combat both alcohol and tobacco use, two major killers, which prompted the WHO to spearhead the WHO Framework Convention on Tobacco Control (FCTC) and the 61st World Health Assembly to request the WHO "to intensify its work to curb harmful use of alcohol, which is the fifth leading risk factor for death and disability in the world."

The National Authority on Tobacco and Alcohol Act, No. 27 of 2006 according to its Preamble is "An Act for the establishment of the National Authority on Tobacco and Alcohol for the purpose of identifying the policy on protecting public health; for the elimination of tobacco and alcohol related harm through the assessment and monitoring of the production, marketing and consumption of tobacco products and alcohol products; to make provision discouraging persons especially children from smoking or consuming alcohol, by curtailing their access to tobacco products and alcohol products; and for matters connected therewith or incidental thereto."

In respect of alcohol the Act, *inter alia*, prohibits the sale and promotion of alcohol products to persons under 21 years of age, prohibits the installation of vending machines for dispensing of alcohol products, prohibits advertising of alcohol products, and prohibits sponsorship by the alcohol industry of any educational, cultural, social or sporting organisation, activity or event.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Some effective evidence-based strategies to reduce alcohol-related harm are given below.

1. Price and tax measures to reduce the demand for alcohol.

There is much research to establish the co-relation between price and tax measures and the demand for alcohol. In Sri Lanka, the reduction of the tax on beer in 1994 resulted in a five fold increase in the consumption of beer within a short period of 8-10 years.

2. Deglamourize alcohol

There are many myths around use of alcohol that attract youth to start consuming alcohol. Targeted programmes to demystify and deglamourize alcohol have

proved to be successful in Sri Lanka to wean youth away from alcohol. There is much literature on it with the Alcohol & Drug Information Centre.

3. Increase the age limit for the sale, offer for sale, or permit or promote the sale of alcohol products to twenty-one years.

New Zealand is a classic example of the ill-effects of reducing the permissible age from 21 to 18 years of age. Prevalence studies in many countries have shown that the vulnerability increases in proportion to the lowering of the age limit. The opposite is also true. Sri Lanka, as stated earlier, had increased the age from 18 to 21 years, the good effects of which are starting to emerge.

4. Reduce availability through licensing and administratively controlling the number of outlets for sale of alcohol products.

Licensing of manufacturers, wholesalers, distributors, and retailers of alcohol products will impact availability and reduce alcohol-related harm. It enables the implementation of such administrative measures, like having fixed hours of business etc. that controls availability. It is also a measure to control illicit trade across borders.

5. Prohibit all forms of alcohol advertising, promotion and sponsorship

Besides direct advertising, there is much indirect advertising using modern technologies. A comprehensive ban of all forms of advertising, promotion and sponsorship, including corporate social responsibility activities, is an essential element in a strategy to reduce consumption of alcohol and reducing alcohol-related harm.

6. Ban all duty free sales of alcohol products as a public health measure.

There is no legitimate reason to give duty free privilege to a product that has proved to be harmful to health. Such outlets are used for cross border smuggling and bootlegging.

7. Ban internet sales of alcohol products

Internet sales provide easy accessibility of alcohol products to vulnerable groups, including children, and should be banned on public health considerations.

8. Promote cessation of alcohol use and provide measures to reduce alcohol dependency

A clear and unambiguous health message should be given, whilst encouraging complete cessation of alcohol use. There are many cost effective rehabilitation programmes to reduce alcohol dependency. The family club approach that has proved to be successful in many countries is one such approach.

9. Research, surveys and special studies

These are important tools to create evidence based messages. All such research, surveys and studies should be free of sponsorship by the alcohol industry. Research is also required to counter the pseudo research done on the initiative of

the industry or its subsidiaries.

10. Public awareness and communication

Public awareness programmes and campaigns are important, but should be a part of a comprehensive strategy to reduce alcohol related harm. It is a waste of effort and money if it stands alone.

11. Comprehensive legislation at the national level

Legislation is a political commitment. It gives clear direction on policy and criminalizes certain activities.

12. Liability regulations

The alcohol and the hospitality industry, as appropriate, should be made liable for the harmful economic, social and health effects of alcohol use. It is unacceptable that the real perpetrators of the harm due to alcohol are not made liable, on the argument that the use of alcohol is a personal choice.

Question 2: From a global perspective, what are the best ways to reduce harmful use of alcohol?

1. Leadership from the World Health Organisation

The desired leadership is lacking. There is no clear cut message. For example, liquor or alcohol products were served at formal parties thrown by the WHO at meetings to discuss strategies to reduce alcohol-related harm that I happened to attend!! The WHO should be both committed and believe that alcohol use is harmful. Like in the case of tobacco, the message should be loud and clear. Personal habits of officials should not mar its responsibility towards public health. At one of the regional offices the person in charge of the subject of alcohol use was a known alcoholic!!

2. Comprehensive legal framework for alcohol control

A global strategy is only a half-way house. A comprehensive legal framework for alcohol control similar to the FCTC is an essential tool to reduce harmful use of alcohol. It is recognised that alcohol use is a global problem. Hence a global solution is required. Where surgery is required an aspirin will not solve. The World Health Assembly should be made aware of the insufficiency of a mere global strategy. The WHA should be made to direct the WHO to start negotiating a Framework Convention on Alcohol Control.

3. Sever the unwholesome relationship that the WHO is having with the alcohol industry.

In this regard the observation of the Supreme Court of Sri Lanka when the tobacco and the alcohol industry challenged the provisions of the National Authority on Tobacco and Alcohol Act will be pertinent. One of the issues taken up was that there not being representation of the tobacco and alcohol industry in

the Authority ‘denies to persons in the “trade” the equal protection of the law guaranteed by article 12(1) of the Constitution’. The Supreme Court observed that ‘questions of policy far outweigh questions of legality in determining the constitution of the Authority and no trade or group could claim a right to secure membership. Furthermore, *in this instance the object of the Bill is to limit tobacco and alcohol related harm being per se contrary to the interests of the trade which is to promote its consumption and use*’. (ital mine). The answer is clear if the word ‘Bill’ be replaced with the words ‘global strategy’. Hence, I wish to recommend that the observer status given to non-governmental organisations, with connections to the alcohol industry be reviewed.

4. Public health policies with respect to alcohol control should be protected from commercial and other vested interests of the alcohol industry.

Alcohol industry is in the hands of trans-national corporations that could bully its way through because of its financial clout. It hurts mostly the low income and middle income countries, where alcohol related harm is worst. Hence, measures should be taken to protect public health policies at a global level.

5. International Bodies, especially the World Bank should be encouraged to do multi-dimensional research on the impact of alcohol use.

The World Bank publication ‘Curbing the Epidemic – Governments and the Economics of Tobacco Control’ has had tremendous influence in moulding public awareness of the ill-effects of tobacco use and assisted immensely in negotiating a comprehensive Framework Convention on Tobacco Control. A similar researched publication on alcohol use is highly recommended.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

The organisations I associate are currently involved directly in programmes and activities that contribute to reduce harmful use of alcohol. For example, the Alcohol and Drug Information Centre has gained recognition as a scientific resource centre and is involved in alcohol and drug demand reduction programmes throughout the country. The Sri Lanka Temperance Association has a very strong cultural base and is the oldest non-governmental organisation working in the area of alcohol control. It has a history of nearly one hundred years. It conducts community based rehabilitation programmes and since 2007 started family clubs for families with alcohol related problems. The latter is now directed by the Sri Lanka National Association of Family Clubs. The Dharmavijaya Foundation has over 400 grass roots organisations linked to it through temples and conducts public awareness programmes to reduce alcohol-related harm.

In my own personal capacity, I have been actively engaged in alcohol and tobacco related programmes since late nineteen seventies, and have been contributing towards formulating policy at national, regional and international levels. I have been a participant at all the International Negotiating Body meetings in respect of the FCTC

and have been participating in the Conference of Parties of the FCTC as a delegate of the Framework Convention Alliance. I have also been an Executive Board member of the IOGT International for two terms of four years each.

Summary

Public health should supersede all other considerations and the message of the harmful effects of the use of alcohol should be loud and clear at all forums international, regional or national. The lead should be taken by international bodies like the World Health Organisation and the World Bank to build awareness among all governments of the seriousness of the global problem and the ill-effects of alcohol use on the well-being of persons, families and nations and the adverse economic and social impact of alcohol use. Public health policies should be protected from commercial and other vested interests of the alcohol industry through concerted action internationally, regionally and nationally. Price and tax measures are considered the single-most measure that reduces alcohol consumption without any barriers. Besides, there are many non price and tax measures that are effective in reducing alcohol-related harm. Deglamourising alcohol use; raising the permissible age to twenty one years; licensing manufacturers, exporters, importers, wholesalers, distributors and retailers; prohibiting all forms of advertising, promotion and sponsorship by the industry; ban on duty free and internet sales of alcohol products; promoting cessation of alcohol use and implementing measures to reduce alcohol dependency; research, surveys and special studies on alcohol related issues; communication and public awareness; comprehensive national legislation; and establishing liability regimes are recommended. The WHO should initiate action to negotiate a Framework Convention on Alcohol Control that will give the necessary impetus for desired action at the international, regional and national levels to reduce alcohol-related harm. International cooperation to counter the alcohol pandemic is essential as the trans-national corporations that control the alcohol industry target vulnerable groups especially in the low and middle income countries.

1. Alcohol Healthwatch is a non-government organisation in New Zealand that is guided by the principles of the World Health Organisation Ottawa Charter for Health Promotion and the recognition of the imperative of working in partnership with the indigenous population in respect of New Zealand Maori.

Alcohol Healthwatch works to reduce alcohol-related harm by:

- Building a solid and up-to-date information and knowledge base relating to alcohol.
- Fostering coalitions and networks to encourage action and enhance collaboration within and across sectors.
- Initiating or supporting activities that result in strengthened knowledge and skills in individuals.
- Initiating or supporting activities that result in enhanced community awareness of alcohol related issues and community action aimed at preventing or reducing alcohol related harm.
- Initiating or supporting opportunities for the education and training of alcohol health promoters and service providers.
- Bringing about positive changes to organisational practices relating to access, supply and promotion of alcohol and the enforcement of the Sale of Liquor Act.
- Positively influence policy and legislation to reduce access, supply and promotion of alcohol.

Preventing harm from a common and widely available commodity and achieving positive long-term health outcomes for communities takes time and sustained efforts. Alcohol Healthwatch believes that, to be effective, alcohol policy requires a strong, integrated and comprehensive framework that is supportive of collaboration, integration and innovation for the stakeholders working to reduce harm.

Recommendation 1. Alcohol Healthwatch recommends that Member States be required and all other states be encouraged, to apply an integrated multi-level approach to ensure alcohol related harm reduction is achievable and sustainable.

2. Alcohol use has become embedded in New Zealand society since colonisation, being previously unknown to the indigenous Maori population. Per Capita alcohol consumption has risen dramatically since the 2nd World War and although it has declined considerably from a peak in the 1980s, it has not returned to the pre-war levels and is once again rising. Liberalised policies in

New Zealand, over the 1990s have strongly affected the environment in which alcohol is sold and used, making it more physically, economically and socially available. Trading hours have extended along with a marked increase in outlet density having a particularly negative impact on communities with a younger, poorer demographic. In 1988, before alcohol controls were loosened, there were 6,275 on, off and club licences in New Zealand. In 2004 their number had increased to 15,322 (Liquor Licensing Authority, 2004). The competitive liquor sales environment has led to deep discounting with lower prices encouraging consumption, especially by supermarkets who regularly use alcohol as discounted 'loss leader' to attract customers. In a national survey, drinkers who reported drinking more said they did so because: alcohol is available at almost all social occasions, they have access to more money; there's greater ease of availability of alcohol including longer hours; it's cheaper; they believe alcohol is safe or good for their health; or they felt like a drink following an advertisement (Habgood et al., 2000). The rise in per capita consumption coincides with a cohort of young people growing up in an 'alcogenic' environment of increased availability and promotion and products purposely designed for them. New Zealand statistics from the past decade confirm that there is a trend for young people who drink alcohol, to be drinking more heavily and more frequently at an earlier age (Habgood et al., 2003).

Recommendation 2. That member states be required and all other states be encouraged to effectively address environmental factors that serve to encourage and sustain risky drinking behaviour.

3. New Zealand's alcohol control policies have not kept pace with the increased availability and harm that is occurring. A comparative analysis of alcohol control policies in 30 countries (Brand et al, 2007) comparing 5 regulatory domains – physical availability, drinking context, alcohol prices, alcohol advertising and operation of motor vehicles, shows New Zealand is in the mid range, ahead of the United States and the United Kingdom but behind Canada and Australia.

Recommendation 3. That member states be required and all other states be encouraged to adopt and implement alcohol-related harm control policies that are evidence-based for their effectiveness and responsiveness to harm indicators.

4. Risky drinking is not confined to a small minority of problem drinkers but is widespread across society at all ages but it can disproportionately affects certain sectors of New Zealand society. A survey monitor (Kalafatelis et al. 2003) found that Maori are significantly more likely than other ethnic groups to drink 5 or more glasses on their last drinking occasion (48 percent of Maori, compared with 30 percent of 'other' ethnic origin). In a recent national survey of people identifying as Maori, 87% of respondents agreed that drinking by teenagers was a problem in their community (Moewaka Barnes et al., 2003). While fewer Pacific people are alcohol drinkers than

in the national population, Pacific drinkers on average drink more per occasion and are more likely to experience reported harms from their drinking (Huakau et al., 2005).

Drinking by women has been rising substantially, increasing their risk of alcohol related harm, and not just to themselves. Nearly 50% of New Zealand women surveyed believe that some alcohol during pregnancy is safe for a developing fetus (Parackal, 2006). A nationwide midwives' report suggests that 80% of pregnant teenage continue to drink alcohol during pregnancy (Mathew et al, 2001).

Recommendation 4. That member states be required and all other states be encouraged to adopt a whole of life approach that ensure strategies and policies protect those at higher risk, including the unborn child, adolescents as well as those affected by mental health disorders and addiction.

5. Youth are often viewed as 'the problem' yet the vulnerability of young people to alcohol-related harm is a secondary harm that largely arises from the behaviour of adults and the lack of social regulation of a mind altering substance. In a recent investigation, 1.5 million New Zealand adults out of a nation of 4 million people, could be classified as binge drinkers (drink 5-7 or more standard drinks per drinking occasion) (de Bonnaire et al. 2004). Urban males over thirty years with higher incomes are the group most likely to be drinking hazardously. Adult concern over youth drinking requires an approach that modifies adult behaviour and that fully engages with youth to delay the uptake of alcohol and contain and supervise consumption when it does occur.

Recommendation 5. That member states be required and all other states be encouraged to adopt strategies to address youth drinking that aim to minimise secondary harm from adult drinking behaviour and attitudes.

6. Alcohol-related harm is an overlooked determinant of health. Alcohol is a drug that is significantly linked with preventable death, disease, disability, violence, developmental disorders, unsafe sex, addiction and mental health problems. Responding after the harm has occurred draws on the resources of an 'army' of agencies and services while the common denominator remains ignored or overlooked. For example reducing alcohol-related harm is not a stated priority for New Zealand's health boards. Alcohol is not included in other national strategies such as "Healthy Eating, Healthy Action" or the family violence prevention strategy "Te Rito". This illustrates a lack of forethought and application to the precautionary principle of harm prevention and the potential reduction in healthcare costs.

Recommendation 6. That member states be required and all other states be encouraged to recognise alcohol as a key determinant of health and contributor to health inequalities and respond proactively with preventive measures across all health and other social systems.

7. The funding of public health measures to reduce and address the harm associated with alcohol use is inadequate in New Zealand. Excise tax on liquor is inflation adjusted each year, generating

for the Government approximately \$500 million in revenue per annum. However, the excise tax on alcohol is far outweighed by the cost of harm and funding allocated for effective harm prevention and treatment programmes have not increased commensurate with the rise in alcohol availability, rising consumption and increasing patterns of harmful drinking. The cost burden of alcohol justifies greater investment in healthy public policy and action that reduces harm. Effective policy would include an increase in alcohol excise tax overall since increasing the price of alcohol is shown to be the most effective tool to reduce consumption and associated harm (Babor et al, 2005).

Recommendation 7. That member states be required and all other states be encouraged to utilise alcohol excise taxation as a tool to reduce consumption and to ensure funds for preventative measures are commensurate with associated harm.

8. Lobbying by alcohol interests is a considerable barrier to the uptake of effective policy worldwide. Agencies working to reduce harm need to be able to operate without the undue influence of commercial imperatives. While there is an important role for industry to ensure responsibility regarding the safe use of its products, there is an automatic conflict of interest regarding their involvement with the setting of policy and law to control availability. Their direct involvement has the effect of pushing policy toward the less effective measures so the industry can remain as unfettered as possible. Alcohol policy must be based on public health outcomes and the best evidence for effectiveness where possible. There is now a considerable body of evidence as to effective strategies. Generally it is the strategies that work together to change the social environment in which decisions regarding alcohol use are made, that have the best evidence for effectiveness in reducing alcohol-related harm. *“The law plays a powerful symbolic role in shaping cultural norms”* (Toumbourou, 2005). Nations must be free to put the health of citizens ahead of the interests of the alcohol trade.

Recommendation 8. That member states be required and all other states be encouraged to develop a comprehensive effective health policy supportive of a high level of enforcement of legislation and regulation for alcohol that is independent of the liquor industry interests.

9. Policy and strategy development to reduce alcohol-related harm must meaningfully involve communities in decisions that affect them, be responsive to their identified needs and be based on sound principles.

These include measures that:

- ensure well-resourced and sustainable community lead projects
- include a commitment to meaningful partnership with indigenous people
- include methods that enable culturally specific and traditional approaches to prevention and treatment

- provide effective mechanisms for collaboration and communication
- are supported by a strong national framework for action
- include a national agenda for alcohol-related research and data collection
- subject all alcohol policy and legislation to a rigorous health impact assessments to ensure that they are meeting desired public health outcomes
- is able to direct resources in response to harm indicators
- fosters and supports a strong and skilled workforce

Recommendation 9. That member states be required and all other states be encouraged to develop policy and strategic action that is principled and must meaningfully engages communities in decisions that affect them, particularly those of the indigenous people of the land.

In summary Policy to reduce alcohol-related harm is only as good as the means provided to ensure it is effectively enacted. Alcohol is a global commodity and policy to reduce associated harm is a matter of public health and safety, not a matter of moral discourse. The level of alcohol related harm requires that it be recognised as a determinant of health and become a public health priority in developed and developing countries. The harm associated with its consumption is of such magnitude that it requires authorities to implement strategies that are robust, evidence-based and determined. For strategies to be effective they must be re must be meaningful engagement with ‘tangata whenua’ the indigenous people of a nation. To be effective in achieving harm reduction goals, Alcohol Healthwatch recommends that Member States acts upon the recommendations included in this submission.

Alcohol Healthwatch would like to thank the World Health Organisation for the opportunity to make this submission.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

The alcohol-related harm is very high in Finland, and the tax income (about 1,6 milliard. euros) for the state is much less than the costs of alcohol consumption (more than 6 milliard euros).

The amount of alcohol. Related-harm is related to amount of total consumption of alcohol.

The most effective ways of reducing alcohol consumption are the price, availability and marketing. WHO has to encourage and guide governments to keep the **price of alcohol high** by putting taxes to alcohol. Alcohol pricing and taxes affect especially the alcohol use of children and under-age youngsters. The alcoholic beverages, which are more popular among the children and underage must have high taxes in order to keep the price as high as possible. Finland is a sad example of what happens when the taxes on alcohol are reduced. When the Finnish government reduced the taxes in 2004, the total consumption of alcohol was increased as well the number of alcohol related harms.

The accessibility of alcohol must be restricted and the access of underage to alcohol must not be possible. Again Finland shows a bad example on this matter, the accessibility was increased in 1969 and in 1995, which both increased the total alcohol consumption.

Restrictions on alcohol marketing have a strong influence on the consumption of alcohol. Marketing is often targeted into underage people making them more likely to start using alcohol when they are children or under-aged. The marketing also increases the amount of children and young under-age drink at one occasion. The alcohol marketing uses different marketing strategies in order to get new consumers from young people. Music, humour, stories and famous people are often used in the marketing, since these are known to be attractive to the young people. Marketing methods, such as sponsoring, internet advertising, product placement and product development, are also used to make young people interested in alcohol. In Europe nearly all 15-16 year old have used alcohol and the average starting age is 12,5 years. Usually 15-16 years old drink over 60 grams of alcohol amount which is equal to 5 portion of alcohol. This is alarming information since we know on the basis of medical research that alcohol is extremely harmful to underage and can damage permanently their physiological, psychological social development.

It is very difficult for the national officers to monitor the alcohol marketing if the legislations are weak or non-existent. The global public health actors must encourage the national governments or international communities, such as EU, to ban alcohol advertising. The justification for this can clearly be seen at the protection of the public health and under-aged youngsters and children. Also the nature of alcohol as very harmful to the health can justify a total ban on advertising and marketing.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

The alcohol industries and its co-operators must not be taken as stake-holders in the processes of international alcohol policies. The industries interest can never be equal to the public health perspective. The public health perspective is to reduce to consumption of alcohol while the industries goal is the make profit for its stakeholders. WHO must clearly give statements, that alcohol industry is not part of the alcohol policies of WHO and it should not be part of national, regional or international alcohol policy making.

WHO as a World Health organisation must give CLEAR messages that alcohol is a cause of illness and problems. Alcohol is the reason for over 60 different types of sickness and harm. It also even as small amounts, increase the probability of cancer. It is estimated that every 3rd European will get cancer and every 4th will die on the cause of cancer. As WHO has the responsibility to give clear and adequate information about health, the message on the harmfulness of alcohol must be clear.

WHO must be extremely cautious with reports on the health benefits of alcohol. There kind of studies are often sponsored by the alcohol industries or from its allies. The health benefits of the use of alcohol are very controversial and there cannot outcome the harms of alcohol, for example as a carcinogen.

The WHO must help countries to develop their own alcohol strategies if the countries do not have it yet. There strategies must be done from the public health perspective. WHO must give guidance to developing region countries in their alcohol policy making. The developing countries are especially vulnerable since they have a high procent of the population are children and young people under 18. The alcohol industry is marketing these countries heavily at the moment using methods that would not be acceptable in European or North American countries).

If countries already have an alcohol strategy, there should be follow up that the countries obey to this strategy.

Also in the global **context price, availability and restrictions on alcohol marketing** are the most effective ways of decreasing consumption. WHO must work on minimul tax level of alcohol, international availability recommantations and on a global alcohol marketing ban.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

Kännikapina- rebellion against drunkenness- give people opportunity to talk about alcohol and alcohol politics. is giving people information alcohol politics in Finland. It give people also opportunity to take part in the alcohol politics processes.



Associazione Italiana dei Club degli Alcolisti in Trattamento

AICAT contribution to the World Health Organization (WHO) Survey

AICAT is willing to contribute to the International survey promoted by the WHO European Office between the 3rd and the 31st of October 2008. Its contribution – which benefits from the work carried out by the Italian organisation during the First National Conference On Alcohol consumption between the 20th and the 21st of October 2008 – focuses on the following proposals.

1. Recognition of the specific role of the Voluntary Associations in the contrast of alcohol consumption

In all Western countries a tendency has gradually but steadily emerged. By looking back at the events which have characterised the last 30 years, the unique and positive role of both the “self help” and “active citizenship” organisations is immediately evident. Associations have more than other social actors effectively contributed to either the implementation of prevention policies or to the actions aimed to reduce the social and psychological costs caused by alcohol abuse.

Given the lack of organic policies directly implemented by the public bodies, in Italy, the action of the associative sector has become more apparent than elsewhere and the role that voluntary associations have played in ensuring a reduction in the overall alcohol consumption cannot be denied.

In this context, most of the alcohol related treatments have been implemented within the framework of territorial programs which – in turn - have required the collaboration of a number of organisations such as the “Clubs of Alcoholics in Treatment”, the “multifamily communities” - which adopt the methodology elaborated by Professor Vladimir Hudolin and tackle the alcohol related problems by following a socio-ecological approach - and the “Alcoholology Services”.

In the light of such premises, we call on all the Governments of the WHO European Region to concretely help the social activism of the voluntary sector. Indeed, we strongly believe that any association is a rich combination of highly recognised human values, peculiar authoritative stories, indispensable practical experience and wide theoretical knowledge. As a result, we call on the Public Authorities to recognise the associations as very reputable partners – as partners which need to be involved in the early stages of the ideation and definition of the social actions aimed to contrast alcohol consumption.

2. Widen the accessibility to the therapeutic treatments

Public services, voluntary associations and other social and community actors can all contribute to the implementation of territorial programs aimed to widen the access to therapeutic treatments. These programs should focus on effective and easy “paths” for both singles and families as well as on adequate policies for those problematic alcoholics who do not recognise themselves as people exposed to potentially dramatic risks and are hardly intercepted by the action of the public services.

3. Enrich the educational paths and introduce new formative opportunities

We strongly believe that - at any level - the educational courses designed for health operators should adequately examine both the theoretical background and the prevention practices related to those pathologies which are mainly caused by “dangerous behavioural factors”. In this context, we also feel the cogent need of new educational paths and/or innovative formative opportunities with a specific focus on both the problems and pathologies caused by the consumption of alcohol.



Associazione Italiana dei Club degli Alcolisti in Trattamento

4. Protect citizens who are passive or third (?) victims of alcohol consumption

We need to pay more attention to both “passive” and indirect victims of alcohol consumption. As in the case of the tobacco products, we need to focus on those citizens who either suffer for alcohol related pathologies without being active alcohol consumers or pay for the consequences of dangerous social behaviours of people who – occasionally or habitually - consume large quantities of alcoholic beverages.

In this regard, we call for a more organic and stringent European legislation aimed to contrast the power of the alcohol industry and protect the population from the risks connected to the consumption of alcohol and its related antisocial behaviours.

We also believe that in the meantime it is necessary to improve the application of the current laws. An enhanced cooperation between Public bodies and social actors, effective communication campaigns and formative opportunities are the instruments which better may contribute to the achievement of this goal.

Aniello Baselice
AICAT President

Submission from the International Society of Addiction Medicine to the World Health Organization

Introduction and Background

The International Society of Addiction Medicine (ISAM) is a world-wide organisation of specialists in addiction medicine who are responsible for treating people with alcohol use disorders (and other addictions), undertake research, devise, provide and coordinate teaching of medical practitioners and other health professionals, and contribute to the development of policy on drugs and alcohol. This submission is in response to an invitation by the World Health Organization (WHO) to contribute to the consultation process with non-government and other organisations, as part of the development of WHO's global alcohol strategy.

The Burden of Alcohol Consumption

ISAM is aware of the considerable impact of alcohol consumption on health and notes that over 4% of the global burden of disease is due to the adverse effects of alcohol. Although only 48% of the adult population in the world currently drinks alcohol (at any time), there has been a steady increase in global alcohol consumption over recent years, and the increase in consumption in the non-Islamic world will lead alcohol consumption to be a majority activity in the near future. Low- and middle-income countries increasingly share the burden of disease. Indeed a feature of the last 30-50 years has been a great increase in alcohol consumption (and related problems) in much of Asia and Africa, where countries traditionally had a low or zero alcohol consumption.

Consuming alcohol is traditional to many cultures and the use of small amounts is unlikely to produce significant harm in adults. Indeed there is some evidence for reduced rate of coronary heart disease in light drinkers compared with total abstainers (there are a number of confounding variables however). The misuse of alcohol (hazardous use in WHO's terminology, harmful use and alcohol dependence) is, however, associated with a large range of harms – physical, neuro-cognitive, psychological, social, cultural and financial.

The misuse of alcohol and the harms that it causes cannot be separated from the consumption of alcohol overall. As was originally demonstrated in the early 1950s the two are indivisible. Whenever alcohol is consumed, there is the potential for misuse. Indeed as alcohol consumption increases *per capita* in a society, the prevalence of alcohol misuse, alcohol dependence and alcohol-related morbidity and mortality increase to a disproportionate extent. For example, increases in consumption in a community as a whole by 50% have been shown to lead to increased alcohol-related harm by 200%. Therefore any strategy to reduce alcohol-related harm in the community necessarily must address the consumption of alcohol and the influences on that and not just focus on alcohol misuse.

Key Concerns

Among key concerns expressed to ISAM by people in many countries are the following:

1. The inappropriate use of alcohol by young people - often years below the legal age for drinking. In some countries older peers, brothers and sisters typically introduce young people to alcohol but in many societies it is often parents who do this.

2. The increase in binge drinking among young people in the 18-21 year age group. In many countries consumption of alcohol in this age group is legal (though not in many states of the USA or in many Asian countries). Binge drinking is known to lead to impaired academic and work performance, accidents and injuries, acute physical disorders (such as gastritis), inappropriate, and unwanted and risky sexual activity. The result of binge drinking often necessitates treatment by emergency services.
3. Alcohol consumption has also increased among women of all age groups over the past 20-30 years. Young women in many societies are increasingly showing the same binge pattern of drinking as seen in young men. This leads to unwanted pregnancies and sexually transmitted diseases, as well as the harms common to both sexes identified above. In treatment services in some countries women are seen as commonly as men with alcohol dependence whereas the male to female ratio 20-30 years ago was typically 5 or 10:1.
4. Overall there is a particular concern about increasing accident rates, which require emergency department attendance. In some cases these are due to motor vehicle and motor bicycle accidents where the driver has consumed alcohol.
5. There is increasing evidence of the deleterious effects of alcohol misuse on public order and safety. In particular the consumption of alcohol late at night in public bars results in a high-risk night-time environment due to assaults, injuries, criminal activities, and movement of large numbers of people in crowded areas.
6. Alcohol misuse has always been a leading cause of chronic physical disease and neuro-cognitive impairment. For example for much of the 20th Century alcoholic cirrhosis of the liver was the third–fifth leading cause of death in the USA and many Western European countries. Alcohol related diseases, including trauma, have been responsible for a decline in life expectancy in men of 7-8 years in Russia since the late 1980s.

Policy and Intervention Initiatives

ISAM recognises that to reduce alcohol-related harm to a minimum, it is essential to have a combination of appropriate public policy, intervention and treatment approaches to prevent the uptake of inappropriate and harmful alcohol consumption and to help people who have established alcohol use disorders recover from them. Among the key approaches supported by ISAM are:

I. Prevention:

1. Countries, which prohibit the consumption of alcohol because of religious belief and practice, or because of traditional views on alcohol, or as part of a policy to prevent alcohol-related harm, should be respected and supported in their intentions.
2. Likewise ethnic groups and individual people who do not consume alcohol should be encouraged and supported in their decision.
3. In countries where alcohol is legally available, there should be clear laws governing the legal age of drinking and where alcohol can be purchased, in a way that supports the public good and the health of people.

4. Wherever possible, those countries that produce and consume alcohol should be encouraged to contribute to public health, clinical and basic science investigation of its harms and strategies to diminish these. Such information relies on unrestricted and timely access to information regarding alcohol consumption and related problems.
5. Corporate that produce alcohol should assume respective social responsibility by supporting research projects and treatment facilities for those suffering from alcohol sequels.
6. Given the responsiveness of alcohol consumption in the community to cost and availability, alcoholic drinks should be taxed in proportion to their alcohol content and sufficiently to limit overall alcohol consumption yet within levels considered acceptable in that society.
7. Given the known influence of deregulation in increasing alcohol consumption and harm, decisions on the legal status, cost and availability of alcohol should not be primarily determined by commercial considerations but on the basis of public safety, health and good.
8. National policies should ensure that alcohol consumption that could lead to risky driving of any vehicle (car, motor bicycle, truck, boat), is prohibited.
9. Random testing of drivers of such vehicles for the presence of alcohol should be introduced where the systematic and monitored use of screening techniques (such as breath analysis) can be enacted by the relevant authorities.
10. Education campaigns should seek to increase awareness of alcohol as a significant health problem but cannot be the primary means of reducing alcohol-related harm. Education campaigns must always be backed up by legislation aimed at restricting inappropriate alcohol use and alcohol related harms.
11. Media campaigns should be directed to adults to impress upon them their responsibility for the appropriate use of alcohol (if any), where this is legal and socially sanctioned in their society.
12. The promotion of alcohol through advertising, promotions and linkage through sports and other popular community events should be closely monitored for adverse impacts. Countries, which declare such advertising and promotion to be unlawful, should be encouraged.

II. Treatment:

13. Identification of people with hazardous alcohol consumption is an integral responsibility of the health care system. Suitable screening approaches should be encouraged in primary health care, through national screening campaigns and through self-assessment using modern technologies such as computers to access on-line information.
14. Through primary care and other means, brief interventions aimed at reducing hazardous drinking and alcohol-related harm should be encouraged and facilitated through the health care system and through welfare and community organisations.

15. Advice and help for people concerned that they might have an alcohol use disorder should be readily available through information portals such as telephone lines, community centres, and official websites and through the health care system.
16. Self-help organisations appropriate to the particular culture should be encouraged as a means of alerting the wider community to the harms caused by alcohol and the support and care that can be accessed by people wishing to recover from alcohol-related harm through engaging with such organisations.

III. Education:

17. Specialist services should be established, appropriate to the particular country and its economy, to provide comprehensive assessment and access to a range of individual and group therapies, medications to suppress alcohol dependence and treat comorbid mental health disorders, and to help those with established alcohol use disorders (such as alcohol dependence) to achieve recovery from their disorders and the prevention of any further morbidity and mortality.
18. Education and training organisations should be encouraged to include appropriate content (didactic, experiential and skill-oriented) in courses aimed at training health professionals of all backgrounds, and key staff in welfare and community organisations.
19. Specialist addiction physicians and psychiatrist should be encouraged in their efforts to engage with their medical peers so that expertise in the treatment of alcohol use disorders is accessible to medical practitioners in general.
20. Likewise addiction specialists in psychology, nursing, social work and other health professionals should facilitate access of information on alcohol by their generalist colleagues.
21. Education and training on alcohol should also be incorporated in education programs for other public sector personnel such as police, custodial officers and staff of other organisations responsible for public safety.

IV. Research:

22. Organisations responsible for credentialing community health organisations and hospitals should ensure that these organisations are appropriately positioned to identify and treat people with alcohol use disorders.
23. Pharmaceutical companies should be encouraged to develop additional pharmacotherapies for alcohol use disorders and to give consideration to the availability of existing medications to treat alcohol dependence to developing countries at low cost (similar to the current scheme for anti-HIV medications).
24. Research into alcohol consumption and alcohol use disorders should pay particular emphasis to the reduction of harm from alcohol in low and middle income countries and in partnership with them develop strategies incorporating prevention, early intervention and treatment that are evidence based and economically accessible to those countries.

WHO public hearing on a global strategy on alcohol

081031/ IOGT-NTO/ Peter Moilanen

Summery

Effective measures to reduce consumption of alcohol and thus the harm done by alcohol are: Increase of price, restriction of availability and a total ban on all marketing.

The alcohol industry should not be involved in policy making.

All countries should, as a minimum, have in place a coherent alcohol harm reduction strategy. WHO should support further research.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Increase of prices and taxation are proven effective measures to reduce drinking levels and patterns. All national policies should include excise of all alcohol beverages.

Restriction of availability is a proven measure to successfully reduce alcohol consumption and the harm done by alcohol. Limiting number of outlets, minimum legal purchasing age, restrictions of serving hours, consider schools in the neighborhood etc.

A total ban on all marketing should be implemented.

Establish a policy with occasional non-usage of alcohol when driving, when pregnant, at workplaces and when being a peer among youngsters and children.

Early intervention needs to be a part of an alcohol strategy. Addiction rehabilitation is costly and fails more often than succeeds. Training of medical staff is crucial. Employers may also profit from allocating resources and acquiring such skills to the organizational structure of the work place.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

The public health policy making must be free from the influence of the alcohol industry and producers (production, distribution and marketing). There are almost none similarities between the public health agenda and the objective of the alcohol industry, quite the opposite. Where industry wants to increase the volume of their products, public health implementers wants to decrease consumption and in the end the harm done by alcohol. The rules and regulation in alcohol issues should be set up by the politicians.

All countries should, as a minimum, have in place a coherent alcohol harm reduction strategy. The strategy should include a reducing pricing policy and limited availability.

A comprehensive strategy is needed, as evidence shows the limited impact of policies that only support education, communication, training and public awareness. These programmes are mainly effective as a measure to reinforce awareness of the problems caused by alcohol and in preparing the ground for specific interventions and policy changes.

Providing support and increase awareness worldwide of the wide ranging impact of harmful alcohol use on health, social development, crime and injuries etc should be a long term objective.

There are cross-border issues that require global action to support WHO Member States. Advertising, commercial communication, sales and smuggling of alcoholic beverages have emerged as worldwide concerns, which need to be addressed by an overarching global framework for action.

The establishment of mechanisms for sharing country experiences and exchanging good practices would increase successful policies for reducing alcohol related harm.

One central mission for the WHO will be to provide the knowledge base for WHO Member State actions, through the development of a global monitoring and information system. Given its international role, sustained global action of the WHO in the field of alcohol related harm, will provide the impetus for local, national, and international action in this field.

Carrying out repeated and comparative surveys is much needed.

WHO should continue to regularly do the Global Burden of Disease study and should support further research on reducing alcohol related-harm, alcohol's role in spreading of infectious diseases and its role in hindering social and economic development.

3. In what ways can you or your organization contribute to reduce harmful use of alcohol?

Our organization, IOGT-NTO, works in three different fields that all contributes to reduce the harmful use of alcohol.

The first thing is that we do advocacy work. Meetings with politicians and other decision makers in the field where we discuss possible strategies based on scientific research. We do a lot of different education for politicians and service men in the field. With our advocacy work we try to decrease the availability of alcohol.

The second field is the prevention work. By meeting and educating parents and workers in work places we do reduce the demand for alcohol among adolescents and adult people. In that way we will contribute to the reduction of alcohol.

Thirdly we have our social field. In this field we work with former alcohol addicts and their family. Our social work is based on treatment and peer-support among former addicts and their relatives. We work through our treatment centre Dagöholm and through self-help groups all over Sweden.



KRAJOWY
SEKRETARIAT PRZEMYSŁU SPOŻYWCZEGO
ul. Jasna 7 , 00-019 Warszawa , Polska
tel./fax. (+48 22) 827 92 38,
e-mail:

NIP 526 24 86 822

REGON 012956568

Warsaw 31.10.2008

Submission to public hearing on ways of reducing harmful use of alcohol on behalf of the Food Industry Secretariat of the Independent Self-governing Trade Union "Solidarność"

1. What are your views on effective strategies to reduce alcohol-related harm?

The Food Industry Secretariat of the Independent Self-governing Trade Union "Solidarność" represents employees of the food industry in Poland. We are very much concerned with the impact alcohol abuse has on the workplace and life styles of our members and their families. The alcohol consumption patterns in Poland have changed dramatically over last 10 years with high ABV beverages consumption being discouraged and beer becoming more and more popular. Also the work ethics have changed and now, when people have realistic goals to achieve, they prefer to concentrate on their work rather than on irresponsible consumption.

Therefore the most effective strategies to reduce alcohol related harm should be focused on creating friendly working environment and rising conditions of life. In various countries the best solutions would be different and we strongly believe that there should be a debate held with the participation of many different institutions and organizations to ensure proper dialogue as a way of finding the most effective strategies.

It is very important that measures to be introduced do not harm the job market: in practical terms all strategies reducing the total consumption seem to be a threat for the sustainability of the job market and country budget revenues. Also it appears far more effective would be actions targeted at specific problems, like alcohol dependence, drink driving and access to alcohol by the minors.

2. From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

The best ways to reduce problems related to harmful use of alcohol are:

1. Identifying the problems – risk areas and risky behaviors.

2. Organizing education for various groups: parents, medical doctors, consumers, children and youth.
3. Providing youth and other risk groups with proper information about consequences of drinking alcohol and those who engage in risky consumption behaviors should be supported with easily available counseling conducted by medical services employees.
4. The information should be distributed as part of compulsory education within the schooling system.
5. The relevant medical /social specialists should receive balanced yet practical guidance.

3. In what ways can you or your organisation contribute to reduce the harmful use of alcohol?

The Food Industry Secretariat of the Independent Self-governing Trade Union "Solidarność" can do a limited number of things on its own, however our past actions and potential actions in the future include:

- a) educational efforts among our members
- b) promoting the drinking culture during trade gatherings
- c) engaging in the multistakeholder dialogue
- d) protecting employment and individual jobs in order to prevent social problems to aggravate, which could lead to irresponsible drinking behaviours.

Mirosław Nowicki

Head of the Food Industry Secretariat
of the Independent Self-governing Trade Union "Solidarność"

Juvente; WHO public hearing on strategies to reduce alcohol-related harm

Juvente's approach to alcohol and drug prevention

Juvente is a youth NGO working for peace, solidarity and an alcohol and drug-free world. The roots of the organization hail back to the early 1900s, and today, Juvente is an active participant in both prevention work, building alcohol and drug-free youth environments and international peace- and solidarity efforts.

Juvente works with prevention at the political level, at the international level (among other projects through FORUT; see separate submission from FORUT) and through education. Juvente's strategies have been focused on raising political awareness and educational projects to reinforce the restrictive attitude to alcohol found in young adolescents.

Juvente argues that all use of alcohol among minors should be considered harmful use. This is based on the negative effects of early debut on later pattern of use, the negative socialization patterns and identity development that stems from premature drinking, the increased acute risk of injury for young people, and the increased neuro-physiological damage of alcohol on young brains. These factors emphasize the importance of early universal prevention measures. This also means that Juvente does not adopt harm reduction as a strategy, because harm reduction in young adolescents runs the risk of establishing social support for the drinking itself. Juvente still recognizes harm reduction as a useful strategy for at-risk subgroups and for older adolescents.

Alcohol policy; effective legislation

Juvente is a Norwegian NGO, and thus work in a country with a relatively restrictive alcohol policy. Juvente supports legislative measures to reduce (harmful) use of alcohol, as for instance tolls and limitations on alcohol sale (for instance age limits) are effective measures. The Norwegian model of legislation has served as an example for many other countries. Babor et. al., in "Alcohol – no ordinary commodity", draw up a list of 10 policy option best practices: minimum legal purchase age, government monopoly of retail sales, restrictions on hours or days of sale, outlet density restrictions, alcohol taxes, sobriety check points, lowered BAC limits, administrative license suspension, graduated licensing for novice drivers and brief interventions for hazardous drinkers (Babor et. al. p. 270). These best practices need to be an integral part of a national strategy to reduce the alcohol-related harm.

Even if restrictive legislation is in place it needs to be enforced to be effective. Juvente has for decades contributed to the focus on the lack of control when it comes to selling alcohol to minors. Juvente organizes inspections, where minors are sent out to buy alcoholic beverages from shops. The attempts are controlled, documented and logged, and statistical results are published. Legal issues makes it impossible to use these controls to withdraw the licence to sell alcohol (because of their status as violation-provoking), but the results are used to increase awareness of the level of violations and to make politicians ensure a decent level of public inspections, as well as active use of the media through i.e. editorial stories, reader's letters, public information, internet publications.

Juvente proposes that

- restrictive legislation on the marketing, sale and use of alcoholic beverages are recommended to all member countries, and that resources are provided to help countries without such legislation shape and implement such measures
- governments are advised and encouraged to ensure effective control procedures, and to cooperate with NGO's to provide both control and to raise awareness about the legislation. This is particularly important to ensure public support in countries where legislation has been more liberal.

Social inclusion; building safe social environments for youth

Juvente is a youth NGO, with decades of experience in peer education. This way, the social structure of the organization is integrated in the educational work. The social structure is part and parcel of Juvente's approach to prevention, both universal measures and for at-risk subgroups.

Youth NGO's have close contact with youth culture, a non-bureaucratic and efficient structure, practical understanding of youth-related issues, adaptivity and ability to respond quickly, enthusiasm and high level of competence in their respective areas, and they have the potential to release a lot of voluntary workhours in the implementation process. NGO's can be vital partners in preventing harmful use of alcohol in a number of ways:

- effective peer education and role models
- efficient arena for developing knowledge based prevention methods
- partners in general public communication
- educational arenas to be used both in prevention projects and for policy making
- suppliers of drug-free youth environments
- local political effort
- gathering data and generating reports on use and status of regulatory compliance

Juvente argues that establishing adequate funding for youth NGO's is a key factor in reducing alcohol related harm in the long run, because the policy makers need partners in the civil society. Youth NGO's have several unique features that make them ideal for this task.

Universal prevention measures; positive reinforcement and peer education

Juvente runs several prevention projects on a national scale. The ones that target the youngest adolescents adopt a well-known and well-researched pedagogical strategy for behavioral learning processes, positive reinforcement. This is a universal prevention strategy that aims at stabilizing the restrictive attitude towards alcohol and drugs prevalent among young adolescents, before drinking behavior is established.

For slightly older adolescents, when some will have experience with alcohol, peer education is used as a strategy for the prevention work. This approach makes use of the social structure and the different experiences in a social learning process. Peer leaders are chosen and educated, and are then sent back into their social environment to educate their peers. Deliberation is central in this process to ensure subjective relevance of the information provided, and in this way the process differs from the ordinary cognitive-oriented approaches often found in more school-based prevention programs.

For both these strategies it is central that the arena is relevant. Juvente does work closely with many schools, but focuses the main effort on other arenas. Juvente argues that it is important that prevention work also takes place outside the schools, and that youth are actively involved in the development of prevention programs. This is another reason why cooperation with youth NGO's is important. One example of a prevention program developed in conjunction with the target group is Rusfri Diil, which received the European Prevention Prize for this approach in 2006.

Juvente proposes that

- universal prevention measures are recommended, and that these should be evidence based. However, the scope of the evidence should be wide, and include knowledge from several different scientific fields.
- methods are developed to be relevant to age, problem development and cultural setting
- prevention work should not be limited to schools or other formal arenas
- close cooperation with youth NGO's are established as part of recommendations to the implementation of prevention work wherever possible.

New technology

Because of Juvente's close connection with its members, the organization has an excellent viewpoint on new trends and technology adopted by the youth in Norway. This makes it possible to make use of new technology in prevention work. Most notably, the use of interactive community websites and cell phone text messaging is both effective and low cost. This approach also allows for a continuous communication platform, which can also serve as an addition to other prevention approaches.

Juvente's contribution

In addition to the efforts described earlier, Juvente is also involved with capacity building in partner organizations across Europe, i.e. in the Balkan region. This way, Juvente can contribute to building safe youth environments in countries which have little tradition for a strong civil society.

Juvente has decades of experience in providing prevention projects. Although the structure and methods of these projects are not directly applicable to other cultural settings, this experience can be valuable to others. This includes a more practice-oriented approach than many strictly research-based institutions on the field. Juvente argues that one of the more important tasks on the prevention field is to get what works in theory to work in practice. From our experience, Juvente can contribute with knowledge about what factors promote or hinder a smooth adaptation- and implementation process.

Juvente can also function as a testing ground for researchers to try out ideas, particularly in action-research designs.

In closing, we would like to emphasize the importance of a more broad-scoped approach to the focus on evidence-based prevention than a pure RCT approach adopted by certain institutions. The American Psychological Association uses a definition of evidence-based practice that has three different aspects; research, clinical expertise and user participation. This means that research-based knowledge, practical experience in the field and the views of the target group should be integrated into the approach to ensure a well balanced knowledge base. The practical experience of preventionists in the field is a vast and fairly untapped resource. Juvente recommends that this be taken into account when developing a global strategy to reduce alcohol-related harm.

Submission to WHO public hearing:

From FORUT, Campaign for Development and solidarity

Contact information

Øystein Bakke

c/o FORUT

Torggt. 1

0181 OSLO

Norway

+47-232214521

oystein.bakke@forut.no

www.forut.no

www.add-resources.org

FULL CONTRIBUTION

As a development agency with more than 25 years of experience in Asia and Africa, FORUT has learned that alcohol constitutes a double-sided problem in the developing world: On one hand drinking is a severe and additional burden to the poor and underprivileged. On the other hand we see new drinking habits and increasing consumption levels among a growing middle-class in a number of countries. Robin Room et al, in the book “Alcohol in Developing Societies”, points out this important dilemma: “As development occurs, alcohol consumption and resulting problems are likely to rise with increasing incomes.” This is a challenge for public health and development agencies much more so when the multinational drinks industry sees the developing world as their “emerging markets”.

Influences health and equity

Low and middle income countries struggle to develop their capacities and make the best of their limited resources. The health situation in these countries is often difficult, some places even declining, with serious inequalities in health both between and within countries. Many of these countries experience an emerging double burden of disease, where infectious and epidemic diseases, high infant and maternal mortality are accompanied by increasing problems of non-communicable diseases related to tobacco, alcohol, unhealthy food and lack of physical exercise. Some of these problems have been highlighted in the final report from the WHO Commission on Social Determinants of Health, Closing the gap in a generation. This report also addresses alcohol availability as part of the mix of measures to increase health equity.

The health consequences of harmful alcohol use are well documented by research and pointed out in several official WHO documents, like the reports from the secretariat to recent WHO Executive Board meetings and Health Assemblies and summarized by The WHO Expert Committee on Problems Related to Alcohol Consumption (Technical Report Series 944). It will not be elaborated here.

Alcohol also causes harm to others than the drinker. A country study in Sri Lanka concluded, in part, that “Alcohol, and the consequences of alcohol use, influence greatly the every day

life of poor people. Not only are the lives severely affected of those who drink, but perhaps even more, the lives of others such as their wives and children” (Baklien and Samarasinghe, - Alcohol and Poverty, 2003). As with other harmful effects these may come from long term use or from intentional and unintentional injuries related to acute intoxication. Excessive drinking, drunken behaviour and addiction have a large number of social consequences, which is more difficult to measure. Families often carry the burden of alcohol abuse by men. Domestic violence, broken families, neglected children, accidents, a bread winner failing to bring income to the family and money spent on booze instead of food, children’s schooling and other essentials are among the factors involved. Risky sexual behaviour sometimes happen under the influence of alcohol, and this contributes to the spreading of HIV/AIDS which has dramatic social consequences in certain regions.

Policy and intervention for health and development

Western states have special roles and responsibilities in reducing the harm from alcohol use. These countries are in most cases the home of multinational drink companies. As we strive to reduce our own alcohol-related problems, our industry actively promotes increased consumption among developing societies. This development is sometimes termed as an industrial epidemic, where the vector is not a mosquito or a virus, but an industry.

In ”Alcohol in Developing Societies; A Public Health Approach” Robin Room et. al. concludes that:

- The most effective approaches to reducing alcohol problems regulate alcohol’s availability and the conditions of its use.
- The research evidence clearly indicates that governments possess the powers and policy levers to reduce and prevent alcohol problems.
- Developing systems for regulating the alcohol market to reduce alcohol related problems is an essential task for developing states.

It is well established that when per capita consumption in a country rises, the harm from alcohol will also rise. Both Babor et. al. and Room et. al. point out what is effective in preventing alcohol-related harms: both total consumption of alcohol and harmful patterns of drinking should be addressed by population-based policy measures, at local, national and global level. Based on an understanding from the existing science about how alcohol-related problems are generated and maintained the following objectives could be proposed for intervention:

- Reduce population consumption, including delay initiation of drinking among youth
- Reduce heavy alcohol use and minimise harmful patterns of consumption
- Change harmful behaviours associated with alcohol use

From an economic perspective such public interventions to reduce alcohol use are justified because of market failures that dominate health behaviour and cause individuals to make inferior health decisions, both privately and socially. These market failures are magnified for young people.

The obvious ‘owner’ of a national strategy is the state, and often this responsibility is placed in the Ministry of Health and/or Social Welfare. Developing or implementing evidence-based alcohol policies will need to involve several state actors, including law enforcement, the judiciary and the Ministry of Finance. We would state along with the WHO Expert Committee that the contribution the alcohol industry can make to the reduction of alcohol-related harm is only in the context of their roles as producers, distributors and marketers of

alcohol, and not in terms of alcohol policy development or health promotion.
(Recommendation no. 9)

Alcohol control policy

The first thought that often comes to mind when one realises the existence of an alcohol problem in a community or society is to inform everybody about the dangers involved, presuming the consumers will reduce their consumption to “safe limits”, refrain from excessive drinking and change the unwanted drinking behaviour. However, evidence indicates that the impact of such programs, whether they be school-based programmes, media campaigns, warning labels or low-risk drinking guidelines tends to be small at best and that most effects do not persist. This might also be why these are the measures most commonly propagated for or even run by the alcohol industry.

There are indications though that where there is popular support for control policy interventions the effect of regulations will be more effective. Thus, these information activities should be tuned towards increasing the understanding of the problem and increasing legitimacy of alcohol regulations.

There is also substantial documentation on the effects and effectiveness of various alcohol control policies in the WHO documents mentioned earlier. We will only here point to Babor et. al. who in *Alcohol: No ordinary commodity* draw up a list of 10 policy option best practices: minimum legal purchase age, government monopoly of retail sales, restrictions on hours or days of sale, outlet density restrictions, alcohol taxes, sobriety check points, lowered BAC limits, administrative license suspension, graduated licensing for novice drivers and brief interventions for hazardous drinkers. (Babor et. al. p. 270) These best practices need to be an integral part of a strategy.

From the perspective of the low and middle income countries taxes entail a low cost, effective strategy which stands out as a promising avenue. Using the tax instrument effectively both reduces the problem and raises revenue. These revenues may be used to fund other measures to mitigate the effects of alcohol related harm.

Dealing with the illicit alcohol trade

Very often those opposed to implementing a coherent alcohol policy will argue that curtailing alcohol sales or increasing prices will only lead to increased illicit production. If we want to address alcohol problems, both licit and illicit alcohol should be addressed. Illicit production can not remain endorsed forever as something impossible to change in today’s corrupt world. The shift is not one to one. By neither addressing licit nor illicit products the competition between them usually leads to additional alcohol use rather than a substitution of one for another. As always multiple strategies that address more than one issue will be more effective. Dealing with illicit alcohol is often related to other issues such as developing institutional capacity, limiting corruption and developing good governance. The existence of a large illicit component in the alcohol consumption in many developing countries may complicate the matter. Still, this should be an argument for adapting alcohol policies to the local situation, rather than a justification for doing nothing.

Restrictions on advertising

The research evidence on the impact of alcohol advertising, particularly on youth, has become much stronger in the past six years. Alcohol is being advertised heavily all over the world contributing to a marketing driven increase in consumption and harm. Exposure to repeated

high levels of alcohol promotions inculcates pro-drinking attitudes and increases the likelihood of heavier drinking. Advertising has been found to promote and reinforce perceptions among young people of drinking as positive, glamorous, and relatively risk free. Given this evidence base it is critical that the strategy address this topic from a public health perspective.

Self-regulation which is the industry response to the advertising issue has often been shown to be fragile and largely ineffective. Statutory frameworks are required to enable the monitoring and control of marketing activities especially in emerging markets. Restrictions on advertising and sponsorship should be part of a comprehensive alcohol policy, especially when this advertising is targeted at young people.

Community action

Community action can be used to address problems associated with alcohol use. It springs from a wish to address a problem one has identified in a community (or even a country). Such action should be guided by analysis of the determinants of alcohol problems in the relevant setting and may include:

1. Reducing the attractiveness of the image of alcohol
2. Reducing unfair privileges attached to alcohol use
3. Improving recognition of the real harm from alcohol use
4. Encouraging quitting or reduction or change in pattern of alcohol use
5. Counteracting the forces that promote consumption
6. Preventing the 'alcoholization' of all social events and activities
7. Appropriately restricting availability
8. Encouraging implementation of useful policies, locally and beyond

This is the role of NGOs as actors in civil society – to advocate for changes which will benefit communities. (Ref. Samarasinghe, D.: Strategies to Address Alcohol Problems)

Need for global leadership

In the context of the level of harm documented by the Global Burden of Disease study, present developments where increased harm can be expected in many developing countries, and the complexity of the countermeasures available there is a great need for global leadership in developing strategies for action. The forthcoming Global Strategy needs to be broad based and give clear recommendations. It needs to address measures at national, regional and international level. Many problems related to alcohol consumption have cross border relevance. Trade is the obvious example, where the free trade mantra of the WTO-system is pushing to liberalise trade in all aspects. Any progress achieved in national strategies could easily be offset by agreements under the WTO, for instance in the negotiation on the General Agreement on Trade in Services (GATS) as well as bilateral and regional trade agreements. These aspects need to be addressed in the strategy. Advertising is another such international question which needs attention. Especially sport sponsorship is designed to reach young people across the globe.

The strategy also needs to be followed up. To do that WHO need to be adequately resourced.

FORUT's contribution

As an international development agency and an active civil society organisation, FORUT contributes to reducing harm from alcohol in a number of ways. Capacity building of our partners and a wider constituency of local NGOs, developing agency and public institutions

includes networking, training and knowledge sharing. FORUT will enable our partners and other organisations to address alcohol problems through integrating locally appropriate prevention activities based on increased knowledge of the international evidence base.

By our focus on alcohol, drugs and development we also contribute to knowledge building by sponsoring research and compiling experience and best practices. We focus on the relevance of alcohol in addressing other important poverty and development issues like child rights, HIV/AIDS, gender based violence, good governance, humanitarian crises etc. FORUT will also advocate for evidence based alcohol control policies at local, national, regional and global level and mobilise a wide constituency of like minded organisation in this effort. Through the Global Alcohol Policy Alliance we contribute to building an international network of like minded NGOs.

Once the WHO Global Strategy has been passed, it is also part of FORUT's mandate to support national governments in its implementation. FORUT will support governments in adopting their national policies and legal frameworks, including through building the capacity of national civil society organisations to advocate towards this.

FORUT will also work to integrate alcohol prevention on the agendas of other organizations and popular movements, in international NGOs, development agencies and other intergovernmental organisations like the World Bank, International Labour Organisation, UNICEF, etc.

APYN – Alcohol Policy Youth Network is an umbrella organization of 27 youth organisations from across Europe (21 National Youth Councils and 6 International Youth NGO's). It was established in 2008, in Budapest, Hungary, with the purpose of empowering young people to be active and valid players in the definition, advocacy, implementation and evaluation of alcohol policies and programmes across Europe, from the local to the European level.

APYN aims at being a capacity building network for youth organisations and young people alike, namely by providing training courses, advocacy schools, seminars and conferences, by developing easily accessible and understandable tools for young people and by transferring to young people the information about alcohol related harm being used or developed by WHO, DG SANCO, and other relevant partners of these institutions (such as the Alliance House Foundation, the Institute of Alcohol Studies, EURO CARE, ACTIS Norway, the European Youth Forum, etc.).

Q1 – What are your views on effective strategies to reduce alcohol-related harm?

APYN believes that evidence based policies are the best way forward. Due to the nature of the alcohol field the first action anyone can undertake while devising effective strategies to reduce alcohol-related harm is by addressing the undisputable findings of sound scientific research.

These strategies also need to be cross-sectorial in nature. They should reach beyond the realms of health policy and touch agricultural, economical, educational and social policies. Alcohol related harm has to be addressed on all these fronts and needs a complementary policy mix that enables tackling the problem in all its dimensions.

Cost-effectiveness must always be measured and taken into account. The resources available to counteract alcohol related harm are usually scarce, specially comparing to the amount of resources being used in the promotion and marketing of alcohol beverages around the globe.

Finally, it is our belief, that the best way to implement an effective strategy is to empower those on the ground who can have direct access to victims of alcohol related harm and can address their problems in a more efficient, cost-effective and reliable way. In that sense we believe WHO should build a large network of actors who can tackle alcohol related harm from global to local and vice-versa in a fast and easy way. This network should include: Member States, Healthcare Professionals, Social Workers, Youth Organisations, among others. The alcohol industry should not be an active player in the definition of these strategies due to the conflictive nature of their activity (profits versus public health), however they may play a role in the implementation of the same. They can however have an observer status and be consulted on a limited basis.

Q2 – From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

From our experience in the field, Public Health workers and those involved in tackling alcohol related harm follow WHO recommendations and publications very closely, hence the need for a strong role from WHO in leading the fight against alcohol related harm around the globe.

WHO should act as a global coordinator assessing what is being done in each member state and the efforts being developed by NGO's and making sure that there is a sufficient flow of

ALCOHOL POLICY YOUTH NETWORK

information that allows every actor to be on the same page ensuring that their efforts are in effect complementary and pursue the public health interests. This coordination can be made easier if a global network of actors is in place as suggested in the answer to Q1.

Whenever and wherever possible WHO should team up the member states with the NGO's operating in those countries enabling them to work jointly in addressing alcohol related harm.

WHO should also develop a number of tools to assist this work at the local and national levels namely by developing scientific studies, tool kits, training materials, info packs, etc, that can be used by the different actors when developing their own projects in the field.

Lastly, it is important that a global strategy is developed by WHO, a strategy that identifies and recognizes the different realities, cultures and backgrounds but that allows enough space for each member state to pursue their own national policies in coherence and coordinating themselves with their immediate neighbours and the region where they are located. Only a coordinated effort worldwide will lead to an effective reduction of alcohol related harm and WHO's global strategy must serve as the matrix for the development of national alcohol policies around the globe. At the same time examples from the different regions should be taken into consideration when developing such a global strategy and models should be evaluated and regarded as good practice (i.e. the Alcohol and Health Forum of the EU).

On a final note, WHO should look into the fundraising needed for the member states, particularly the developing nations, to be able not only to devise but also implement the national policies. WHO should seek to create a global fund to address alcohol related harm, a solidarity fund where the wealthiest commit to assist those in need to be as equipped and prepared to tackle the problem as they are. This fund should also contemplate donations in kind where countries can exchange good practice, personnel, materials, etc.

Q3 – In what ways can you or your organization contribute to reduce harmful use of alcohol?

APYN is a capacity building network of and for youth organizations with the aim of empowering them and through them individual young people to become valid and accountable actors in the development, advocacy, implementation and evaluation of alcohol policies and programmes across Europe.

This means that APYN can act as a transporter of information, good practice, resources and support from Institutions to young people in the field. Through our activities we empower young individuals to be able to run their projects, take part in ongoing projects, contribute with their views and ideas, collect their peers views and ideas on how to better tackle alcohol related harm among young people.

APYN is also capable of delivering in a timely manner a more accurate picture of young people's realities and perceptions towards alcohol making it easier to diagnose the problem and identify the solution, being that young people are always sitting in the driver's seat throughout the whole process.

APYN is operating at the moment at the European level but aims to expand its work across Europe's borders and plans are already being developed to launch a GAPYN – Global Alcohol Policy Youth Network. Our model is already serving as inspiration to young people across the globe and a similar network has already been established in Nigeria (NAPYN).

The potential of APYN points into a future where young people are not the problem but rather the solution in addressing the harmful use of alcohol, namely by putting in place a number of prevention measures, by allowing young people to get in touch with educational tools about this problem and by empowering them to come up with their own conclusions on why harmful alcohol use is negative and what they can do to address it.

APYN fosters the idea of alcohol related harm as a civic responsibility and approaches it from an active citizenship perspective. As an outcome of this approach we already introduced alcohol related harm as a priority working area to a number of youth organisations across Europe, which is leading to an unprecedented youth led projects development across the region.



WHO Global Strategy GAPA Response

The Global Alcohol Policy Alliance (GAPA) welcomes the decision of the WHA to call upon the WHO to develop a global strategy to combat the harmful use of alcohol. GAPA, established eight years ago, is a world wide alliance of regional and national Ngo's and institutes. Its governing board is drawn from members covering all continents. GAPA's mission is to "reduce alcohol related harm world wide by promoting science based policies independent of commercial interests".

We note that WHO is particularly interested in getting views on integrated approaches that can protect at-risk populations, young people and those affected by the harmful drinking of others.

Young People

For policies to be effective in both the short term and the long term they must involve youth.

The World Development Report has emphasised the **'importance of developing human capacity in youth'**. GAPA respects the role of youth. Youth have a right to their own voice and to be heard when policies are being formulated that will have a direct effect on their lives. **The involvement of youth is especially important in the developing world.**

The World Bank has pointed out that the developing world's 1.3billion young people aged 12-24 are the next generation of economic and social actors and emphasises that *'as a result of epidemiological transition from communicable to non-communicable diseases.... young people are exposed to a different range of health risks than before'*. The report goes on to warn: *'missed opportunities to invest in and prepare this generation will be extremely costly to reverse, both for young people and society'*.

At the same time it must be recognised that the alcohol problem is not just a matter of the inappropriate drinking patterns of young people. Young people are also affected by parental drinking problems and, some, even before their birth (alcohol foetal problems). They can also be harmed by anti social behaviour, accidents at home, work and on the roads caused by the drinking of others.

Effective strategies to reduce alcohol-related harm

To combat harm effectively strategies must embrace a public health, whole population approach complemented by targeting at risk groups. Strategies also need to tackle

both supply and demand. Effective population strategies are well documented. Among them are: price; hours of sale; minimum purchase age; and outlet density.

Measures protecting third parties as well as the drinkers themselves include: drink driving safety measures relating to BAC limits, random breath testing and licence suspension; and health and safety at work regulations.

The marketing strategies of the drinks industry are of significance globally and they require monitoring and regulating; particularly in the areas of advertising, sponsorship and production of new drinks that are targeted to attract young people. Market analysts recognise that the drinks industry is highly innovative and that new product development is a vital factor in its profitability. The ‘rave’ and ‘recreational’ drug scene in the 1980’s and 90’s in the UK, for example, caused the industry to fear a loss of markets and it was seen by the industry as a major threat. This is clearly seen in Whitbread’s Director of Marketing’s remark: *“Young people seem less prepared to sip beer for hours, culturally they like short sharp fixes...the challenge for the industry is to make alcohol part of that choice.”*

Similar marketing strategies are now being deployed in India. The President of UB Group Spirits Division in 2004 stated: *“The entire Indian map is changing. There has been a huge explosion of disposable income among the young; moreover social drinking has increased. And today users are looking for products that are aligned with global trends; the demand for new age flavours is increasing. The Indian market is ready for alcohol beverages with exotic fruit flavours”.*

The UB Groups Financial Report 2006 states:
‘Youngsters seeking western lifestyles typically begin by drinking beer and move into spirits. The brand positioning of UB Spirit Brands is designed to attract these upwardly mobile and aspirational customers’.

The industry’s marketing has a global outreach that contributes to similarities of patterns of drinking in different cultures. The influence of traditional protective cultures is on the wane. The world is experiencing the growth of a global drinking culture with patterns of drinking that are not dissimilar from one region to another. To avert the adverse effects of this trend requires a coordinated response at international, regional and national level.

WHO must appreciate why GAPA considers that the determination of a global alcohol strategy should be free of drinks industry influence. There is a role for industry in the implementation of policy and in adhering to the required standards. Their role is to market their product responsibly, to comply with national rules and regulations, to provide appropriate training for those who sell and serve alcohol. However, the industry should not be permitted to obstruct the formulation of alcohol policy. GAPA supports the WHO Europe Ministerial Conference declaration of 2001: **“Public Health policies concerning alcohol need to be formulated by public health interests without interference from commercial interests”.**

WHO will need to offer bold and courageous leadership and to safeguard the integrity of the alcohol policy strategy. To achieve these ends it will be important for the WHO to enter into partnership with a broad range of civil society and professional

networks. These will include specific nongovernmental alcohol policy and prevention organizations and importantly more general bodies such as international development agencies, justice, health, social and safety agencies; youth organizations and research institutes.

WHO also has an important role in enlisting the support and cooperation of other United Nation institutions by seeking to establish an inter agency working group with ILO, UNESCO and UHDP.

SEARO, WPRO and EURO reports and resolutions adopted by their respective Committees have mentioned the challenge to policy arising from trade liberalisation and its adverse impact on alcohol prevention policies. The WHO should invite representatives of the FAO, WTO and the World Bank to the inter agency group, if established, in order to encourage an appreciation among such bodies that alcohol is no ordinary commodity and enlist their support to enable the implementation of effective policy to reduce harm.

The strategy needs to address the millennium goals. There is a relation between alcohol and poverty that can have a deleterious impact on sustainable development. As well as the economic consequences there is the fact that alcohol related mortality is often highest among the poor in society. International Development Agencies have an important role to play in raising awareness about the issue and in seeking ways to address the inequalities exacerbated by problems relating to alcohol. It would appear appropriate for WHO to organise a workshop for International Development Agencies to discuss the matter.

What GAPA can contribute

GAPA sees its future role in terms of supporting WHO by the creation and fostering of supportive networks at global and regional levels able to disseminate relevant information, provide policy advocacy and to undertake specific tasks such as the monitoring of alcohol marketing. Its international journal, the GLOBE, has very wide global circulation and keeps its readers abreast of the latest information and developments in the field of alcohol policy

Since its inception, GAPA has been developing NGO regional networks in order to provide a forum for alcohol policy advocates and to bring to the attention of governments and non-governmental agencies the social, economic and health consequences of alcohol consumption and related harm.

Impressed with the success of EURO CARE (the European Alcohol Policy Alliance), GAPA has developed similar networks in the Asia Pacific Region (APAPA) and in India (IAPA). Recently it has supported the successful establishment of the first Alcohol Policy Youth Network in Europe and is advising on the development of a youth network in Nigeria. It is planned that these networks will link up with those in the Asia Pacific region (such as the Thai Stop Drink network) to encourage the growth of a global alcohol policy youth network.

In tackling all of these challenges, WHO will need the assistance and support of NGOs and civil society organizations at all levels. NGO's have particular strengths that make them valuable partners of governmental organizations:

The capacity to work with a whole range of other bodies in health, social services, education, transport and industry and commerce;

Effective ways of mobilizing community resources, attracting people and persuading them to give of their time and skills;

Flexibility in identifying and responding to needs without being weighed down by top-heavy decision-making structures that stifle innovation;

To mobilize civil society for the promotion of alcohol policies which safeguard individuals, the family and society from the negative consequences of alcohol abuse;

Establishing appropriate coalitions: forming alliances with other NGO's on specific issues that they have in common;

Delivering cost effective services.

Conclusion

One of the successes of the WHO European Alcohol Action Plan was the adoption 1995 of five ethical principles in relation to alcohol by the WHO Ministerial Conference in Paris and their reaffirmation at the Ministerial Conference in Stockholm in 2001. In our view, consideration should be given to endorsing these ethical principles as a call to action at the global level.

GAPA recognizes that there is no one-policy panacea. What is required from WHO is a list of policy options that have proven validity. From these options policy makers can choose and adapt them to their particular social, economic and political cultures.

When WHO has adopted its global alcohol strategy, GAPA will be prepared to work with WHO in gaining support for its implementation. Given strong leadership from WHO, the task of NGOs will be to mobilize civil society to accept ownership of the problem and help to create the political will necessary to successfully reduce the global burden of disease caused by alcohol.

Submission by NordAN to WHO public hearing on global alcohol strategy

NordAN welcomes the decision by the World Health Assembly to develop a global strategy for prevention of alcohol related harm. It is of great importance to the peoples of the world that WHO assumes the global leadership in this area. We thank the WHO for giving us the opportunity to contribute in this process.

A: NordANs views on effective strategies to reduce e alcohol-related harm:

In answering this general question, we refer to our alcohol policy platform, which was adopted by our assembly of representatives in Reykjavik 2007. In paragraphs 2-13 our general view on effective strategies are summarized:

1. Harm done by alcohol is a serious social welfare and health problem

Harm done by alcohol is one of the most serious threats to social welfare and health in the Nordic and Baltic states, in Europe and globally. Alcohol is estimated to be responsible for at least 12% of male and 2% of female premature death and disability in the European Union. Young people shoulder an even larger part of this burden, with around 25% of youth male mortality being due to alcohol. In EU countries, it is estimated that 16% of child maltreatment is due to alcohol, and that between 6 and 12% of the children live in families where drinking by parents has negative effects. (This first paragraph, which gives a background of alcohol related harm, is updated with new figures after the platform was adopted.)

2. Prevention is most important

It is more humane and efficient to prevent alcohol related harm, than to wait until it has occurred. Therefore, the most important task of alcohol policy is prevention. At the same time, those who have developed alcohol dependence or have been affected by other alcohol related harm, must be offered treatment based on science and experience.

3. The consumption of alcohol must be reduced and drinking patterns improved

There is a strong relationship between the total consumption of alcohol and the harm. But also drinking patterns, e.g. how alcohol is consumed at every occasion and the degree of intoxication, are important. The preventive alcohol policy therefore must strive both for reducing the total consumption and for reducing binge drinking. It is also important that alcohol is avoided during childhood and adolescence, during pregnancy, in road traffic, in boating, in connection with sports and in working life. General policies directed at the whole population are not in conflict with actions aimed at influencing special groups.

4. Price, reduced availability and age limits are the most efficient policy tools

A high price on alcohol, reduced availability and age limits are the most efficient instruments, both in reducing the total consumption and in reducing problem drinking. The policy of restrictions is supported by modern alcohol research as the most efficient preventive alcohol policy. Also local alcohol policy must include actions that affect the environment, like for instance regulation of the number of alcohol outlets, age controls, alcohol checks in road traffic, rules against consumption of alcohol in public places and requirements that organisations that are supported by public funds must keep their activities free from alcohol.

5. Information is important, alcohol advertising should be as limited as possible

Information about the effects and risks of alcohol is important, but can not replace restrictions on availability. Alcohol advertising, on the other hand, should be avoided

as far as possible. The health of the population is more important than the freedom of the commercial actors. Alcohol information is an important task for the state and for local and regional bodies in health education, health care and social services. This information shall not be influenced by the commercial alcohol industry. Rules against alcohol advertising crossing national borders should be as strong as those against tobacco advertising.

6. Alcohol is a losing affair for society

The reason to have an alcohol policy is humanitarian, to prevent humans from being harmed. But also economic reasons speak in favour of reduction of alcohol consumption. Alcohol related problems cause great costs to society, both for care and for damage to property, and in the form of reduced production, due to illness, low productivity and premature death. All attempts to defend increased alcohol consumption with arguments of employment or export incomes must be rejected. The costs of alcohol problems are just as great if they are exported to other countries.

7. Alcohol free zones

Alcohol should be avoided during childhood and adolescence, during pregnancy, in working life and in connection with sports. Local communities, voluntary organisations and commercial enterprises should cooperate to create and maintain these alcohol free zones.

8. Alcohol free traffic

Road traffic must be entirely free from alcohol. Therefore strict legislation and a large number of random breath tests are needed. Drivers with alcohol problems should be offered care as part of the court decision. All cars should be equipped with alcohol locks, which prevent driving under the influence of alcohol. Driving motor boats should be covered by the same sobriety rules as driving a car.

9. Care should be financed by public bodies, but can be carried out by others

The government has a responsibility to ensure that all persons, who are dependent on alcohol or harmed in other ways, are offered the care that they need. The care should be financed by public funds, but can be carried out by different organisations, both official and voluntary, or by other private operators. The state should also give professional education to those who work with alcohol related problems in different caring environments, based on the best available scientific knowledge.

10. Schools have an important role in prevention

Information about alcohol and other drugs, properly adapted to the age of the students, is an important task for the schools. But much more important is that the schools offer their students a good working environment, where the young persons are seen and appreciated, and with a relaxed atmosphere and good order, that the cooperation with the homes works well, and that the school reacts immediately when a child is absent from school without a good cause. The school should also provide structured alcohol free leisure activities and good health care resources.

11. Alcohol research should be given increased resources

Free and independent research, which does not depend on money from the commercial alcohol industry, is important for the continued development of alcohol policy. Alcohol research should be given increased resources and should be cross disciplinary, with participation of researchers from social and behavioural sciences, medicine, economics, traffic research and other areas.

12. The influence of the commercial alcohol industry should be limited

The interest of the alcohol industry to increase sales and maximise profits for its owners is in conflict with the interest of society in good public health. Competition and private profit making interest are dynamic forces which lead to increased

consumption and increased harm. This is a strong reason for keeping the commercial alcohol interests under control by public bodies, and not letting them influence alcohol policy. The state owned sales monopolies in several of the Nordic countries should be preserved and strengthened.

13.Strong voluntary organisations give good support to alcohol policy

An important part of preventing alcohol related harm and other social problems is to build strong voluntary organisations (NGOs=Non Governmental Organisations). Different popular movements offer alternatives to commercial enjoyment, which often is dominated by alcohol consumption. The temperance movement, and other citizen's organisations in the drug field, should be strengthened as a counterweight to the lobbying activities of the alcohol industry with its vast economic resources.

B: The best ways to reduce alcohol problems from a global perspective

We think that a comprehensive alcohol policy is needed, which includes both population based measures and measures directed at risk groups and risky behaviour. The strategy should be evidence based. The book "Alcohol: No ordinary commodity" by an international group of prominent researchers led by Tom Babor gives a good summary of the scientific evidence of what are effective alcohol policies. In areas where the scientific evidence is not conclusive, it is important that actions taken are designed in a manner that will permit evaluation of their effects, in order to provide better knowledge for the future.

It is important that the strategy has a public health perspective and not a trade perspective. Unfortunately, the alcohol industry tends to oppose such policies that would reduce the consumption of alcohol, in spite of the fact that it is well known that there is a strong connection between total consumption of alcohol and harm. As long as this is the case, it is important that the bodies deciding on the alcohol strategy acknowledge that the commercial alcohol industry has interests that are in conflict with the interest of public health.

Obviously, alcohol is one of the important causes of ill health for persons who consume alcohol. But even more important is the harm caused by alcohol to other persons than the drinker. Alcohol is an important factor behind violence and accidents that harm others and millions of children in the world suffer from growing up in families with alcohol problems. Therefore, an alcohol policy based on solidarity is urgent both from a health point of view and to increase security and social well being of other persons than the drinker.

In the world of today, the effects of alcohol have to be taken into account in forming policies both on a local, a national, a regional and a global level. It is particularly important, that trade agreements and economic cooperation between nations are not arranged in a way that prevents the participating states from carrying out policies to reduce alcohol related harm.

In our view, a global strategy should include advice on important elements in an alcohol policy for local communities. It should also sum up what is known about efficient national policies. Naturally, the policy of each community and state has to take into account the cultural circumstances and the role of alcohol in each society. But cultural differences should not be used as an excuse to avoid measures that can have effect but are believed to be unpopular in the short run. Sometimes carrying out efficient alcohol policy requires political courage and persistence. But alcohol problems in many countries now have become so serious, that strong leadership is necessary.

The global strategy should recommend good minimum policies, but also encourage those states, who want to carry out more ambitious policies to do so. In our alcohol policy

platform, referred to above, the two last paragraphs, 14 and 15, deal with the need for international and global cooperation:

14.The World Health Organisation needs support

The European Region of the WHO has adopted alcohol action plans that form a good base for preventive work. But the member states must give WHO-Europe increased resources to carry out the plans and to develop more knowledge and documentation in the field. The global WHO now has an important task to develop equally responsible and specific action plans for the world. A framework convention similar to the one on tobacco should be the long term goal.

15.Alcohol is no ordinary commodity

International trade agreements, for instance in the World Trade Organisation (WTO) and economic cooperation in the EU and the European Economic Area (EEA), should not treat alcohol as an ordinary commodity. Free trade with goods and services, which is desirable in general, must not be regulated in a manner that prevents those states, who so wish, to carry out an active alcohol policy. Therefore, the EU member states must be given the right to decide on the rules governing traveller allowances, gifts and post packages of alcohol, and to control that these rules are followed, to mention one example. The minimum tax rates on alcoholic beverages in the EU must be raised, and every member state must have the right to decide on higher taxes, without being subject to the pressure of border trade from countries with lower taxes. International agreements in the service area should not be worded in a manner that can be used to force a country to permit alcohol advertising against its national policy. Alcohol should be excluded from the coming agreement on trade in services (GATS). States and international organisations must cooperate against smuggling and other illegal activities concerning alcohol.

C: How can NordAN contribute to reducing alcohol related harm?

NordAN stands for the Nordic Alcohol and Drug Policy Network. We are an umbrella of 88 voluntary organisations in the alcohol and drug field in the Nordic and Baltic States. Our member organisations represent a diversity of organisations that are involved in research, advocacy, education, training of care workers, treatment services, preventive youth work as well as information to the public.

One of our commitments is to strengthen the support for restrictive alcohol policies based on solidarity and scientific evidence in our member countries. NordAN and our member organisations can represent the civil society in implementing a global strategy at the national and Nordic-Baltic regional level.

Through our website and newsletter we will collect and disseminate information about alcohol problems and efficient policies to the civil society in our region, and support voluntary organisations in their work for better preventive policies at all levels.



World Health Organisation-Public hearing on ways of reducing harmful use of alcohol

The Alcohol Health Alliance welcomes the opportunity to take part in the World Health Organization's public hearing on ways of reducing harmful use of alcohol. We believe that a series of tough, evidence-based actions are what are needed to reduce the unnecessary costs associated with excessive drinking.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

In the UK alone, the health harms caused by alcohol affect many areas of the health service and on society as a whole. The problems stemming from alcohol addiction and dependence include adverse physical and sexual health, violent crime and sexual abuse and damage to children and families. We believe that strong public policy measures on price and availability and regulation of alcohol sales would be far more successful than clinical treatments. In the same way that doctors use evidence-based medicine to treat individual patients, governments must use the overwhelming evidence we already have to implement stronger public policy measures on alcohol instead of persisting with measures that have little or no evidence of success.

1.1 Price

There is now a considerable amount of evidence that supports the premise that price is the most important factor in affecting the overall consumption of alcohol. For example, a Customs and Excise Study (Huang, 2004) examined the price elasticity of alcohol it calculated that a 1% increase in price would lead to a 0.48% decrease in beer consumption, 1.03% decrease for off-trade beer, 0.75% for wine, and 1.31% for spirits. The evidence also shows that the groups most affected by increased price are the heaviest consumers of lowest priced products. Any change in the cost of alcohol most affects those who spend the highest proportion of their income on alcohol.

There is a growing body of evidence which shows that increasing tax on alcohol by only 10% could decrease alcohol related deaths of various forms by 10-30%, yet alcohol has become over 50% more affordable in the last 25 years. Recent research from Finland showed that when taxes on alcohol were reduced by an average of 33% in Finland in 2004, researchers estimated a 10% increase in consumption and recorded a rise in alcohol related mortality of 16% for men and 31% for women. Significantly, the rise in mortality was greater among long-term unemployed and pensioners leading the authors to comment that high prices may protect the worst-off members of the population against alcohol-related problems and that alcohol price cuts may impose the biggest burden on persons who already suffer the most from alcohol-related harm (Herttua et al, 2008).

1.2 Promotions

The way in which alcohol is currently sold and the environment in which it is consumed can have a direct impact on the choices that individuals make about their alcohol consumption. A recent KPMG report clearly shows that examples of irresponsible pricing promotions in on-trade premises are widespread in the UK (Home Office, 2008). Any form of alcohol promotion is likely to encourage greater consumption of alcohol with adverse health consequences. We therefore believe that a direct ban on all types of alcohol promotions in the on and off trade are essential to reduce consumption.

1.3 Availability

A recent systematic review carried out in the UK has found a very clear relationship between discounted alcohol and social problems associated with excessive drinking (SHARR, 2008). Alcohol in the UK is more aggressively discounted than other products, encouraging bulk purchase and increasing overall consumption. The result of below-cost selling is likely to be a rise in consumption, leading to more alcohol-related disease, social disorder and other social problems. The AHA believes that there must be a ban on extreme discounting in both the on and off trade. This would significantly reduce the negative effects of excessive alcohol consumption on young people in particular.

1.4 Advertising and marketing

The UK system of advertising regulation has been viewed as ineffective by the WHO and other international bodies, and we believe that policy on this and labelling needs to be re-examined in light of the emerging evidence base that alcohol marketing does have an effect on drinking behaviour. We believe that robust external governance of alcohol advertising, which would take into account the volume as well as the nature of advertising, is needed. For example, the country with the largest reduction in liver-related mortality in the last 30 years is France, where there are very strict controls over alcohol advertising and promotion. The AHA also believes

that alcohol advertising should not be permitted on TV before 9 pm and in cinemas unless films are 18 rated. Where alcohol adverts are permitted, public health messages should be included, for example, by using a short 'end frame' at the end of broadcast and cinema adverts. All alcohol advertising and promotional material must carry information on alcohol health harm and state that alcohol can induce dependency.

1.5 Health Interventions

There is currently limited access to professional support and advice for those who want to drink less in both the primary and secondary healthcare systems in many countries. However there is growing evidence to show that early intervention with a provision of relevant health information can play a part in reducing alcohol-related health harms. For example, 'brief advice' or 'brief interventions' have been shown to have an effect on reducing alcohol consumption on people who are drinking above sensible amounts, but have not developed a dependency on alcohol (RCP, 2001). These interventions are low cost, effective and can reduce mortality (Sheron et al, 2008). More needs to be done to ensure the implementation of brief interventions in, primary care and hospital settings; this includes training and support for staff to deliver these interventions. Other measures that could be employed include the introduction of alcohol specialist nurses or dedicated alcohol workers across health services, which can help to reduce alcohol related liver mortality and to reduce costs to health systems (Sheron et al, 2008).

Young people suffer disproportionately from high alcohol-related mortality (Sheron et al, 2008). A much more holistic approach to tackling young people's alcohol consumption is needed that brings together education, treatment and enforcement. There also needs to be greater public awareness of the potentially harmful long-term implications of heavy drinking during adolescence. This may encourage parents and carers to think about and eventually change their own drinking behaviour and could contribute to a process of cultural change which begins to de-normalise and change perceptions about excessive drinking in the UK.

1.6 Raising Awareness and public education

Research shows that there are serious gaps in public knowledge about safe drinking levels and the consequences of misuse which should be addressed. For example, in 2007, 69% of adults in Great Britain said they had heard of daily recommendations. Yet of these, only around 1 in 10 adults correctly understand what they are (NHS Information Centre, 2008). Therefore, strong and consistent public education and information campaigns are needed to inform and change attitudes and prepare the public for the introduction of more effective measures. There are several key public health messages that must be more strongly brought home by governments in their alcohol education programmes. The first is the growth of alcohol-induced liver disease. It is now the fifth most common cause of death in the UK, yet it is the third most preventable cause of premature death. The second message which is not being conveyed

effectively is the impact of drinking alcohol during pregnancy and effects on the unborn child. For example, Fetal Alcohol Spectrum Disorder affected over 7,500 babies born in the UK last year according to the WHO.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

We are unlikely to see significant improvements in the devastating health consequences of alcohol use until governments recognise that global measures are required to reduce overall levels of alcohol consumption. Many European and developed nations have started using the measures identified above and we believe that they have the potential to be applied globally. However, before the process of expanding these strategies globally can occur several factors need to be taken into account:

2.1 Country wide differences

Genetic and historical cultural factors can contribute to a person's alcohol dependency, as a result different countries may require different solutions to reduce their individual alcohol-related problems. It is important from a public health perspective to understand the cultural norms regarding how often people drink, and how intoxicated they become. These may vary greatly within a society, with age, gender, religion and ethnicity serving as significant indicators of differentiation.

2.2 Evidence and research

Much more attention needs paid to building up alcohol research, monitoring and evaluation in developing societies, including assistance in developing indicators of social and health consequences of drinking appropriate to developing societies, and implementing these indicators. Much of the evaluation literature to establish the effectiveness of the above policies to date has been carried out in the context of high-income countries.

2.3 Spreading best practice on taxation and regulation

There is now growing national expertise in the developed world in designing and implementing effective taxation systems for alcohol and in constructing and operating effective systems of control of the alcohol market. This expertise and knowledge needs to be shared and disseminated to developing and low income countries.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

The Alcohol Health Alliance UK is a ground-breaking coalition of 24 UK-based organisations whose mission is to reduce the damage caused to health by alcohol misuse and who are working together to:

- Highlight the rising levels of alcohol-related health harm
- Propose evidence-based solutions to reduce this harm

- Influence decision-makers to take positive action to address the damage caused by alcohol misuse

While loose coalitions have previously been formed on specific topics in the medical field, notably tobacco control, this is the first time that a group has existed specifically to co-ordinate campaigning on alcohol, bringing together medical bodies, patient representatives and alcohol health campaigners.

References

Academy of Medical Sciences, (2004), *'Calling Time: The Nation's drinking as a serious health issue'*, London. Quattro
<http://www.acmedsci.ac.uk/images/publication/pcalling.pdf>

Herruta et al, (2008), *'Changes in Alcohol-Related Mortality and its Socioeconomic Differences After a Large Reduction in Alcohol Prices: A Natural Experiment Based on Register Data'*, American Journal of Epidemiology, doi:10.1093/aje/kwn216

Home Office & KMPG, (2008), *'Review of the Social Responsibility Standards for the production and sale of Alcoholic Drinks Volume 1'*, London, Home Office.

Huang, C, D, (2003) *'Econometric Models of Alcohol Demand in the United Kingdom'*, London, HM Customs and Excise.

Prime Minister's Strategy Unit, (2003), *'Interim Analytical Report'* London, Stationery Office

Royal College of Physicians, (2001), *'Alcohol -can the NHS afford it?'*, , London, Royal College of Physicians.
<http://www.rcplondon.ac.uk/pubs/contents/ea90ff6a-fcd3-4112-b958-d98f0cc2246a.pdf>

Sheron, N et al, 2008, *'An evidence-based alcohol policy'*, Gut, 57, 10, 1341-1344.

School, of Health and, Related Research University of Sheffield, (2008), *'The Independent Review of the effects of alcohol pricing and promotion'*, Sheffield, University of Sheffield.

WHO

IOGT i Norge

Postboks 8857 Youngstorget
0028 Oslo
Besøksadresse: Torggt. 1
Telefon: 23 21 45 80
Telefaks: 23 21 45 51
E-post: iogt@iogt.no
Bankgiro: 3000 15 89926
Enhetsnr.: 966 804 130

www.iogt.no

WHO public hearing on ways of reducing harmful use of alcohol

We thank for this opportunity to give our views on a WHO Global Strategy on prevention of harmful use of alcohol. We need the leadership of WHO in this work. WHO must talk with a clear voice against loop-sided commercial or industry interests related to alcohol. Alcohol problems are foremost a public health issue, and must be treated as such.

What are your views on effective strategies to reduce alcohol-related harm?

It is well established by the international alcohol research community that restrictions on availability and high taxes are the most effective means to curb alcohol consumption and strengthening public health. This is for instance shown in publications like Thomas Babor's "Alcohol: No ordinary Commodity" and other reports produced by the World Health Organization itself, which should be the basis for WHO's recommendations to governments and NGO and agencies involved in prevention activities. There is a need to implement more efficient, evidence-based alcohol policies nationally, but also to adapt the implementation to national and local realities.

Harmful alcohol use is a consequence of different causes which work together – Cultural norms and the alcohol tradition in different societies, the pressure from modern lifestyles, the pressure from the alcohol industry and the economic and social situation in society.

Alcohol causes problems both to individuals and to the society. Alcohol problems lay a burden on many others than the users themselves. Behind every heavy drinker, there are families and friends being affected, but also people that are not related to the drinker at all. In surveys carried out by the Norwegian alcohol research institute SIRUS, 40% of those asked say that they have been victim to some sort of abuse or felt threatened because of drunken behaviour in the past year. Women more often than men say that they have been abused. During one year 47 000 Norwegian women are being physically abused, most often in their own home, and 300 000 experience being afraid because of drunken behaviour in a public place. There are also up to 120 000 children who have their childhood severely affected by adults' drinking habits. The negative consequences range from insecurity and fright to neglect, beating and sexual abuse. These are some examples of harmful alcohol use, which should be put in the forefront when alcohol policies are designed and implemented.

The European charter on alcohol adopted in 1995 says that

1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.

2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.
3. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.
4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.
5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.

These are principles that form a good basis for WHO overall work in this area.

From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

Alcohol is no ordinary commodity – as the WHO sponsored study by Babor et al concludes - and should therefore be taken out of the international trade treaties under the World Trade Organization. In many countries alcohol policy is foremost a social and health issue, not a question of trade and industry and this should also be the case on a global level. The commercialisation of alcohol and alcohol trade should be regulated, and the responsibility for alcohol control should be transferred to the WHO. A ban on alcohol commercials both in developed and developing countries must also be part of the strategy.

Alcohol policy will always be implemented in the crossroad between what is ideal and what is possible. Policies need to have legitimacy in public opinion, and governments need to be able to enforce the measures being adopted. In most developed countries governments have the legitimacy and the possibility to enforce these measures, but too often there is a lack of understanding, knowledge and political will among decision-makers.

WHO's main concern should be public health. This means that the large sum of health and social consequences in people who are not addicts or regular abusers constitutes the bulk of the problem. Over-all reduction of consumption is, therefore, still a main target. Reduction of availability can be obtained through restrictions on place and time of retail, age limits etc. Also legal sanctions on driving and operation of dangerous equipment under the influence may affect general consumption – in addition to their specific effects on accident risk.

Some of the normative and regulatory measures must be applied to the drinks industry itself. Alcoholic drinks should be clearly marked and appear clearly different from soft drinks. The industry should be obliged to show openly its promotional work, and advertising should be prohibited.

The connections between treatment and prevention should be further explored. It is a pattern across many countries that half the alcohol is consumed by 10 % of the users. Since heavy drinkers tend to drink with others, successful treatment of some of them may affect their pals as well. Examples

from Italy show that regions with a large number of clubs of treated alcoholics have significant reductions in over-all consumption.

A precondition for this, is that treatment aims at an alcohol-free lifestyle. Therefore, IOGT in Norway is very alarmed by the fact that health services for alcoholics more often than not are limited to acute incidents. More of the resources should be redirected towards programmes aiming at full recovery and integration in normal productive and social life.

Education and awareness programs towards public opinion are important, supplementing control policies but not replacing them. Information and education activities are necessary for explaining the need for alcohol control policies, especially since the alcohol industry with their “right to drink”-message and glorification of alcohol use are trying to create cultural norms against such measures.

In many developing countries, cultural norms are more restrictive to the use of alcohol, but government legitimacy in general might be low and the possibilities to enforce control policy measures are also smaller. A recommendation for effective policies and interventions to reduce alcohol-related harm must therefore not be made solely from a European or Western point of view, but take into account different cultural norms in different regions of the world. Many developing countries have a culture which is more friendly towards restrictions than many European countries. Therefore it is also crucial that these governments build their policies on this, and work to prevent the effort from the alcohol industry to “westernize” the drinking culture in developing countries. This will increase the consumption in these countries, and become an even heavier burden on poor people.

The governments in developing countries need to strengthen their abilities to enforce cultural measures. Local communities need to be mobilized and governments must work together with NGOs and other resources in these communities in a common effort to strengthen the implementation of control policies.

In what ways can you or your organization contribute to reduce harmful use of alcohol?

IOGT in Norway works both nationally and through our international network through IOGT International both with prevention, alcohol policy and social programs to minimise the harmful effect of alcohol use. In Norway, we have a special emphasis on programmes involving parents of youth age 14-16 to delay the alcohol debut, i.e. increase the age of when they first use alcohol. Numerous studies show that the earlier you start drinking, the higher your consumption will be in your 20ies. Surveys have shown a big increase in alcohol consumption among youth, and especially girls during the last 10-15 years.

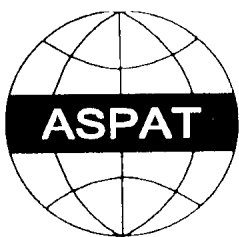
We also work on creating higher awareness for the situation for children in families with alcohol problems, through campaigns and specific activities for children who live under such circumstances.

For us, it is important that alcohol problems must be tackled on a broad basis, and that local communities and civil society play an important part. A basis for our work is the wealth of evidence-based strategies for effective alcohol use prevention. Likewise, the personal commitment and enthusiasm that we find in local settings are important parts of our work. Professionals and

volunteers most find ways to work together, and learn from each other. Harmful use of alcohol is not just a medical, but foremost a public health issue with grave social consequences.

Best wishes
IOGT Norway

Hanne Cecilie Widnes
Secr. gen



Association Sénégalaise pour la Paix, la lutte contre l'Alcool et la Toxicomanie

L'Association Sénégalaise pour la Paix, la lutte contre l'Alcool et la Toxicomanie (ASPAT) est une organisation nationale reposant particulièrement sur beaucoup de jeunes membres qui essayent de mobiliser d'autres jeunes à l'action de lutte contre l'usage des drogues, de l'alcool et la propagation du VIH -Sida afin de contribuer au développement durable dans la paix et la démocratie. Les techniques modernes de prévention, de communication et de plaidoyer sont d'une importance vitale quand les jeunes veulent transmettre un message à d'autres jeunes et des populations en générale.

ASPAT depuis sa création le 10 février 1996 mène un combat pour le développement sain des ressources humaines au niveau national et particulièrement dans cinq régions du Sénégal : Dakar - Thiès – Kaolack – Ziguinchor. Aujourd'hui, l'organisation compte cinq mille membres disséminés dans les cellules de bases et demeurent très actifs. Ces membres mènent des activités diverses dont :

des formations (I.E.C, gestion associative, éducation préventive), des activités de prévention /informations (plaidoyer, sensibilisation, projection de filme suivie de discussions, conférences....), des théâtres, du sport et de la culture, des camps de jeunes et forum.

Nous réjouissons de l'initiative de l'OMS qui donne la possibilité à l'ensemble des intervenants à pouvoir apporter leur point de vue sur la consommation de l'alcool, ainsi, de contribuer à la réflexion et au développement de stratégies nationale et globale visant à réduire l'usage nocif de l'alcool.

Pour une meilleure prise en compte de la consommation de l'alcool au Sénégal...

Depuis quelques années, on a constaté un développement rapide de la consommation de l'alcool, ces constats ont été corroborés par l'étude sur l'évaluation rapide de la situation de la drogue au Sénégal. En effet, cette étude a montré une montée vertigineuse de la consommation de l'alcool au niveau des jeunes. Dans certaines régions du Sénégal, ce phénomène connaît une expansion extraordinaire entraînant des situations de risque liées à la santé, la sécurité et au développement.

La consommation d'alcool est une activité légale et si bien répandue au Sénégal que les gens ne pensent pas à ses effets néfastes sur l'homme. Le problème alcool n'est pas tenu en compte dans les stratégies de réduction de la propagation du VIH au Sénégal (cf. CNLS nouveau plan d'action 2008- 2011), ni dans le document stratégique national de réduction de la pauvreté (DSRP 2006 – 2010). Si des programmes s'intéressent aux liens drogues/VIH-Sida, tel n'est pas le cas pour l'alcool.

Nous voulons juste attirer l'attention de l'état qui a la responsabilité de la santé publique de prêter d'avantage une attention particulière à la consommation de l'alcool. Une

récente enquête réalisée par l'hebdomadaire Weekend « Jeunes dakarois », la mode alcool » donne un diagnostic clair et alarmante de l'usage nocif d'alcool par les adolescents. Ils consomment de plus en plus très tôt et consomment parfois de grande quantité. Comment alerter les jeunes sur les dangers ?

Des Actions communautaires visant à réduire l'usage nocif de l'alcool.

Une action à base Communautaire, alliée à l'engagement et la collaboration entre les structures sanitaires, les associations locales de bases et les partenaires comme OMS, peut permettre de réduire efficacement l'usage nocif de l'alcool. L'action communautaire est particulièrement importante dans les situations où la consommation d'alcool non comptabilisée est élevée et/ou les conséquences sociales telles que l'ivresse sur la voie publique, la maltraitance à enfant, la violence contre le partenaire intime et la violence sexuelle sont courantes.

L'action communautaire peut permettre de mieux prendre conscience des méfaits de l'alcool au niveau de la collectivité grâce à son approche participative, de rendre moins acceptable l'ivresse sur la voie publique, de favoriser d'autres mesures politiques au niveau communautaire, de développer les partenariats et les réseaux d'associations et d'organisations non gouvernementales, d'orienter et accompagner les personnes touchées et à leur famille, et de mobiliser la communauté contre la vente et la consommation d'alcool illicite.

Focus sur les jeunes

La cible jeune doit être priorisé dans les stratégies nationales et globales, ils constituent l'une des franges les plus touchés et les plus vulnérables. Où l'importance de favoriser l'implication des organisations de jeunesse à travers la mise en place d'un réseau mondial d'associations intervenantes dans le champ de l'alcool.

Ainsi favoriser de ce fait un cadre qui intègre et s'occupe de manière spécifiquement toutes les préoccupations des jeunes liées à la consommation d'alcool. Les jeunes ont besoins d'information accessibles et compréhensibles par eux.

Les mesures nécessaires (niveau national et global)

Réduire l'usage nocif de l'alcool supposent des efforts soutenus et déterminés de la part de tous les partenaires compétents, selon les besoins. Et surtout de la volonté politique De l'état (nos pays en voie de développement) de mettre en place des stratégies écrites de lutte contre l'alcool pouvant faciliter et clarifier les contributions et le partage des responsabilités entre les différents partenaires qui doivent être impliqués aux différents niveaux.

Inciter tout les états membres de l'OMS de développer un plan d'action au niveau du pays et, le cas échéant, aux niveaux local et municipal, assorti d'objectifs, de stratégies et de cibles clairs, est également nécessaire. Des rapports réguliers sur l'usage nocif de l'alcool aux niveaux local, régional, national et international doivent être accessibles aux responsables, aux parties prenantes et à un large public.

La constitution d'une base solide de soutien et de sensibilisation du public peut également aider à assurer la continuité nécessaire aux politiques en matière d'alcool.

Ainsi que le contrôler l'offre d'alcool. Réglementer la production et la distribution de boissons alcoolisées est un moyen efficace de réduire l'usage nocif de l'alcool, et en particulier de protéger les jeunes et d'autres groupes vulnérables. De nombreux pays ont imposé des restrictions à la vente d'alcool. Ces restrictions portent sur l'âge des consommateurs, le type d'établissements de vente au détail habilités à vendre des boissons alcoolisées et la réglementation des jours et des heures de vente ainsi que la réglementation des vendeurs et le contrôle de la densité des points de vente. Toutefois, dans certains pays en développement, le marché informel est la principale source d'approvisionnement, et la réglementation officielle des ventes peut être moins pertinente tant qu'un meilleur système de contrôles et de répression n'a pas été mis en place

La contribution de ASPAT

Fort d'une expérience 12 ans dans le domaine de la prévention « Mieux vaut prévenir que guérir ». ASPAT contribue à la conscientisation des jeunes sur les dangers éventuels de la consommation de la drogue et de l'alcool. L'organisation s'est engagée à mener des campagne de sensibilisations sur les méfaits de l'alcool, de dresser un plaidoyer auprès des autorités gouvernementales sur une meilleurs prise en comptes des questions liées à l'alcool, favoriser la formation de ses membres pour une bonne connaissances des effets liés a l'alcool ainsi que les techniques de communication et d'animation sur ce thèmes.

Que pouvons –nous faire d'avantage ?

Consolider les acquis de la sensibilisation et intensifier la prévention..

Demander à l'Etat :

- D'interdire la publicité sur les boissons alcooliques à la télé, le sponsoring des manifestations sportives et culturelles par les arques d'alcool et de tabac qui s'adresse aux jeunes
- Contrôler l'accès à l'alcool en supprimant les bars clandestins et les maisons « coin » où on vend de l'alcool
- D'interdire la vente de l'alcool à un mineur
- D'appliquer sans complaisance la loi à l'encontre du conducteur ivre
- réduire l'influence de l'industrie de l'alcool sur d'autres secteurs économiques ou de loisirs.

THE EFFECTS OF PRIVATIZATION OF ALCOHOL CONTROL SYSTEMS



**Prepared by
PACIFIC INSTITUTE
FOR RESEARCH AND EVALUATION**

THE EFFECTS OF PRIVATIZATION OF ALCOHOL CONTROL SYSTEMS

Introduction

Since the 21st amendment was passed in 1933 repealing prohibition, control of the sale and distribution of alcohol beverages has resided with state governments. Because of this decentralization of alcohol control, there is a great deal of variation in regulatory and enforcement mechanisms utilized by the states in efforts to prevent the misuse of alcohol. Even within states there is variability, with some counties, cities, and districts establishing more stringent controls over alcohol than the state as a whole. For example, in some states known for alcohol production, there are “dry” counties.

Alcohol control policies are multifaceted and range along a continuum. However, the Bureau of Alcohol Tobacco and Firearms (BATF) recognizes two distinct types of alcohol distribution; license (open) and control (monopoly). There is no simple dichotomy between license and control states as all states regulate the distribution of alcohol to some extent, through licensing of outlets, limitations on hours of operation, taxation, and other policies. The single feature that distinguishes license from control states is that the control states take ownership of the product at some point in the transaction cycle and therefore they become the exclusive sellers in a particular sector of the business.

In recent years, there has been a tendency in the control states to privatize segments of their operations which results in less control over alcohol sales and distribution. It is important that state governments and citizens understand the implications of this trend towards privatization. It is well established by research that the availability of alcohol has substantial effects on alcohol consumption and alcohol problems. As state control of alcohol sales declines, alcohol tends to become more available. As alcohol becomes more available, consumption and problems increase. In fact, these increases are so predictable that it is possible to put a price tag on the impact on public health and safety. States that currently hold a monopoly over alcohol sales and are considering privatizing all or a part of their operation should ask very serious questions about the potential for increased alcohol-related problems.

This report analyzes some of the dimensions of alcohol control and privatization and summarizes the research on the impact of privatization on alcohol consumption and problems. It then estimates the costs to government and citizens of the alcohol-related problems associated with privatization.

How Does State Control Affect Availability?

Since states took over the regulation of alcohol, there has been steady erosion of state control. All the formerly “dry” states now permit the sale of alcohol. Many control states retain direct control over only a small portion of alcohol beverages – those with high alcohol content. Almost one third of control states now control only the wholesale market with little or no involvement at the retail level.

As states have changed their level of control, most of the discussion has focused on increasing state revenues or reducing government involvement in the private sector. The debate rarely includes consideration of the health and safety impact of these changes – for example, increases in traffic crashes, crime, and chronic health problems — and the costs to society of these problems.

Alcohol regulations are complex and vary widely, but can be summarized in terms of the dimensions shown below.

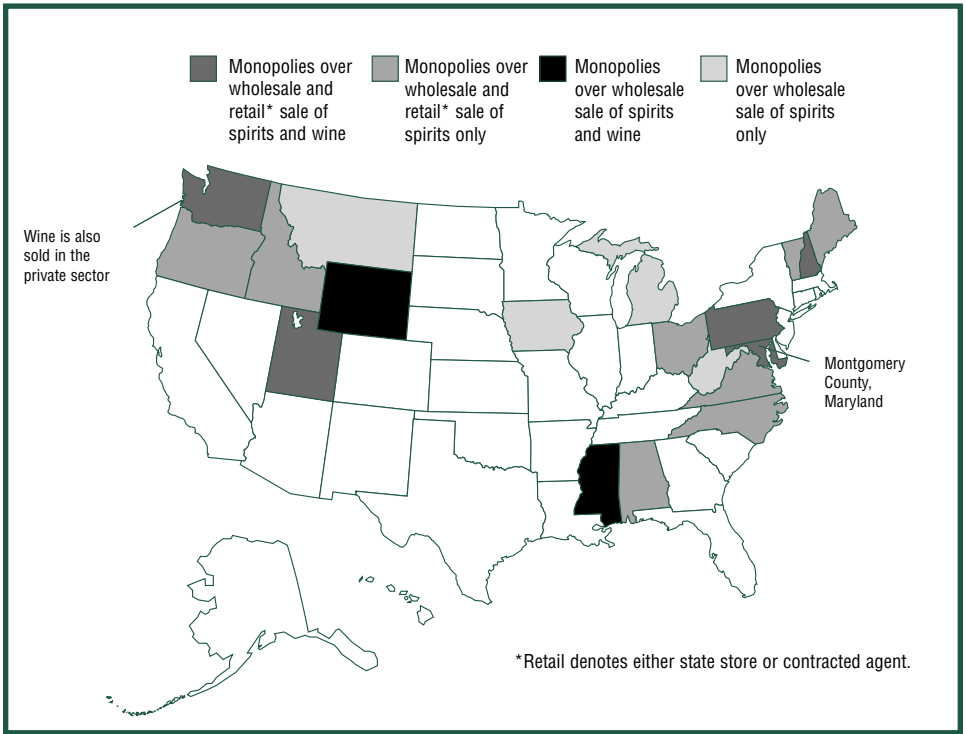
Table 1. Dimensions of Availability and Type of System

Dimension of availability	Control states with monopoly at wholesale and retail level	Control states with monopoly at wholesale level only	License states
Number and location of retail outlets	Alcohol control board and state laws	Licensing of outlets	Licensing of outlets
Operations and staffing	Alcohol control board and/or contracted agents	Private retail stores	Private retail stores
Hours of operation and days of sale	Alcohol control board and state laws	State laws and private retail stores	State laws and private retail stores
Advertising policy	State laws and private retail stores	Alcohol control board and state laws	State laws and private retail stores
Prices to consumers	Alcohol control board and state laws	Private retail stores, but affected by wholesale monopoly markup and/or state taxes	Private retail stores, but includes private distributor mark-ups and state taxes

Each of the dimensions of availability can have an impact on alcohol consumption – and on alcohol problems and their cost to society.

Currently, 19 jurisdictions maintain some type of monopoly control over alcohol sales. The map that follows indicates these jurisdictions and the type of control they currently have.

Figure 1. Monopoly Jurisdictions



How Does Alcohol Control Affect Sales?

Moves by states toward privatization often lead to changes in the way alcohol is made available to the public¹. A basic distinction between control and license systems is the differing motivations: A public monopoly is created to provide a service – the retail and/or wholesale availability of alcohol. By contrast, private store owners are in business to make money – they have direct incentives to increase sales.

These differing motivations tend to result in differences in various aspects of availability:

- **Physical availability**

A larger number of alcohol outlets, shorter distances that a consumer has to travel to reach an outlet, and greater concentrations of outlets in an area tend to be associated with increased consumption of alcohol – and more frequent alcohol problems (Gruenewald et al. 1993, Edwards et al. 1994, Van Oers and Garretsen 1993). A number of studies have shown that license states have greater outlet densities than control states (Holder 1988, Nelson 1990b, West 1996).

¹ All states allow sale of alcohol for on-premises consumption in bars, restaurants, etc. The control of these premises varies from state to state. The degree of monopoly control affects on-premises outlets in differing ways. The analysis here primarily refers to off-premises sales at liquor stores, grocery stores, and

- ***Hours of sale***

There are indications that increasing availability through longer opening hours tends to increase consumption (Hoadley et al. 1984, Nelson 1990a; Orenstein and Hanssens 1985). State stores tend to restrict hours much more than do private outlets. In particular, State stores are often closed at night when much problem drinking takes place (Zardkoohi and Sheer 1984).

- ***Enforcement of minimum purchase age laws***

Research has shown clearly that the establishment of 21 as the minimum age for alcohol purchase has been very effective in reducing alcohol-related problems, such as impaired driving crashes, among youth (e.g., Wagenaar 1993). There are some indications that state stores are less likely to sell to youth than are private retailers (Giesbrecht 1995).

- ***Lower prices***

Research has established clearly that consumption of alcohol, like other consumer goods, responds to price (Becker et al. 1991, Leung and Phelps 1993, Manning et al. 1995). As alcohol becomes more expensive, people drink less; as it becomes less costly, people drink more.

Research does not find a clear relationship between privatization and the price of alcohol (Fitzgerald and Mulford 1993, Nelson 1990b, Swidler 1986, Zardkoohi and Sheer 1984). There is some indication, however, that credit terms are easier in license states than in control states (Holder 1988).

- ***Increased advertising and promotion***

While advertising and promotion do not change the actual availability of alcohol, they can change the perception of availability and the convenience of obtaining alcohol by publicizing locations, hours of sale, and price specials. There is some evidence that advertising increases sales (Makowsky and Whitehead 1991). There is also evidence that control states have more restrictions on advertising of spirits than do license states.

While the research indicates that some forms of availability are greater under licensed systems, there is considerable variation in the different dimensions of availability across states. As a result, the effects of privatization are likely to vary depending on the nature of existing availability in the state. For example, if a state already has fairly high outlet density, privatization may not have a strong effect on increasing density or increasing consumption. Thus, the transition from a highly restrictive control system to a loosely regulated private system would be likely to result in greater change than the transition from a more commercially-oriented control system to a tightly regulated license system (Her et al, 1999).

The effects of privatization are also likely to depend on the nature of the existing monopoly controls. Since monopolies currently only apply to a specific set of beverages (usually spirits and wine), consumers may adjust their buying and drinking habits to favor those beverages that are the easiest and the least costly to obtain. So, for example, if a state privatizes wine sales, consumers may begin to buy and consume more wine as it becomes easier to obtain and at the same time buy and consume less beer.

What Effects Has Privatization Had on Alcohol Consumption?

A number of studies have examined the differences between control states and states with a license system. These studies consistently find that alcohol consumption is between 5 and 20 percent lower in control states than in licensed states (Smart 1977, Zardkoohi and Sheer 1984, Swidler 1986, Colon 1982, Hoadley et al. 1984, Ornstein and Hanssens 1985, Nelson 1990b). Some of the studies indicate that the main reasons for the lower consumption levels are higher prices and lower outlet density in the control states (Colon 1982, Nelson 1990b).

Another group of studies has examined patterns of alcohol consumption over time in states where changes occur in alcohol control policies. Over the past two decades, retail alcohol monopolies in a number of states and at least one Canadian province have been partially or fully eliminated, providing opportunities to examine the effects of these changes on drinking. The overall results of these studies indicate that when a jurisdiction eliminates control of a particular beverage, consumption of that beverage increases. Table 2 summarizes the most important studies. Because increases in consumption of one beverage may be offset by decreases in consumption of other beverages, the table includes calculations of the changes in total alcohol consumption. Total alcohol consumption increased in all these studies, with increases ranging from 1 to 10 percent.

Table 2. The Magnitude of Consumption Effects Due To Changes in Privatization Policies

Study	State	Beverage	Percentage Increase in Beverage Consumption	Percentage Increase in Total Alcohol Consumption
Wagenaar and Holder (1991)	Iowa	Spirits	10	5
Wagenaar and Holder (1991)	Iowa	Wine	93	1
Wagenaar and Holder (1991)	West Virginia	Wine	48	2
Wagenaar and Holder (1995)	Alabama (1980 change)	Wine	42	3
Wagenaar and Holder (1995)	Idaho	Wine	150	10
Wagenaar and Holder (1995)	Maine	Wine	137	6
Wagenaar and Holder (1995)	Montana	Wine	75	5
Wagenaar and Holder (1995)	New Hampshire	Wine	13	1

Whether examining comparisons between privatized and control states or changes in consumption over time when privatization occurs, the consistent finding is that moves towards privatization increase consumption. States that choose to privatize some or all alcohol sales can expect to see higher levels of drinking.

What Effects Has Privatization Had on Alcohol-Related Problems?

A long history of research establishes that changes in alcohol availability and consumption are associated with changes in alcohol-related problems (see, e.g., Bruun et al. 1975, Edwards et al. 1994, Moore and Gerstein 1981, National Advisory Council on Alcohol Abuse and Alcoholism 1996, and Wagenaar 1985). Studies find a direct relationship between alcohol consumption across the entire population and the prevalence of problem drinking and between alcohol consumption across the population and specific alcohol-related social problems.

The assumption is often made that the incidence of alcohol problems is only related to consumption among heavy or problem drinkers. This is not the case. Higher levels of alcohol consumption across the entire population are associated with a higher incidence of injuries (especially motor vehicle crashes), increased risk of certain diseases (such as cirrhosis), increased fetal alcohol syndrome and fetal alcohol effects, increased risk of mental illness, more crime, and reduced worker productivity. These translate into more deaths, higher health care costs, higher costs of enforcement, higher costs of production, property loss, and lost jobs.

The close relationship between overall alcohol consumption and health and social problems suggests that increases in consumption resulting from privatization will lead to increases in health and social problems. Reports from other countries indicate dramatic increases in alcohol consumption and related problems after market reforms that permitted private retail sales of alcohol (Moskalewicz 1993, Grechanaia and Koshkina 1995).

The effects of recent privatization policies in specific states on alcohol related problems have not yet received much attention. The effects of privatization on societal problems may, however, be inferred based on the studies described above.

What are the Health and Social Costs of Privatization?

Because of the predictable nature of increases in health and social problems resulting from increases in alcohol consumption, it is possible to estimate the costs to society of privatizing alcohol sales. The methodology used for estimating costs can be found in *Privatizing State Alcohol Control Systems: Issues and Effects* (Pacific Institute 1997). Table 3 summarizes estimates of costs associated with a range of increases in consumption.² As shown in the table, if privatization of a limited set of beverages increases total alcohol consumption by 5 percent (the amount of increase measured when Iowa privatized the sale of spirits and when Maine and Montana privatized the sale of wine) the societal cost per resident would rise by about \$25 per year. This equates to about \$125 million per year for a state with 5 million residents.

² All costs are calculated in 1995 dollars.

Table 3. Annual Costs Associated With Increases in Alcohol Consumption

Percentage Increase in Alcohol Consumption	Additional Societal ³ Cost per U.S. Resident	Additional Societal Cost per State With 5 Million Residents	Additional External ⁴ Cost per U.S. Resident	Additional External Cost per State With 5 Million Residents
1	\$5	\$25 million	\$2.25	\$11.25 million
2	\$10	\$50 million	\$4.50	\$22.50 million
3	\$15	\$75 million	\$6.75	\$33.75 million
5	\$25	\$125 million	\$11.25	\$56.25 million
10	\$50	\$250 million	\$22.50	\$112.50 million

As can be seen from this analysis, even a small percentage increase in alcohol consumption can lead to large increases in costs to society.

What is the Impact of Privatization on State Revenues?

Privatization has been justified in political debates as a way of increasing revenues to the State (Holder 1988, 1993; Laxer et al. 1994). The State is expected to gain immediate revenue from selling off the assets of the state stores. In practice, however, assets are often sold for less than their expected value and long-term annual revenues from alcohol sales often fall after privatization (Laxer et al. 1994).

Even though it may seem counterintuitive, it is generally the case that *less* availability plus *less* per capita consumption in control states equals *more* state revenues. The state and local revenue generated per gallon of distilled spirits equals almost \$25 in control states as compared to less than \$13 in license states (Distilled Spirits Council of the United States 2000). When this disparity is combined with lower consumption and reduced incidence of alcohol-related problems (and the resulting savings for the state), privatization clearly has economic costs.

³ Societal costs of problem drinking include direct health care costs of injury, illness, and substance abuse treatment, as well as indirect costs from lost worker productivity due to death and illness. It also includes the costs of the criminal enforcement and other public programs, property loss from motor vehicle crashes, indirect costs to victims of crime, and losses from incarceration and crime careers.

⁴ External costs exclude the costs to the problem drinker, such as lost productivity from illness and death, leaving the costs imposed by the problem drinker on others. Included are net changes in medical costs covered by insurance reimbursement or by someone other than the drinker, covered sick leave, disability insurance, death benefits from group life insurance, non-defined contributions to pension (including Social Security and death-defined plans), taxes on earnings, external costs of motor vehicle crashes, and criminal justice costs.

In Conclusion...

The public is very concerned about alcohol problems, including impaired driving, underage drinking and violent crime. All states, whether they control alcohol sales through a state monopoly or through licensing of retail outlets, can help to prevent alcohol-related problems. Control states should understand that a change to a private alcohol sales system is a “ratchet” policy: once a state eliminates its monopoly over a segment of the alcohol market, it is unlikely to reverse that policy and return to a control system. An effective state alcohol control system appears to help limit the physical and social damage caused by the misuse of alcohol and reduce the costs borne by citizens that result from abusive alcohol consumption. Control over alcohol sales provides the means to limit the availability of alcohol beverages in ways that can reduce consumption and problems. Therefore, control states should proceed slowly and cautiously when considering policy changes that reduce a state’s ability to control alcohol sales.

REFERENCES

- Becker, G.S.; Grossman, M.; and Murphy, K.M. (1991). Economics of drugs: Rational addiction and the effect of price on consumption. *American Economic Review* 81(2):237-241.
- Bruun K.; Edwards G.; Lumio M.; Mäkelä, K.; Pan, L.; Popham, R.E.; Room, R.; Schmidt, W.; Skog, O.-J.; Sulkunen, P.; and Österberg, E. (1975). *Alcohol Control Policies in Public Health Perspective: The Finnish Foundation for Alcohol Studies, Vol. 25*. Helsinki, Finland: Finnish Foundation for Alcohol Studies.
- Colon, I. (1982). The influence of State monopoly of alcohol distribution and the frequency of package stores on single motor vehicle fatalities. *American Journal of Drug and Alcohol Abuse* 9(3): 325-331.
- Edwards, G.; Anderson, P.; Babor, T.F.; Casswell, S.; Ferrence, R.; Giesbrecht, N.; Godfrey, C.; Holder, H.D.; Lemmens, P.; Mäkelä, K.; Midanik, L.T.; Norström, T.; Österberg, E.; Romelsjö, A.; Room, R.; Simpura, J.; and Skog, O.-J. (1994). *Alcohol Policy and the Public Good*. New York: Oxford University Press.
- Distilled Spirits Council of the United States (2000). *Public Revenues 1999*, Washington, D.C.
- Fitzgerald, J.J., and Mulford, H.A. (1993). Privatization, price and cross-border liquor purchases. *Journal of Studies on Alcohol* 54(4): 462-464.
- Giesbrecht, N. (draft, 1995). *Proposed Privatization of Retail Alcohol Sales in Ontario: Health, Social, Economic and Safety Implications*. Toronto, ON: Addiction Research Foundation, Social Evaluation and Research Department.
- Grechanaia, T.B., and Koshkina, E.A. (1995). Main trends in alcohol abuse and alcoholism in Russia. Presented at the 21st Annual Alcohol Epidemiology Symposium, Porto, Portugal, June 5-9, 1995.
- Gruenewald, P.J. (1993). Alcohol problems and the control of availability: Theoretical and empirical issues. In: Hilton, M.E., and Bloss, G. eds. *Economics and the Prevention of Alcohol-Related Problems*. NIAAA Research Monograph No. 25. NIH Publication No. 93-3513. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, pp. 59-90.
- Gruenewald, P.J.; Ponicki, W.R.; and Holder, H.D. (1993). The relationship of outlet densities to alcohol consumption: A time series cross-sectional analysis. *Alcoholism: Clinical and Experimental Research* 17(1):38-47.
- Her, M.; Giesbrecht, R.R.; and Rehm, J. (1999). Privatizing alcohol sales and alcohol consumption: evidence and implications. *Addiction* 94(8):1125-1139.
- Hoadley, J.F.; Fuchs, B.C.; and Holder, H.D. (1984). The effect of alcohol beverage restrictions on consumption: A 25-year longitudinal analysis. *American Journal of Drug and Alcohol Abuse* 10(3):375-401.
- Holder, H.D. (1988). *Privatization of Alcoholic Beverage Control: A Case Study from the State of Iowa, U.S.A.* Presented at Kettil Bruun Society 1988 Annual Meeting, Berkeley, CA. Prevention Research Center, Berkeley, CA.
- Holder, H.D. (1993). Changes in access to and availability of alcohol in the United States: Research and policy implications. *Addiction* 88(Supplement):67S-74S.
- Laxer, G.; Green, D.; Harrison, T.; and Neu, D. (Sept. 1994). *Out of Control: Paying the Price for Privatizing Alberta's Liquor Control Board*. Ottawa, ON: Canadian Centre for Policy Alternatives.
- Leung, S.F., and Phelps, C.E. (1993). ?My kingdom for a drink . . .??: A review of estimates of the price sensitivity of demand for alcoholic beverages. In: Hilton, M.E., and Bloss, G. eds. *Economics and the Prevention of Alcohol-Related Problems*. NIAAA Research Monograph No. 25. NIH Publication No. 93-3513. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, pp. 1-31.

- Makowsky, C.R., and Whitehead, P.C. (1991). Advertising and alcohol sales: A legal impact study. *Journal of Studies on Alcohol* 52(6):555?567.
- Manning, W.G.; Blumberg, L.; and Moulton, L.H. (1995). The demand for alcohol: The differential response to price. *Journal of Health Economics* 14(2):123?148.
- Moore, M.H., and Gerstein, D.R., eds. (1981). *Alcohol and Public Policy*. Washington, DC: National Academy Press.
- Moskalewicz, J. (1993). Lessons to be learnt from Poland's attempt at moderating its consumption of alcohol. *Addiction* 88(Supplement):135S?142S.
- National Advisory Council on Alcohol Abuse and Alcoholism, Subcommittee on Health Services Research. (1996). *Final Report, Panel on Utilization and Costs*, Bethesda, MD.
- Nelson, J.P. (1990a). Effect of regulation on alcoholic beverage consumption: Regression diagnostics and influential data. In: Watson, R.R., ed. *Drug and Alcohol Abuse Prevention*. Clifton, NJ: Humana Press, pp. 223?243.
- Nelson, J.P. (1990b). State monopolies and alcoholic beverage consumption. *Journal of Regulatory Economics*. 2(1):83?98.
- Ornstein, S.I., and Hanssens, D.M. (1985). Alcohol control laws and the consumption of distilled spirits and beer. *Journal of Consumer Research* 12(2):200?213.
- Pacific Institute (1997). *Privatizing State Alcohol control Systems: Issues and Effects*, Rockville, Maryland.
- Smart, R.G. (1977). The relationship of availability of alcoholic beverages to per capita consumption and alcoholism rates. *Journal of Studies on Alcohol* 38(5):891?896.
- Swidler, S. (1986). A reexamination of liquor price and consumption differences between public and private ownership States: Comment. *Southern Economics Journal* 53(10):259?268.
- van Oers, J.A., and Garretsen, H.F. (1993). The geographic relationship between alcohol use, bars, liquor shops and traffic injuries in Rotterdam. *Journal of Studies on Alcohol* 54(6):739?744.
- Wagenaar, A.C. (1985). Alcohol consumption and the incidence of acute alcohol-related problems. *British Journal of Addiction* 80(2):173?180.
- Wagenaar, A.C. (1993). Minimum drinking age and alcohol availability to youth: Issues and research needs. In: Hilton, M.E., and Bloss, G. eds. *Economics and the Prevention of Alcohol-Related Problems*. NIAAA Research Monograph No. 25. NIH Publication No. 93-3513. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, pp. 175?200.
- West, D.S. (1996). ?The Privatization of Liquor Retailing in Alberta.? Report to Centre for the Study of State and Market, University of Toronto, Roundtable (June 21).
- Zardkoohi, A., and Sheer, A. (1984). Public versus private liquor retailing: An investigation into the behavior of the State governments. *Southern Economic Journal* 50(4):1058?1076.

4216 King Street West
Alexandria, Virginia 22302-1507
Tel: (703) 578-4200
Fax: (703) 820-3551

III-137



International Clearinghouse for Birth Defects Surveillance and Research

The International Clearinghouse for Birth Defects Surveillance and Research (ICBDSR) was established in 1974. Currently, more than forty registries are active members of our worldwide organization, covering almost 3.5 million births per year. The three main objectives are basically the same as when it was established:

- 1) Exchanging information on the prevalence of birth defects;
- 2) Conducting collaborative epidemiologic researches;
- 3) Providing expert consultation and assistance for existing monitoring systems, investigate outbreaks, and facilitate the establishment of new monitoring systems.

One of the risk factors we investigate on is alcohol consumption and related birth defects. It is widely well-known that drinking alcohol during pregnancy can cause various adverse reproductive outcomes, including physical defects, mental deficit, developmental defects, not depending of the amount of the intake. In this field our focus, as the WHO Report A61/13 “Strategies to reduce the harmful use of alcohol” writes, is to highlight that “...The range of prenatal damage includes fetal alcohol syndrome and various physical defects and neurobiological deficits that impair development and social functioning” . (WHO Report A61/13 para 5). Our core activity, applied in the alcohol related effects topic, is managing and developing an effective epidemiological surveillance of alcohol related birth defects, in order to define the quantitative dimension of the problem and the priority issues (i.e. the most at risk population) which public health interventions must be addressed to.

Generally, our organization contributes to reduce harmful use of alcohol in several ways, not directly involving the substance users and abusers. Our efforts mainly are:

- increasing the debate about the relationship between alcohol consumption and birth defects;
- providing data to health managers and administrator in order to define the most at risk population, as the WHO Report A61/13 points out about the need to “Raising awareness and political commitment” (para 8);
- promoting shared information about public health good practices in various countries;
- collaborating in educational, information and campaign initiatives directed to common people and health professionals.

In our commitment, we became more and more aware that the scientific rational, well established among scientists and researchers, could be not so widely known among common people and health professionals. For instance, people are not so aware about the dynamics of alcohol in the complexity of woman-fetus symbiosis. Some evidences, well-known among the specialists, are not so well incorporated in the behaviour and in the knowledge of common people and health professionals:

- not only heavy drinking but also moderate and light drinking may harm the fetus;
- alcohol passes swiftly through the placenta to the fetus;
- the fetus breaks down alcohol more slowly compared to an adult's body;
- the suffering of a damaged fetus can last lifelong.

Notwithstanding all these evidences, many women drink during pregnancy, putting at risk the wellness of the future child. From our point of view, we strongly believe that public health effective strategies to reduce incidence of adverse reproductive outcomes alcohol related may include promoting awareness and knowledge in all involved person. This matters not only fetal alcohol syndrome, which is the better known

ICBDSR Centre Director: Pierpaolo Mastroiacovo, ICBDSR Centre, Via Carlo Mirabello, 19, Roma 00195, Italy

Tel : +39 06 3701905, Fax : +39 06 3701904, Email : centre@icbdsr.org

Executive Committee: Chair: Carol Bower (Australia), Vice chair: Goran Anneren (Sweden), Secretary: Lorenzo D.Botto (Utah, USA), Treasurer: Barry Borman (New Zealand)

consequence, but also other neurodevelopmental disorders.

The key interventions, other than providing comprehensive and updated epidemiological data, are education and information, either for risk population and for health professionals.

Common people, especially childbearing age women, should be made aware about the foetus damages determined by alcohol consumption during pregnancy. Educational and information interventions must start before pregnancy, as women can be exposed to this risk factor before they become aware of their pregnancy. Given the raise of incidence of alcohol consumption among young people, it could be effective to start educational and information programmes in school and university, integrating them in sexual, affective and good life style educational interventions. Girls and women must become aware that they don't have to be an alcohol heavy drinker to have a child with lifelong problem, since the safety threshold in alcohol consumption have not yet been determined. Actually, it's mandatory that child-bearing age women should not drink alcoholic beverage at all.

The way to achieve this result may vary: from school and university educational programmes on alcohol related damages, to a national campaign, to a mandatory law for labelling alcoholic beverage bottles with warning advise to preconception counselling performed by well-trained health workers.

The other target of educational and information intervention are the physicians, overall the ones that operate in ambulatory care, primary health care, family practice and preconception counselling services. Health professionals should be educate in order to provide preconception advises about life style and proper behaviour. Clear and easy understandable information about the linkage between alcohol consumption and harmful effects in pregnancy must be provide. As the society becomes more and more multicultural and the number of migrants visiting the wealthier countries is increasing, health professionals must be prepared to afford the preconception matter respecting cultural and religious differences. It can be useful to have multilingual services or, at least, multilingual leaflets and information tools; in any case, a competence to adapt the message to several cultural paradigms and beliefs must be developed in all health professionals and health administrators.

We strongly believe that our mission is not only to provide world-wide data to scientific researchers and scholars, but also to promote awareness in health managers, administrators and ministers, as well in common people. In the last year we started some new efforts, among which a 2008 Cooperative Agreement with the U.S. Centers for Disease Control and Prevention (CDC), named "Promoting International Awareness of Birth Defects Prevention". The general aim of this Project is to improve world-wide knowledge on modifiable risk factors of birth defects and other adverse reproductive outcomes and on effective primary prevention strategies. Among the risk factors for birth defects and other adverse reproductive outcomes, which we are gathering data from all over the world, we selected the use of alcoholic beverage in child-bearing age women, pregnant women, women at delivery of a live born infant; women at delivery of an infant with birth defects. The first paces of the research showed a huge variety in data available all over the world: the most common differences seem to be in the amount, in the completeness, in the quality of information that each country provides via web.

We consider the WHO call for an open web-consultation as a very good opportunity to make our project world-wide known: even if we have members in various countries in the world, any new contact in a new world region will be another pace toward a world-wide coverage of the available information on these topics.

WHO PUBLIC HEARING ON WAYS OF REDUCING HARMFUL USE OF ALCOHOL

SUBMISSION BY ALCOHOL ACTION IRELAND

30TH OCTOBER 2008

Alcohol Action Ireland is a non-governmental organisation formed in response to the dramatic rise in levels of alcohol related harm in Ireland. Our objective is to call for the protection of the health, wellbeing and quality of life of Irish citizens through the adoption of policies and strategies that have been proven to tackle alcohol related harm effectively.

While we recognise that this is an international consultation, we would suggest that to best understand the information contained in this submission, it is worth reviewing statistics on alcohol related harm in Ireland:

- A detailed examination of crime files showed that almost half (46%) of the perpetrators of **homicide** were intoxicated
- In a national survey, almost half (44%) of all respondents had experienced **harm** by their own or someone else's use of alcohol
- **One in four** of all **injury attendances** at hospital Emergency departments was alcohol related
- In a national survey on **domestic abuse** alcohol was always involved in one in four of the most serious domestic abuse cases; in one in three cases it was identified as a potential trigger for a domestic abuse episode

Under Irish law, domestic abuse is regarded as the emotional abuse of children regardless of whether they were the intended direct target of the abuse

- In the 2003 ESPAD survey, **three out of five of Irish 15-year-olds** said they **binge drank** at least once in the last 30 days. Irish school children reported the third highest levels of binge drinking among the 33 countries surveyed
- A recent report by the Office of Tobacco Control (2006) revealed that our 16-17 year olds spend €20.09 per week on alcohol. This amounts to a **child-funded illegal alcohol market** of €145m in Ireland
- **Suicide** is the leading cause of death in young Irish adults. Whilst recognising that many complex factors are involved in suicide, the patterns of problem drinking in Ireland play a major role.

QUESTION 1: WHAT ARE YOUR VIEWS ON EFFECTIVE STRATEGIES TO REDUCE ALCOHOL-RELATED HARM?

Alcohol related harm has a direct relationship to national consumption levels – overall levels of alcohol related harm increase in proportion to increases in national consumptions levels. Therefore, a national strategy to combat alcohol-related harm needs to be established as a priority. A national strategy requires political leadership, institutional capacity and a blue print for implementation as well as the following:

- Cross-departmental co-operation/ “joined-up” government in the form of a co-ordinating structure to assign priorities to relevant lead departments and to monitor progress
- Creation of policies, potentially underwritten by legislation, to regulate and limit the marketing of alcohol (product, price, place, promotion)
- Provision and enforcement of measures to reduce drink driving
- Provision of services and initiatives that reach those affected by alcohol-related harm in order to address and mitigate the worst aspects of that harm, especially children and young people who are affected

Children and young people, due to their dependent relationship on adults, are particularly vulnerable to alcohol related harm originating with a parent/ guardian; the recognition of that fact and the measures needed to address it should be “hardwired” into any national strategy.

Political Commitment and National Strategies

It is imperative that national states develop **national strategies** to guide their responses to alcohol misuse, alcohol related harm and the factors facilitating and contributing to that misuse.

To be effective national strategies need to:

- specify the division of responsibilities regarding the formulation, implementation and review of the national strategy
- include timeframes for objectives and actions specified in the strategy
- identify lead departments and roles with ultimate responsibility for effecting each action specified in the strategy.

Cross-departmental working at government level, as well as appropriate and transparent relationships with other stakeholders, such as NGOs and the alcohol industry, are also key factors in the successful implementation of any national strategy.

Data collection strategies and mechanisms for harvesting results are intrinsic to the success of any national alcohol strategy and need to be present from the outset. By creating a strong evidence base, national governments can monitor and evaluate the effectiveness of different actions across regions and population segments. Results can then be measured against the strategy’s objectives and learning incorporated into the ongoing roll-out of the strategy.

Political and public support for the enforcement of existing legislation is also necessary. For example, legislation regarding minimum drinking age, drink driving legislation, and legislation regarding serving customers who are intoxicated.

Marketing

Alcohol marketing has four key elements – product, price, place, promotion.

Product placement can have a huge impact on profits which is why alcohol products are mixed with ordinary food and drinks in supermarkets and shops in order to maximise profits. When alcohol is placed and sold next to ordinary food and drinks like fruit juice, milk and confectionery, it conveys the message that alcohol is just another grocery. Children and young people are growing-up with the message that alcohol is an ordinary grocery.

Alcohol is not an ordinary grocery, however it is marketed or sold. It is a drug that can have severe behaviour altering effects. It deserves to be treated with respect. In order to change cultural norms, reinforce that respect and underline the *non-ordinary* nature of alcohol, alcohol should be kept separate from groceries in supermarkets and other retail outlets. To combat alcohol related harm in the future, we need to be sending out the message today to children and young people that alcohol is not a necessity nor is it part of the normal shopping basket.

Alcohol Action Ireland also recommends a 9pm watershed ban on alcohol *promotion* on TV, radio and in cinemas. The current 25% rule, whereby no alcohol advertising, can feature if the viewing/ listening audience of a programme consists of more than 25% children means there are still a significant number of children exposed to a volume of advertising. That exposure increases during programmes such as soap operas and televised football matches both of which attract a significant number of teenagers.

Consumption levels are influenced by such purchasing factors as *price* and availability. Therefore, we recommend the use of the tax system to tackle alcohol-related harm by reducing consumption levels through pricing.

Increasing excise duties has a direct impact on the selling price of alcohol, but only when increased beyond the rate of inflation. To ensure the continued effectiveness of this particular policy, it needs to be reviewed on an annual basis to ensure that increases in excise on alcohol be kept above the level of inflation.

A related point is ensuring the availability of alcohol free drinks in all outlets (on and off licenses) at a lesser price than an equivalent volume of alcoholic drink.

Drink Driving

Alcohol, even in small amounts, has been shown to impact on driving. Measures which can reduce the number of alcohol related deaths and injuries on the roads include:

- An 'effective zero' approach to drink driving
- Compulsory alcohol testing of all drivers involved in crashes
- Random breath testing in a sustained and visible manner

Children affected by Parental/ Guardian Alcohol Misuse

Many countries do not collect data on how many children are affected by their parental alcohol misuse. There is a need to develop national data strategies and information systems to collect data on the numbers of children affected by parental alcohol misuse in order to establish prevalence of alcohol related harm among this particularly vulnerable section of the population. The extent of unmet needs in this particular population of children can then be measured and effective policies can be built on this evidence base.

Treatment options need to be designed to respond to adults who have parental responsibilities, and to be made available to families and children, rather than responding solely to adults in an individualistic way. Families exist to look after the welfare and ensure the protection of children, holistic treatment services which address the needs of the whole family – those in the fall-out radius of the drinkers are the preferred option. Children, however, are also individual rights holders, as recognised by the UN Convention of the Rights of the Child, and their welfare, protection and access to services should not be solely dependent on whether the parent/ guardian in their lives chooses to access services.

We know that alcohol misuse is a trigger in domestic abuse as well as a present factor in the most severe domestic abuse cases – under Irish law domestic abuse is classed as the emotional abuse of children regardless of whether the child was the direct target of that abuse. From other jurisdictions we know that alcohol misuse is a factor in the physical, emotional and sexual abuse of children including neglect. If not already doing so, national child welfare and protection regimes need to be cognisant of the contributing factor alcohol misuse plays in child welfare and protection issues ensuring that policies and services reflect this fact.

The particular vulnerability of children to alcohol-related harm within the family should be recognized when drafting any national policy on alcohol.

QUESTION 3: IN WHAT WAYS CAN YOU OR YOUR ORGANISATION CONTRIBUTE TO REDUCE HARMFUL USE OF ALCOHOL?

Alcohol Action Ireland is an NGO working at a national level to prevent alcohol related harm by creating awareness of that harm and the potential solutions to tackling it. We operate primarily from a public health perspective by:

- Contributing policy submissions to government on alcohol related harm and related factors
- Engaging in awareness-raising and dialogue at national level through proactive communications work
- Engaging in awareness-raising and dialogue through relationship-building and facilitating multiple credible voices to speak out on alcohol related harm and where needed building coalitions of interest
- Building an evidence base on effective strategies for responding to alcohol related harm
- Providing a website on alcohol related harm in Ireland

Alcohol Action Ireland also works at EU level through active engagement in EURO CARE (European alliance of Public Health NGOs focused on reducing alcohol related harm) at member and Board level.



FUNDACJA „KRZYS”

trzeźwy i życzliwy kierowca

In 2004 KRZYS Foundation has joined to Pan-European Designated Driver Campaign, with the main objective of raising awareness of drunk driving and the designated driver concept.

“KRZYS” is a person who does not drink when he or she has to drive and who is responsible for driving the rest from the party home safely. “KRZYS” has to be always sober and courteous driver.

The innovative character of the concept, compared to other designated driver campaigns lies in the personalization of the designated driver symbolized by “KRZYS”, sober and courteous driver who is easy to recognize because he or she has a lapel badge. So everyone knows who is the one that does not drink.

In 2006 KRZYS Foundation has joined to European Night Without Accident campaign (it is an awareness campaign organized each year in nightclubs all over Europe on the 3rd Saturday of October).

In each nightclub, a team of volunteers welcomes the drivers at the entrance and encourages each group to choose a “designated driver”, who agrees to make a promise: he commits himself to remain sober when he enters behind the wheel of his vehicle. The volunteers ask them to wear a bracelet to be recognizable. When the “designated drivers” leave the nightclub, we give them the opportunity to undergo a breath analysis to check if they have honored their commitment. If this is the case, the “designated drivers” are rewarded with small presents offered by our partners and sponsors. If this is not the case, we encourage the person to leave his/her car on the side or to hand the keys to a friend who did not drink any alcohol. Our goal is not to be repressive or to spread a negative message; on the contrary we always try to go into the discussion with the group in order to find the most reasonable solution to arrive home safely.

Nowadays, despite the fact that more and more people are choosing a “KRZYS” (designated driver) to be able to go out, have fun, and go back home safely. Alcohol remains a big issue on the road, and still too many drivers get behind the wheel under its influence. Friday and Saturday nights are one of the most dangerous nights of the week. Despite that, the number of cars on the road is smaller than during any other daytime, and still, those nights show a high level of car accidents.

In 2008 thanks to the support of UBIEP - Polish Breweries, KRZYS Foundation was able to organize ENWA in 52 nightclubs in 17 cities.

All above mentioned campaigns are mainly focused on the concept of designated driver (KRZYS in Poland). In this way (promote the designated driver concept and increase awareness of problems associated with drinking and driving) KRZYS Foundation can contribute to reduce harmful use of alcohol (it is long-term goal which cannot be achieved quickly).



N.P.O. registration no: 64832

DATE: 2008-10-30 YOUR REF: OUR REF: WHO.subm/10/08

**THE PRESIDENT
WORLD HEALTH ORGANISATION**

Sir / Madam

RE: SUBMISSION: REDUCING HARMFUL USE OF ALCOHOL

First and foremost our sincere and heartfelt appreciation for this opportunity to make this submission and the fact that you are prepared to “take up the fight” for those who cannot – for whatever reason/s – do so themselves. We further would like to express the wish that this exercise must not merely be, nor become an academic exercise, nor an exercise in futility.

This organisation finds itself not necessarily physically located within the economically and socially deprived communities, but we most certainly work within and cater for same economically and socially deprived communities. Our target group within these communities are those adults in the grip and terror of chemical substance dependency, mind and behaviour altering drugs and alcohol abuse.

We know from experience and are bombarded with information pertaining to that fact from researchers that tobacco and alcohol are the most commonly abused substances, yet very little are done to curb and or to negate these negative effects, especially by the big companies and conglomerates owing these **production houses of shame and pain**. Notwithstanding these commonly known facts, alcohol are freely available to all and sundry in a variety of flavours and quantities, exacerbated by dubious and sinister advertising methodologies and psychological strategies by the same companies and conglomerates of these production houses of shame and pain!

Individual lives are torn apart, families are torn apart, kids and the innocent ones suffer the most, communities and the values they espoused are desecrated, yet we are still bombarded – in our midst, big, loud and proud – with **massive and gigantic billboards advertising alcohol** in such a manner that it entices the young and innocent – the very same advertisers that deliberately and calculatedly target these groups and what I term “pockets of

innocence”- to go and experiment with it, getting hooked on it and beginning the spiral of misery and insanity. We are of the opinion that the use of this substance in itself is already abuse, and that no one can use it responsibly, notwithstanding common propagandist that it is possible to use alcohol responsibly!

The strategic placements of these billboards are amazing, yet mind-boggling.....you will find them in the poorest of places.....near schools.....near train stations.....You name the place and I guarantee you I will be able to find such a billboard. We strongly urge advertisers of such atrocious goods to do so in other areas. **In fact if a total ban on these harmful and atrocious products – like with cigarettes – can be placed, even better!** These products have no benefit to anybody but the producers of such shame and pain! Period!

The risky and scary sexual behaviour of minors as well as adults during – but more particularly of teenagers – drunken stupors are a direct result of these products. This inevitably leads to more the increase in HIV/AIDS related sickness....the common element to family violence and deaths are usually the use of alcohol, a known fact amongst almost all classes and ages....violence against women and children. Again the common denominator? Alcohol abuse!!! And so we can go on and on and on...

As the World Health Organisation (WHO) was instrumental in banning the advertisement of tobacco and tobacco related products, so the WHO must again be in the forefront of the total ban of the advertisement of alcohol... Anywhere.... Anytime... All the time!!!

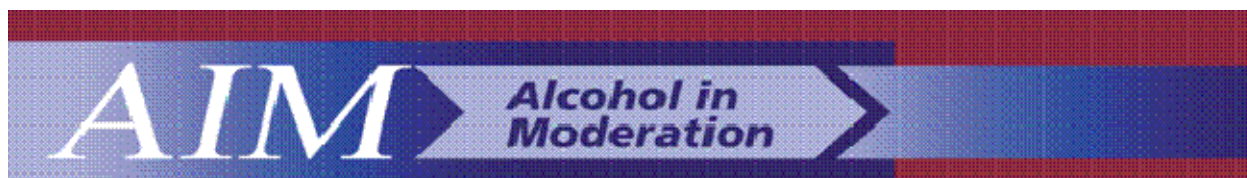
The currently controlled yet extremely relaxed marketing rules applicable in the industry in our beloved country, simply fail to reap the desired results....therefor a more aggressive and pragmatic stance is required to realise the desired results...

NOTHING BUT A TOTAL BAN ON THE ADVERTISING OF ANY OR RELATED ALCOHOL PRODUCTS. NOBODY BUT THE PRODUCTION HOUSES OF SHAME AND PAIN BENEFIT FROM THESE PRODUCTS...NOBODY BUT THEMSELVES!!!

Kindly yours

A handwritten signature in black ink, appearing to read 'M.A. Taylor', with a long horizontal stroke extending to the right.

M.A. TAYLOR
HUMAN RESOURCE MANAGER



Head Office: PO Box 2282, Bath BA1 2QY, UK.

Phone +44(0)1225 471444

Fax +44(0)1225 427444

Email sherry.webster@AIM-Digest.com

AIM Websites www.alcoholinmoderation.com

Helena Conibear

AIM - Executive Director

Phone +44(0)1300 341601

Email Helena.Conibear@AIM-Digest.com

www.DrinkingandYou.com

The Case for moderate drinking

Alcohol in Moderation (AIM) was founded in 1991 as a not for profit independent organisation. One of its key functions is to monitor scientific publications on the association between moderate alcohol drinking and health for its journal and websites which have been dedicated to moderate drinking and associated policy and social issues for the past 16 years.

Clear parameters of moderate drinking

Accumulating scientific evidence (more than 100 studies from 25 countries) suggests that consumption of wine, beer and spirits does not pose a health risk to the vast majority of consumers who choose to drink in moderation.

AIM's recommendations also emphasise that adults should enjoy alcohol beverages in a sensible manner, preferably around mealtimes or in other responsible social settings that do not put themselves, or others at risk.

Moderation is the key to a healthy diet and lifestyle. It has not been possible to determine the exact inflection point in dose where a potentially beneficial, or harmless dose changes to a potentially harmful one, hence definitions of a drink and responsible drinking guidelines vary from country to country. Moderate drinking is generally medically defined, however, as up to 20g a day (one or two standard drinks) for women and 30g a day for men. Consumers should follow moderation guidelines such as those in the UK 1995 sensible daily drinking guidelines (2-3 units of 8g a day for women or 3-4 units of 8g for men) or the Dietary Guidelines for Americans which define moderation as up to two drinks (14g) a day for men and up to one drink a day for women.

Further, consumers should avoid alcohol during pregnancy, when driving, working with machinery or at heights, when on certain medications or if there is a personal or family history of certain illnesses.

Our message is that small amounts of alcohol on a regular basis (as little as one drink a day) confers the health benefits to a large segment of the adult population. 'Saving up' units for drinking on one or two occasions a week is not considered moderate drinking.

We endorse the WHO recommendations, where national guidelines do not exist of:

2 – women should not drink more than two drinks a day on average

3 – men should not drink more than three drinks a day on average

4 – Men or women should not to exceed four drinks on any one occasion

0 – Avoid alcohol in some situations, such as when driving, if pregnant or in certain work situations and abstain from drinking at least once a week.

Associated health benefits for certain segments of the population

The well documented beneficial effects of moderate alcohol intake on physical health are generally demonstrable among middle-aged or older adults, and are especially related to reductions in risk of many of the diseases of ageing (e.g., coronary heart disease, ischemic stroke, osteoporosis and bone density, type 2 diabetes, dementia). Often ignored are the less formally documented but still important beneficial effects of moderate alcohol intake on psychological and social well-being.

The beneficial effect of moderate drinking has been questioned by some in public health, hence the evidence base below.

Most recently for those over 70 (see reference report via:

www.aim-digest.com/gateway/pages/oldage/articles/summary%20doc%20-%20ES.pdf by Dr Erik Skovenborg - alcohol - boon or bane for the elderly)

Valid component of a balanced lifestyle, irrespective of any health benefit

Although there are few demonstrable physical benefits associated with moderate alcohol use for pre menopausal women or men under 40, it is recognised that alcohol, consumed in the right context, in moderation with friends, at meal times, to celebrate, commiserate or unwind has both psychological and social benefit as a relaxant, stimulant and social lubricant. Alcohol in moderation has been enjoyed by many societies over the millennia and forms part of the Christian and Jewish religion.

Therefore, with or without the associated health benefits of moderate drinking for certain sectors of the population, drinking has a rightful place at the heart of many cultures and societies.

It should be noted, in the context of 'alcohol harm reduction' that the majority of consumers drink moderately most of the time. For example, in the UK it is estimate that 6% of women and 8% of men drink at hazardous levels (Department of Health). It is important that alcohol harm reduction policies do not penalise moderate drinkers, but are targeted at those causing harm to themselves or others through their drinking.

AIM also recognises that nearly half of world's adult population chooses not to drink for cultural, religious or health reasons. AIM does not advocate that non consumers should consume alcohol in order to improve their health, but that moderate drinking and the cultural, agrarian and social contribution of drinking that is interwoven into the fabric of many nations and cultures has a rightful place in society.

Evidence base

One of the first studies to suggest an inverse association between moderate alcohol consumption and coronary heart disease (CHD) was published more than 30 years ago by Professor Arthur Klatsky in 1974. Since then, more than 100 studies from 25 countries have confirmed and strengthened the association, with the protective effect applying predominantly to post menopausal women and men over 40.

Evidence from these studies suggests that beneficial changes in HDL cholesterol

levels, clotting factors, insulin sensitivity, and markers of inflammation provide biological plausibility to the association. Moderation, defined as up to 20g a day for women and 30g a day for men, as recognised by most national government sensible drinking guidelines, is key.

Further epidemiological studies have assessed the importance of drinking patterns including frequency, quantity, and beverage choice. Most studies account for potential con-founders of the effect of moderate drinking - such as education, occupation, social status, physical activity, diet, and changes in alcohol consumption during lifetime.

The many epidemiological studies that have shown an inverse relation between alcohol and cardiovascular disease have come from a great variety of nations and cultures. Despite great diversity in the populations, study size, diet and lifestyle factors and length of follow-up the consistency and similarity of outcomes provide further support to the robustness of the findings. Inverse associations have been documented in France, Japan, Denmark, Germany, Finland, Korea, Great Britain Australia, China, Italy, Puerto Rico, the Netherlands, Sweden, Yugoslavia and the US for example.

Despite the strength and consistency across studies, some still argue that generalisation of the results may not be possible because of the selected nature of several of these study populations. However, general population surveys including the National Health and Nutrition Examination Survey (NHANES) in the US and population based cohorts in the UK, China and Japan have also found benefit from moderate alcohol consumption.

More recent studies of alcohol and CHD have focused on subgroups defined by age or health status. Although alcohol in moderation will likely provide greater benefit for older populations where rates of CHD are highest, the etiology of CHD is such that moderate consumption in middle age also is beneficial. Several important risk factors for CHD, such as obesity and the prevalence of type 2 diabetes, both of which have been increasing in younger adults around the world, are consistently reported to be inversely associated with moderate alcohol consumption.

In addition studies show moderate alcohol consumption is inversely associated with second heart attack risk and indeed all cause mortality. Thus, in summary, the epidemiological evidence for an inverse association between moderate alcohol consumption and health amongst older populations is extensive and general to populations defined by age, ethnicity, geography, and prevalent health conditions.

A notable exception to the inverse association may be for breast cancer risk. A growing body of epidemiological studies show evidence for a positive association, even at moderate levels, (estimated lifetime increased risk of 6% per daily drink) for alcohol consumption and breast cancer risk. Lifestyle factors such as diet and adequate folate intake may weaken the positive association, but this is an area still under study.

It has been suggested that the inverse association between alcohol and all cause mortality may not be causal but because moderate drinkers may be better off, more likely to eat better, exercise more, and live a healthier life. Although most prospective studies of alcohol and cardio vascular risk are observational, trials have been

conducted to study changes in markers of CHD such as HDL cholesterol, triglycerides, glycemic control, and clotting factors and support the conclusions of the observational studies. Long-term trials of alcohol consumption and subsequent cardiovascular events are difficult to conduct due to the long follow up required, cost and ethical considerations regarding the randomization to alcohol or no alcohol consumption over many years, but are not impossible.

Parameters of misuse

Heavy or hazardous drinking (more than twice the moderation guidelines), inappropriate drinking (drinking to drunkenness), and binge drinking (more than five drinks in quick succession) have no health benefits and are associated with both acute and chronic harms to health, both short and long term

Drinking at all in some circumstances is hazardous, such as when pregnant, on certain medications, when driving, suffering from some illnesses, working with machinery or at heights.

Alcohol misuse also includes the sale or marketing of alcohol to minors, the antisocial or violent behaviour that can be associated with excess drinking and drink drive.

This statement is supported by:

Alcohol in Moderation's Social, Scientific and Medical Council

Professor Alan Crozier, Professor of Plant Biochemistry and Human Nutrition,
University of Glasgow

Professor JM Orgogozo, Institut de Cerveau, University of Bordeaux

Professor OFW James, Head of Medicine, University of Newcastle

Dr Erik Skovenborg M.D., Scandinavian Medical Alcohol Board

R. Curtis Ellison, MD
Professor of Medicine & Public Health
Director, Institute on Lifestyle & Health, Boston University School of Medicine

Harvey Finkel MD, Clinical Professor of Medicine, Boston University School of Medicine

Tedd Goldfinger FACC, FCCP, Desert Heart Foundation, Tucson, University of Arizona

Professor Dwight B Heath, Anthropologist, Brown University, US

Arthur Klatsky MD, Senior Consultant in Cardiology, Kaiser Permanente Medical Research Center

Alfred de Lorimer MD

Dr Philip Norrie PHD, GP, Australia

Ellen Mack MD

Stanton Peele PhD, US Social Policy Consultant

Creina S Stockley, MSc, MBA, The Australian Wine Research Institute

Dr Thomas Stuttford, Medical Correspondent to The Times and Author

Dr Elisabeth Whelan, President of American Council on Science and Health

Fulvio Ursini MD

Head of the Department of Biochemistry School of Medicine
University of Padova Italy

Dr Richard Baxter MD

Fellow of the American College of Surgeons (FACS)
Washington State Medical Association

Professor Richard Alan Smallwood

Emeritus Professor of Medicine, University of Melbourne;
Former Chief Medical Officer of Australia

Peter Duff, Chairman, Alcohol in Moderation

Helena Conibear, Executive Director, Alcohol in Moderation

Sources for statements:

Lucas DL, Brown RA, Wassef M, Giles TD. Alcohol and the cardiovascular system research challenges and opportunities. *J Am Coll Cardiol*. 2005;45:1916–1924. [Abstract](#) | [Full Text](#) | [Full-Text PDF \(165 KB\)](#) | [MEDLINE](#) | [CrossRef](#)

Klatsky AL, Friedman GD, Siegelaub AB. Alcohol consumption before myocardial infarction. Results from the Kaiser-Permanente epidemiologic study of myocardial infarction. *Ann Intern Med*. 1974;81:294–301. [MEDLINE](#)

U.S. Department of Health and Human Services and U.S. Department of Agriculture . Dietary Guidelines for Americans, 2005, 6th ed. Washington, DC: U.S. Government Printing Office; 2005;.

Maclure M. Demonstration of deductive meta-analysis: ethanol intake and risk of myocardial infarction. *Epidemiol Rev*. 1993;15:328–351.

Hill JA. In vino veritas: alcohol and heart disease. *Am J Med Sci*. 2005;329:124–135. [MEDLINE](#) | [CrossRef](#)

Rehm J, Gmel G, Sempes CT, Trevisan M. Alcohol-related morbidity and mortality. *Alcohol Res Health*. 2003;27:39–51. [MEDLINE](#)

Klatsky AL. Drink to your health?. *Sci Am*. 2003;288:74–81. [MEDLINE](#)

Friedman LA, Kimball AW. Coronary heart disease mortality and alcohol consumption in Framingham. *Am J Epidemiol*. 1986;124:481–489. [MEDLINE](#)

Rimm EB, Giovannucci EL, Willett WC, Colditz GA, Ascherio A, Rosner B, et al. Prospective study of alcohol consumption and risk of coronary disease in men. *Lancet*. 1991;338:464–468. [MEDLINE](#) | [CrossRef](#)

Fuchs CS, Stampfer MJ, Colditz GA, Giovannucci EL, Manson JE, Kawachi I, et al. Alcohol consumption and mortality among women. *N Engl J Med*. 1995;332:1245–1250. [MEDLINE](#) | [CrossRef](#)

Renaud SC, Guéguen R, Siest G, Salamon R. Wine, beer, and mortality in middle-aged men from Eastern France. *Arch Intern Med*. 1999;159:1865–1870. [MEDLINE](#) | [CrossRef](#)

- Keil U, Chambless LE, Döring A, Filipiak B, Stieber J. The relation of alcohol intake to coronary heart disease and all-cause mortality in a beer-drinking population. *Epidemiology*. 1997;8:150–156. [MEDLINE](#)
- Kitamura A, Iso H, Sankai T, Naito Y, Sato S, Kiyama M, et al. Alcohol intake and premature coronary heart disease in urban Japanese men. *Am J Epidemiol*. 1998;147:59–65. [MEDLINE](#)
- Wannamethee SG, Shaper AG. Type of alcoholic drink and risk of major coronary heart disease events and all-cause mortality. *Am J Public Health*. 1999;89:685–690. [MEDLINE](#)
- Tolstrup J, Jensen MK, Tjønneland A, Overvad K, Mukamal KJ, Grønbaek M. Prospective study of alcohol drinking patterns and coronary heart disease in women and men. *BMJ*. 2006;332:1244–1248.
- Gartside PS, Wang P, Glueck CJ. Prospective assessment of coronary heart disease risk factors: the NHANES I epidemiologic follow-up study (NHEFS) 16-year follow-up. *J Am Coll Nutr*. 1998;17:263–269. [MEDLINE](#)
- Wannamethee SG, Shaper AG, Perry IJ, Alberti KGMM. Alcohol consumption and the incidence of type II diabetes. *J Epidemiol Comm Health*. 2002;56:542–548.
- Wannamethee SG, Camargo CA, Manson JE, Willett WC, Rimm EB. Alcohol drinking patterns and risk of type 2 diabetes among younger women. *Arch Intern Med*. 2003;163:1329–1336. [MEDLINE](#) | [CrossRef](#)
- Wannamethee SG, Field AE, Colditz GA, Rimm EB. Alcohol intake and 8-year weight gain in women: a prospective study. *Obes Res*. 2004;12:1386–1396. [MEDLINE](#)
- Conigrave KM, Hu FB, Camargo CA, Stampfer MJ, Willett WC, Rimm EB. A prospective study of drinking patterns in relation to risk of type 2 diabetes among men. *Diabetes*. 2001;50:2390–2395. [MEDLINE](#) | [CrossRef](#)
- Beulens JW, Stolk RP, van der Schouw YT, Grobbee DE, Hendriks HF, Bots ML. Alcohol consumption and risk of type 2 diabetes among older women. *Diabetes Care*. 2005;28:2933–2938. [MEDLINE](#) | [CrossRef](#)
- Koppes LL, Dekker JM, Hendriks HF, Bouter LM, Heine RJ. Moderate alcohol consumption lowers the risk of type 2 diabetes: a meta-analysis of prospective observational studies. *Diabetes Care*. 2005;28:719–725. [MEDLINE](#) | [CrossRef](#)
- Mukamal KJ, Maclure M, Muller JE, Sherwood JB, Mittleman MA. Prior alcohol consumption and mortality following acute myocardial infarction. *JAMA*. 2001;285:1965–1970. [MEDLINE](#) | [CrossRef](#)
- Beulens JW, Rimm EB, Stampfer MJ, Ascherio A, Hendriks HF, Mukamal KJ. Alcohol consumption and risk of coronary heart disease in men with hypertension. *Ann Int Med*. 2007;146(1):10–19.
- Malinski MK, Sesso HD, Lopez-Jimenez F, Buring JE, Gaziano JM. Alcohol consumption and cardiovascular disease mortality in hypertensive men. *Arch Intern Med*. 2004;164:623–628. [MEDLINE](#) | [CrossRef](#)
- Koppes LL, Dekker JM, Hendriks HF, Bouter LM, Heine RJ. Meta-analysis of the relationship between alcohol consumption and coronary heart disease and mortality in type 2 diabetic patients. *Diabetologia*. 2006;49:648–652. [CrossRef](#)
- Rimm EB, Williams P, Fosher K, Criqui M, Stampfer MJ. Moderate alcohol intake and lower risk of coronary heart disease: meta-analysis of effects on lipids and haemostatic factors. *BMJ*. 1999;319:1523–1528.
- Klatsky AL, Armstrong MA, Friedman GD. Risk of cardiovascular mortality in alcohol drinkers, ex-drinkers, and nondrinkers. *Am J Cardiol*. 1990;66:1237–1242. [MEDLINE](#) | [CrossRef](#)
- Mukamal KJ, Conigrave KM, Mittleman MA, Camargo CA, Stampfer MJ, Willett WC, et al. Roles of drinking pattern and type of alcohol consumed in coronary heart disease in men. *N Engl J Med*. 2003;348:109–118. [CrossRef](#)
- Tanasescu M, Hu FB, Willett WC, Stampfer MJ, Rimm EB. Alcohol consumption and risk of coronary heart disease among men with type 2 diabetes mellitus. *Am J Coll Cardiol*. 2001;38:1836–1842.
- Chiuve SE, McCullough ML, Sacks FM, Rimm EB. Healthy lifestyle factors in the primary prevention of coronary heart disease among men. *Circulation*. 2006;114:160–167. [CrossRef](#)
- Mukamal KJ, Chiuve SE, Rimm EB. Alcohol consumption and risk for coronary heart disease in men with healthy lifestyles. *Arch Intern Med*. 2006;166:2145–2150. [MEDLINE](#) | [CrossRef](#)
- Kiechl S, Willeit J, Poewe W, Egger G, Oberhollenzer F, Muggeo M, et al. Insulin sensitivity and regular alcohol consumption: large, prospective, cross sectional population study (Bruneck study). *Br Med J*. 1996;313:1040–1044.
- Vitelli LL, Folsom AR, Shahar E, Winkhart SP, Shimakawa T, Stevens J, et al. Association of dietary composition with fasting serum insulin level — the ARIC study. *Nutr Metab Cardiovasc Dis*. 1996;6:194–202.
- Davies MJ, Baer DJ, Judd JT, Brown ED, Campbell WS, Taylor PR. Effects of moderate alcohol intake on fasting insulin and glucose concentrations and insulin sensitivity in postmenopausal women — a randomized controlled trial. *JAMA*. 2002;287:2559–2562. [MEDLINE](#) | [CrossRef](#)
- Langer RD, Criqui MH, Reed DM. Lipoproteins and blood pressure as biological pathways for effect of moderate alcohol consumption on coronary heart disease. *Circulation*. 1992;85:910–915. [MEDLINE](#)
- Mukamal KJ, Jensen MK, Grønbaek M, Stampfer MJ, Manson JE, Pischon T, et al. Drinking frequency, mediating biomarkers, and risk of myocardial infarction in women and men. *Circulation*. 2005;112:1379–1381. [CrossRef](#)

Tjønneland A, Grønbæk M, Stripp C, Overvad K. Wine intake and diet in a random sample of 48763 Danish men and women. Am J Clin Nutr. 1999;69:49–54. [MEDLINE](#)

Rimm EB, Klatsky A, Grobbee D, Stampfer MJ. Review of moderate alcohol consumption and reduced risk of coronary heart disease: is the effect due to beer, wine, or spirits?. Br Med J. 1996;312:731–736.

**Submission by
Danish Alcohol Policy Network
to WHO public hearing on global alcohol strategy,
31 October 2008**

Danish Alcohol Policy Network (AL) welcomes the initiative of the WHO in taking the lead in coordinating a global response to the multifaceted nature of alcohol related harm. It is of great importance to the peoples of the world that WHO assumes the global leadership in this area.

Danish news:

A recent survey also from the Danish National Institute of Public Health estimates of harm done by alcohol raises the numbers of people in risk zone by 50% ! We have had estimates before – but it is said that this one is more accurate.

850.000 drinks more than the Danish National Board of Health advises
650.000 are drinking with harmful consequences and are hazardous - also to others
140.000 are estimated to be dependent on alcohol.

An Danish insurance company funded survey on the Danish *good* Life - A survey on the sentiments and attitudes in the Danish population
The interesting outcome is that the danes – in this – considers a good life a healthy life.
The usual hedonistic and pleasure seeking life style seems to be replaced by a wish to follow the path and advice of the experts (though confusing) on public health issues.

70% of the persons wishes the authorities to step in and help in this by implementing more efficient structural initiatives laws and thus setting up stronger limits for the selling of unhealthy products.

Question 1: AL's views on effective strategies to reduce e alcohol-related harm:

1. Harm done by alcohol is a serious social and medical problem

Harm done by alcohol is one of the most serious threats to social welfare and health in the Nordic and Baltic states, in Europe and globally. Alcohol is estimated to be responsible for at least 12% of male and 2% of female premature death and disability in the European Union. Young people shoulder an even larger part of this burden, with around 25% of youth male mortality being due to alcohol. In EU countries, it is estimated that 16% of child maltreatment is due to alcohol, and that between 6 and 12% of the children live in families where drinking by parents has negative effects. (This first paragraph, which gives a background of alcohol related harm, is updated with new figures after the platform was adopted.)

2. Prevention is most important

It is more humane and efficient to prevent alcohol related harm, than to wait until it has occurred. Therefore, the most important task of alcohol policy is prevention. At the same time, those who have developed alcohol dependence or have been affected by other alcohol related harm, must be offered treatment based on science and experience.

3. The consumption of alcohol must be reduced and drinking patterns improved

There is a strong relationship between the total consumption of alcohol and the harm. But also drinking patterns, e.g. how alcohol is consumed at every occasion and the degree of intoxication, are important. The preventive alcohol policy therefore must strive both for reducing the total consumption and for reducing binge drinking. It is also important that alcohol is avoided during childhood and adolescence, during pregnancy, in road traffic, in

boating, in connection with sports and in working life. General policies directed at the whole population are not in conflict with actions aimed at influencing special groups.

4. Price, reduced availability and age limits are the most efficient policy tools

A high price on alcohol, reduced availability and age limits are the most efficient instruments, both in reducing the total consumption and in reducing problem drinking. The policy of restrictions is supported by modern alcohol research as the most efficient preventive alcohol policy. Also local alcohol policy must include actions that affect the environment, like for instance regulation of the number of alcohol outlets, age controls, alcohol checks in road traffic, rules against consumption of alcohol in public places and requirements that organisations that are supported by public funds must keep their activities free from alcohol.

5. Information is important, alcohol advertising should be as limited as possible

Information about the effects and risks of alcohol is important, but can not replace restrictions on availability. Alcohol advertising, on the other hand, should be avoided as far as possible. The health of the population is more important than the freedom of the commercial actors. Alcohol information is an important task for the state and for local and regional bodies in health education, health care and social services. This information shall not be influenced by the commercial alcohol industry. Rules against alcohol advertising crossing national borders should be as strong as those against tobacco advertising.

6. Alcohol is a losing affair for society

The reason to have an alcohol policy is humanitarian, to prevent humans from being harmed. But also economic reasons speak in favour of reduction of alcohol consumption. Alcohol related problems cause great costs to society, both for care and for damage to property, and in the form of reduced production, due to illness, low productivity and premature death. All attempts to defend increased alcohol consumption with arguments of employment or export incomes must be rejected. The costs of alcohol problems are just as great if they are exported to other countries.

7. Alcohol free zones

Alcohol should be avoided during childhood and adolescence, during pregnancy, in working life and in connection with sports. Local communities, voluntary organisations and commercial enterprises should cooperate to create and maintain these alcohol free zones.

8. Care should be financed by public bodies, but can be carried out by others

The government has a responsibility to ensure that all persons, who are dependent on alcohol or harmed in other ways, are offered the care that they need. The care should be financed by public funds, but can be carried out by different organisations, both official and voluntary, or by other private operators. The state should also give professional education to those who work with alcohol related problems in different caring environments, based on the best available scientific knowledge.

9. Treatment to be paid by the polluter

Governments should put a special tax on alcohol products to pay for the harm and treatment of consuming alcohol products.

10. Schools have an important role in prevention

Information about alcohol and other drugs, properly adapted to the age of the students, is an important task for the schools. But much more important is that the schools offer their students a good working environment, where the young persons are seen and appreciated, and with a relaxed atmosphere and good order, that the cooperation with the homes works well, and that the school reacts immediately when a child is absent from school without a

good cause. The school should also provide structured alcohol free leisure activities and good health care resources.

11. Alcohol research should be given increased resources

Free and independent research, which does not depend on money from the commercial alcohol industry, is important for the continued development of alcohol policy. Alcohol research should be given increased resources and should be cross disciplinary, with participation of researchers from social and behavioural sciences, medicine, economics, traffic research and other areas.

12. The influence of the commercial alcohol industry should be limited

The interest of the alcohol industry to increase sales and maximise profits for its owners is in conflict with the interest of society in good public health. Competition and private profit making interest are dynamic forces which lead to increased consumption and increased harm. This is a strong reason for keeping the commercial alcohol interests under control by public bodies, and not letting them influence alcohol policy. The state owned sales monopolies in several of the Nordic countries should be preserved and strengthened.

13. Strong voluntary organisations give good support to alcohol policy

An important part of preventing alcohol related harm and other social problems is to build strong voluntary organisations (NGOs=Non Governmental Organisations). Different popular movements offer alternatives to commercial enjoyment, which often is dominated by alcohol consumption. The temperance movement, and other citizen's organisations in the drug field, should be strengthened as a counterweight to the lobbying activities of the alcohol industry with its vast economic resources.

Answer to question 2: The best ways to reduce alcohol problems from a global perspective

We think that a comprehensive alcohol policy is needed, which includes both population based measures and measures directed at risk groups and risky behaviour. The strategy should be evidence based. The book "Alcohol: No ordinary commodity" by an international group of prominent researchers led by Tom Babor gives a good summary of the scientific evidence of what are effective alcohol policies. In areas where the scientific evidence is not conclusive, it is important that actions taken are designed in a manner that will permit evaluation of their effects, in order to provide better knowledge for the future.

It is important that the strategy has a public health perspective and not a trade perspective. Unfortunately, the alcohol industry tends to oppose such policies that would reduce the consumption of alcohol, in spite of the fact that it is well known that there is a strong connection between total consumption of alcohol and harm. As long as this is the case, it is important that the bodies deciding on the alcohol strategy acknowledge that the commercial alcohol industry has interests that are in conflict with the interest of public health.

Obviously, alcohol is one of the important causes of ill health for persons who consume alcohol. But even more important from a policy point of view is the harm caused by alcohol to other persons than the drinker. Alcohol is an important factor behind violence and accidents that harm others, and millions of children in the world suffer from growing up in families with alcohol problems. Therefore, an alcohol policy based on solidarity is urgent both from a health point of view and to increase security and social well being of other persons than the drinker.

In the world of today, the effects of alcohol have to be taken into account in forming policies both on a local, a national, a regional and a global level. It is particularly important, that trade

agreements and economic cooperation between nations are not arranged in a way that prevents the participating states from carrying out policies to reduce alcohol related harm.

In our view, a global strategy should include advice on important elements in an alcohol policy for local communities. It should also sum up what is known about efficient national policies. Naturally, the policy of each community and state has to take into account the cultural circumstances and the role of alcohol in each society. But cultural differences should not be used as an excuse to avoid measures that can have effect but are believed to be unpopular in the short run. Sometimes carrying out efficient alcohol policy requires political courage and persistence. But alcohol problems in many countries now have become so serious, that strong leadership is necessary.

The global strategy should recommend good minimum policies, but also encourage those states, who want to carry out more ambitious policies to do so. In our alcohol policy platform, referred to above, the last paragraphs 15, deal with the need for international and global cooperation:

14. Alcohol is no ordinary commodity

International trade agreements, for instance in the World Trade Organisation (WTO) and economic cooperation in the EU and the European Economic Area (EEA), should not treat alcohol as an ordinary commodity. Free trade with goods and services, which is desirable in general, must not be regulated in a manner that prevents those states, who so wish, to carry out an active alcohol policy. Therefore, the EU member states must be given the right to decide on the rules governing traveller allowances, gifts and post packages of alcohol, and to control that these rules are followed, to mention one example. The minimum tax rates on alcoholic beverages in the EU must be raised, and every member state must have the right to decide on higher taxes, without being subject to the pressure of border trade from countries with lower taxes. International agreements in the service area should not be worded in a manner that can be used to force a country to permit alcohol advertising against its national policy. Alcohol should be excluded from the coming agreement on trade in services (GATS). States and international organisations must cooperate against smuggling and other illegal activities concerning alcohol.

Answer to question 3: How can AL contribute to reducing alcohol related harm?

AL is the acronym for Danish Alcohol Policy Network, - member organisations includes voluntary private organisations dealing with rehabilitation and social work.

One of our commitments is to build and bridge the Gap between voluntary organisations and official ones like the Municipals, research institutes, by disseminating national and international informations and best practise by ex. Publishing a Magazine "Misbrugspolitisk Magasin", news service together with four other organisations alike.

Comments of the Center for Science in the Public Interest

WHO “Public Hearing” on a Global Strategy to Reduce Harmful Use of Alcohol

November 3, 2008

The Center for Science in the Public Interest (CSPI) welcomes the opportunity to submit this comment in support of a Global Strategy to reduce the harmful use of alcohol. For nearly 30 years, CSPI has educated the United States public and policy makers about alcohol problems, organized national and international coalitions to promote public health policies to improve personal and societal health, and advocated evidence-based, population-wide prevention measures to preserve health and save lives.

CSPI has a membership base of more than 900,000 subscribers to its monthly newsletter, *Nutrition Action Healthletter*, and collaborates regularly with dozens of consumer, health, law-enforcement, child-protection, faith-based, education, social services, and other organizations on alcohol and other health and nutrition issues. Several of its projects, including alcohol policies, food safety, bio-technology, and food labeling, have worked extensively with international coalitions active in health-related issues at the WHO and other UN agencies.

George Hacker, the author of this comment, is a board member of the Global Alcohol Policy Alliance (GAPA) and has been actively involved since 2006 in educating WHA member state missions on alcohol-policy issues and in expanding and strengthening the international NGO constituency for a Global Strategy to reduce the harmful use of alcohol.

CSPI Views on Effective Strategies to reduce alcohol-related harm

At all levels – national, regional, global – effective strategies to reduce alcohol-related harm require the convergence of numerous substantive, organizational, communication, planning, and advocacy elements. One essential element, for which the World Health Organization is ideally suited (if not adequately resourced), is the need for global leadership for a highly visible movement to better recognize the social, health, economic and other harms related to alcohol consumption and to adopt a high-leverage policy agenda for their amelioration.

Substantial evidence (compiled by the WHO and others) has been amassed detailing the enormous burden of alcohol problems on individuals and societies. A substantial and well-respected research base (much of it contained in WHO-sponsored publications, such as the second report of the Expert Committee on Problems Related to Alcohol Consumption (WHO Technical Report 944) and *Alcohol: No Ordinary Commodity* (Babor, et.al.) and reports from several WHO regions (WPRO, Euro) outline numerous effective and cost-efficient policy approaches to reducing that well-documented (if insufficiently detailed for certain developing countries) global harm. Rather than list – as numerous comments will – the numerous

population-level policy strategies that have been found to be most effective in reducing the harm from alcohol, I note the contents of the above publications and include them by reference.

In short, a policy blueprint exists (subject to necessary adaptation for varying social, cultural, economic, political, resource-related, and other national and regional conditions) to guide the development of effective policy approaches to reducing alcohol harm. We know what works and what doesn't. What really matters for their implementation is the design and evolution of global, regional, and national processes that will create and strengthen the political and public will to support and adopt a comprehensive range of complementary public health policies that have a chance – together – to put a dent in alcohol problems and resist their growth.

With that in mind, CSPI believes that, in addition to educating and training member states (and others) on available effective policy approaches to combat alcohol harm, it will be necessary, and certainly desirable, for the WHO and its surrogates (regional offices, NGOs, inter-governmental organizations, national health officials, et. al.) to fashion a strong leadership role in shining a policy “spotlight” on alcohol problems and involving global networks of multi-sectoral political, academic, and civil society actors in efforts to strengthen public understanding and backing of policy measures to address those problems.

Strategies to do this involve improved data collection and monitoring of alcohol problems and costs (relevant to specific in-country or regional circumstances); analysis and dissemination of that data; community organizing and mobilization (especially among young people); leadership training; the development and strengthening of new national, regional, and global communications channels and support systems for the coordination of civil-society advocates; cross-fertilization of experience, expertise, and best practices among health practitioners and officials around the world; and the cultivation and education of the media at the national, regional, and global levels. It will also involve the integration (and/or consideration) of the role of alcohol issues in other global initiatives, such as trade, HIV/AIDS prevention, food security and development, and youth protection. Trade negotiations should involve public health representatives and those agreements should specifically provide exceptions for alcohol and other commodities that pose substantial risks to public health.

Ultimately, the implementation of effective alcohol policies depends on creating the national, regional, and global political will to address those issues. In some countries, WHO's call to action, backed by sufficient national interest and support, could play an influential role in advancing an effective policy agenda. The strategy needs vocal, visible, and visionary leadership at the global, regional, and national levels and adequate resources and tools to nurture and encourage the essential participation of civil-society actors (NGOs, health workers and professionals, labor unions, women's and faith-based organizations, youth advocates, et. al.) in the process of policy creation and implementation.

In addition, an effective strategy must include a clear explication of the (non-)role of “economic operators” in the policy-development process. Industry's role should be limited to the contributions that its members – producers, distributors, retailers – can provide in implementing a strategy designed by public health actors. WHO has an important role to play in ensuring that member states understand that vested economic interests should have no role in policy development activities. It is simply not realistic to expect corporations (or other alcohol purveyors), whose responsibilities include earning profits for their investors, to put the public

interest above those of their shareholders. Instead, industry should be encouraged to support public health policies and engage in educational and other activities that complement, rather than conflict with the underlying tenets of effective, evidence-based policy measures to reduce alcohol-related harm.

Economic operators' marketing, political, and other behaviors should be monitored and evaluated (where possible) for the degree to which they advance or subvert public-health oriented initiatives to reduce alcohol-related problems. In particular, industry's advertising practices that appeal to young people and heavy drinkers, service to underage drinkers and intoxicated persons, and predatory pricing strategies should be viewed as obstacles to global, regional, and country efforts to confront alcohol problems. That evaluation could be used to design further policy interventions to reduce alcohol harm.

Generally, based on extensive research, we know what policies work in developed countries to reduce alcohol-related harm. Those policies aim to reduce the physical availability of alcohol, increase its price, limit its promotion, discourage its use in situations (such as driving) where use increases risk of harm to the user and others, and provide screening and brief interventions for persons with drinking problems.

Informational approaches – e.g., media campaigns, school-based education, and improved labeling – may be limited in their effectiveness, but can be useful in complementing and reinforcing (not displacing) more effective policy approaches. Although relatively ineffective by themselves in promoting positive behavior change, they should be part of a balanced, comprehensive policy strategy to reduce societal alcohol consumption. To the extent resources are available at each level (global, regional, national), a global strategy should promote a comprehensive policy approach to reducing alcohol problems: a mix of population-based policies, law enforcement, information, and treatment and recovery strategies that reflect the cultural, social, political, and economic needs and capabilities of the country or region.

Regional and national considerations will determine the degree to which each of the favored policy approaches fits the social, cultural, economic, and resource conditions of a nation or region. However, it is the underlying policy approach that's important, and its articulation in the Global Strategy is essential. Alcohol must be addressed fundamentally as an extraordinary commodity possessing potentially addictive, intoxicating, and disease-inducing qualities – a commodity that contributes mightily to global, regional, and national burdens of disease, death, and disability. A strategy that focuses on alcohol as a revered and healthful element of the social, economic, and cultural fabric of society, one that has negative effects only for a relative few, would inappropriately steer policies and programs in the direction of emphasizing individual outcomes regarding alcohol use rather than toward universal societal changes. Particularly in resource-poor nations, that mis-directed approach could lead to the implementation of costly, ineffective interventions that ignore much of the societal dysfunction related to alcohol use.

Thinking Globally

WHO should provide leadership – and enhance the capacity of others (NGOs, member states, inter-governmental organizations) – to elevate the importance of alcohol issues globally and to promote the implementation of cost-effective, regionally and nationally appropriate, evidence-

based policy measures to reduce the harmful use of alcoholic beverages. The WHO should work closely with the NGO and professional health communities, the World Bank, Global Fund, international development agencies, et. al, to strengthen global networks that can help educate, motivate, and support policy advocacy at all levels. Efforts must take account of the increasing globalization of trade and communication and the burgeoning aggressiveness of global alcohol commerce, which is now largely controlled by a relatively small number of huge multi-national corporations. Special initiatives are needed to assure that NGO health activists and health professionals in developing countries have adequate information and opportunities to participate in the development of alcohol policies at all levels.

WHO should help create a new health paradigm that eliminates the subservience of alcohol health issues to trade, national security, immigration, and other global concerns. In reality, alcohol-related public health issues are very much important elements of those concerns, and should be considered part of those discussions (and others), as well as a fundamentally independent health issue.

Massive constituency building and political education will be necessary to help prepare for ongoing global policy efforts to reduce the harmful use of alcoholic beverages. The current Global Strategy should be considered the launching pad for efforts that will, over time, involve governments and non-governmental actors in policy activities that increasingly reflect the cross-border and international considerations necessary for effective prevention of alcohol problems. Rather than allow multi-national alcohol marketers to establish global norms for alcohol commerce and/or use, the WHO should enable health activists – in governments, national and regional NGOs, and inter-governmental organizations – to play a more effective role in establishing policy standards. That health movement requires a firm foundation; and the current Global Strategy must contribute to its development and maturation over time.

How CSPI can Contribute

Throughout its history, CSPI's advocacy for evidence-based, population level alcohol policies has relied on bringing together diverse constituencies to recognize a common interest in controlling the harm from alcohol consumption. CSPI has emphasized how alcohol policy fit into others' organizational agendas as well as represented an independent and critical public health issue. Our expertise has also spawned numerous examples of creative media and health advocacy that has helped elevate the visibility of alcohol policy issues and promote public health oriented reforms. As advocates, we have formed useful relationships with researchers, pollsters, medical and health professionals, government executives, and others who play important roles in the policy-development process. Many of our activities have helped educate and activate the public or forced alcohol marketers to moderate their marketing and labeling practices.

Both as members of the Global Alcohol Policy Alliance and independently, we look forward to using our organizing and advocacy skills to contribute to building a substantial global constituency of NGOs and others for public health policies on alcohol. Additionally, CSPI looks forward to sharing (and adapting, as necessary) the considerable substantive advocacy materials we have developed on key evidence-based alcohol policy issues – e.g., taxes and pricing policies, advertising and marketing, alcohol promotion and sports, product development, minimum legal purchase age, underage drinking, etc.

CSPI also plans to continue its efforts to educate United States and other government health delegates to the World Health Assembly about public-health policy strategies to reduce the harmful use of alcohol. We will continue to advocate for a strong Global Strategy and for subsequent international agreements that will incrementally strengthen the ability of nations, regions, and the global community to protect public health and enhance the quality of life of their citizens.

CANADIAN
VINTNERS
ASSOCIATION



ASSOCIATION
DES VIGNERONS
DU CANADA

Submission to the World Health Organization (Resolution WHA61.4)

Strategies to Reduce Harmful Use of Alcohol

November 2008

Introduction

This submission is presented on behalf of the Canadian Vintners Association (CVA) in response to the World Health Organization (WHO) web-based consultations towards a constructive, inclusive global strategy process led by the WHO Secretariat on strategies to reduce the harmful use of alcohol.

The CVA is the national association of the Canadian wine industry representing wineries across Canada responsible for more than 90% of annual wine production. CVA members are engaged in the entire wine value chain from grape growing, farm management, grape harvesting, wine production, bottling, retail sales and tourism.

Wine has a special social and cultural significance in Canada, and in many other parts of the world. While there is an important need to continue efforts to reduce the harmful use of alcohol, consumed in moderation, medical evidence suggests a health benefit for many individuals.

Wine also plays an important role in the economy, generating jobs and tax revenue. For example, in 2007 the value-added impacts of wine produced and sold in Ontario (Canada), delivered \$8.48 per litre to the Ontario economy. In addition to these benefits, the wine industry attracts millions of responsible wine and culinary tourists who travel to wine producing regions while participating in outdoor adventure activities, visiting art galleries, museums, performing arts, etc., which contribute significantly to the local and regional economies.

Effective Strategies

In Canada, many levels of governments, stakeholders, non-governmental organizations, researchers, policy analysts and the alcohol industry share the responsibility for creating and implementing initiatives and measures that prevent or reduce alcohol-related harms.

Best Canadian practices and strategies that affect alcohol consumption and use include:

- instituting and strictly enforcing a minimum legal drinking age (in Canada, the age is 19 except in Manitoba, Alberta and Quebec where it is 18);
- restricted hours and days of sale of alcohol (in Canada, there is a relatively strict level of control in provinces for both their hours and days of sale at both alcohol outlets and licensed establishments);
- publicly owned entities control most of the distribution of alcohol (in Canada, each province and territory has established a liquor authority responsible for the control and sale of alcohol);

- outlet density restrictions (e.g., zoning laws limit the clustering of retail alcohol outlets in a particular area);
- alcohol taxes (e.g., federal excise tax; provincial markups and environmental taxes; federal and provincial sales taxes);
- sobriety check points (random or selective testing of drivers at roadside checkpoints);
- lowered Blood Alcohol Content (BAC) limits (in Canada, over 0.08 is a *Criminal Code* offence and the courts are instituting increasingly heavy penalties for alcohol-related driving offences);
- most provinces have instant temporary driving suspensions when blood alcohol limits exceed .05 range. They also impose administrative license suspensions for periods ranging from 12 hours to 90 days;
- graduated licensing for novice drivers;
- brief interventions for hazardous drinkers (early intervention designed to motivate high-risk drinkers to moderate their use of alcohol);
- broadcasting advertising code for alcoholic beverages in Canada is governed by the Canadian Radio and Television Commission (CRTC), with 17 guidelines that outline what commercial messages for alcoholic beverages may and may not say and show; and
- municipal designation of “dry” communities in remote areas (i.e., aboriginal, mining, etc.) which means no sales or importation of alcohol. This has been an effective step in reducing alcohol abuse amongst individuals in these regions.

The Canadian wine industry is deeply committed to continuing to work in partnership with governments and other stakeholders to effectively prevent and mitigate alcohol abuse and misuse. We recognize that while most alcohol beverage consumers drink moderately and responsibly, the harmful use of alcohol can have public health impacts. It is important that effective strategies to reduce alcohol-related harm are guided by sound practices, including the need to base policies and interventions on the best available evidence.

In this regard, the CVA believes that a collaborative and evidence-based approach is the appropriate way to develop good policy, as advocated in WHA61.4, and being implemented through Canada’s National Alcohol Strategy, *“Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation”* which was released in August 2007. The report’s recommendations focused on four key areas:

- health promotion, prevention and education;
- health impacts and treatment;
- availability of alcohol; and
- safer communities.

There is a wide diversity among WHO Member States, and a global strategy should not imply a one-size-fits-all policy prescription. There are simply too many differences across countries, regions and populations to suggest or try to impose an all encompassing approach.

What the Canadian model and strategy offers is a fair and balanced approach, engaging all legitimate stakeholders, including the beverage alcohol industry, to explore and identify effective national approaches to alcohol policy.

We would encourage the WHO Secretariat to consider Canada's National Alcohol Strategy as a working model for international efforts around the globe. This framework would present a real opportunity for the WHO to work in partnership with Member States to prevent harmful drinking while allowing the vast majority of consumers to continue enjoying alcohol responsibly.

Global Perspective

The CVA does not believe that there are any simple answers and easy solutions to reduce problems related to the harmful use of alcohol. Nonetheless, we do believe that a Global Strategy process can pursue goals which will improve public health.

To ensure that a Global Strategy is effective, it is important to recognize that roughly half of global alcohol consumption comes from informal or illicit sources. This is a serious and complex problem which must be addressed if we are to seriously tackle the harmful use of alcohol. Even in a developed country like Canada, liquor authorities regularly point to the significant volume of illegally produced alcoholic substances.

Beyond the use of illicit alcohol, it is fundamental to understand the complexity of alcohol abuse by individuals and/or groups, the pattern of use and what specific measures will effectively address the problem. Failure to fully understand the problem will not result in effective or well-designed response mechanisms.

We support Canada's approach, which based recommendations on sound scientific research, the involvement of people with practical experience, a focus on end users and took advantage of the knowledge and experience offered by all stakeholders. For example, targeted interventions that focus on those individuals, settings and behaviours that are likely to be linked with harmful outcomes, are a more focused and pragmatic approach to improving public health relating to alcohol. They offer immediate interventions, are responsive to differences in drinking cultures, as well as local needs and concerns.

Marketing

The marketing of alcohol is a complex issue which varies around the globe. Developed countries, like Canada, have regulatory mechanisms which govern the marketing of alcohol. Further, many parts of the beverage alcohol industry have also adopted their own codes of responsible marketing to self regulate and control various aspects of their marketing practices.

More can be done to address marketing concerns including:

- work with the WHO to develop and expand model codes and exemplary practices to assist emerging markets and developing countries;
- work with governments on the development and implementation of codes and programs to facilitate the creation and operation of self-regulatory organizations;
- develop self-regulatory initiatives that reach out beyond producers to include advertising agencies, media companies, retailers and the hospitality industry; and
- organize campaigns for responsible drinking, targeting specific groups and focusing on specific issues such as drunk driving, while calling attention to responsible drinking websites to prevent alcohol misuse.

Availability

The availability of alcohol is focused on two key issues: legal age limits and the informal and illicit markets for alcohol.

While it is important to have laws which impose the legal age to consume alcohol, it is equally or even more important to educate young people about the responsible use of alcohol.

In Canada, legal drinking age laws and public education go hand in hand with industry awareness programs, responsible hospitality initiatives, partnerships with community stakeholders and working efforts with governments to reinforce drinking age limits, including:

- proof of age identification for the service or purchase of alcohol;
- staff training in serving establishments to identify minors, effectively enforce minimum age limits, and restrict service to customers who have over indulged; and
- monitoring programs for licensed premises.

Availability of alcohol from non-commercial or illicit markets, which includes products that are illegally distributed through smuggling, counterfeit products or “home brews”, represents more than one half of alcohol consumption. This requires an immediate and effective strategy which could include:

- laws against the production and sale of non-commercial alcohol, including counterfeit alcohol products, that are enforced through inspections and seizures;
- measurement of non-commercial alcohol production and consumption to assist governments in developing sound policies to address the non-commercial market; and
- consumer information and public awareness campaigns about non-commercial alcohol and its serious health risks.

Distribution

Alcohol producers and retailers can work together to help reduce harmful alcohol use. However, we caution that a one-size-fits-all global strategy for retail programs is not nearly as effective as engaging stakeholders in the development of a strategy tailored to community needs, circumstances and cultural norms.

This includes:

- limitations on point-of-sale promotions and advertisements;
- development of self-regulatory practices and codes of conduct that are applied down to the retail level;
- licensing measures which stipulate outlet density, types of outlets, days and hours of sale etc.;
- government-assisted education and training programs for retail sales and service addressing the harmful use of alcohol, the service of alcohol to minors or intoxicated individuals and best practices.

Governments must always pay special attention to ensure that regulatory restrictions do not shift legal alcohol sales to the black market, creating unintended consequences.

Pricing

In general, the pricing of alcohol is not the best means to address the harmful use of alcohol. In economic terms, alcohol is seen as having an overall inelastic demand and hence does not respond easily to market pressures. Moreover, the “problem” drinker will reduce alcohol consumption by a smaller proportion than the price increase. The responsible consumer, on the other hand, is unfairly penalized.

The likely ineffectiveness of price measures against harmful use must be weighed against their often negative, unintended consequences including:

- higher prices can shift consumers towards informal and/or illicit supplies and venues, which can increase the harmful use of alcohol; and
- higher prices can increase crime and corruption, result in tax avoidance and increase enforcement, health and social costs.

From Canada to the World

The CVA has been actively involved in the Canadian national alcohol strategy process and its range of approaches where the notion of sensible alcohol use, or developing a culture where moderation is the goal, underpins the strategy, signaling a new way of thinking about alcohol use and abuse.

Our industry has worked closely with the Canadian Centre on Substance Abuse's (CCSA) Fetal Alcohol Syndrome Disorder (FASD) Information Service. Our efforts have helped develop an electronic gateway to Canadian sources of information on the effects of alcohol and other substance use during pregnancy. Further, our FASD efforts have also been dedicated through the Sick Kids Motherisk Program which focuses on early identification and intervention efforts, counseling and education and the delivery of new information and training to health care professionals.

Most recently, our Association has given support to the development of a Screening, Brief Intervention and Referral Tools and Strategies program, in cooperation with other Canadian beverage alcohol associations, and the CCSA. The goal of this program is to reduce alcohol-related harm in adults through a culture of moderation and to encourage responsible drinking. Support for this project will help prepare best practice content to assist primary care doctors and health care providers in identifying problem adult drinkers and helping them get the assistance they need before becoming a burden to themselves, Canadian society and the health care system.

The CVA has a strong record of working to reduce the harmful use of alcohol. We are eager to continue working with the WHO Secretariat and others on effective, evidence-based approaches and policies. We are prepared to cooperate actively on important new opportunities to address the harmful use of alcohol, and share Canadian expertise, experience and information, which we believe can be very helpful.

Conclusion

In closing, a Global Strategy must reflect national, regional and cultural contexts and respect the different public health needs, priorities, capacities and resources of Member States. To ensure the successful exchange in knowledge, attitudes and practices concerning alcohol use, we caution against proposals for a one-size-fits-all Global Strategy, while recognizing that all relevant players must share responsibility for addressing the problems caused by the harmful use of alcohol.

Canadian Foundation on Fetal Alcohol Research (CFFAR)

Submission to the World Health Organization

October 2008

Introduction

This submission is presented in response to the World Health Organization's (WHO) public hearing on the development of a draft global alcohol strategy. The effective strategies being undertaken in Canada to address Fetal Alcohol Spectrum Disorder (FASD), the contribution of the Canadian Foundation on Fetal Alcohol Research (CFFAR) and other organizations to reducing alcohol-related harm, and the relevance of the Canadian model to a global approach form the basis of WHO's request and of this discussion.

Established in 2007, the Canadian Foundation on Fetal Alcohol Research (CFFAR) is an independent non-profit foundation which promotes interest and funds research related to the short and long-term bio-medical, psychological and social effects of fetal alcohol spectrum disorder (FASD).

CFFAR was created with an initial contribution from the Brewers Association of Canada of \$1 million over five years, making it by far the largest non-government investment in FASD research support in Canada, and possibly in the world.

In keeping with scientific and academic tradition, all grant applications are peer-reviewed under the direction of the Research Director of CFFAR according to standards set by the Canadian Institutes of Health Research. Grantees are encouraged to publish and present the results of their research without prior review or approval by CFFAR. As well, their work will be shared with users of knowledge at the annual Fetal Alcohol Canadian Expertise (FACE) Research Conference.

In September 2008, CFFAR announced the funding of three inaugural grants. Support for additional grants will follow.

FASD in Canada

Fetal Alcohol Spectrum Disorder (FASD) is the umbrella term used to describe the range of harm that may result from prenatal exposure to alcohol. These concerns can include health, physical, developmental, intellectual and social challenges. At present, it is difficult to determine an accurate prevalence rate for FASD in Canada. However estimates suggest that about 300,000 Canadians are already living with negative consequences related to FASD, and it is estimated that nine out of 1,000 babies are born with it each year. The reality is that FASD is a serious health and societal concern for all Canadians.

FASD is the leading cause of developmental and cognitive disabilities among Canadian children. The effects of FASD, the result of a woman's alcohol consumption during pregnancy, are physical, mental and behavioural and can have lifelong implications for the affected person, the mother, family and community. In many cases, it has been shown that persons living with it develop secondary disabilities, such as depression, obsessive-compulsive disorder and alcohol and drug addictions, all of which may directly contribute to negative social and economic outcomes. These are research questions that can be studied through the support of the Foundation.

Effective Strategies

The World Health Assembly Resolution **WHA61.4** urges member states “to consider strengthening national responses, as appropriate and where necessary, to public health problems caused by the harmful use of alcohol, on the basis of cost-effectiveness of strategies and interventions to reduce alcohol-related harm generated in different contexts”. The contribution and role to be played by all stakeholders, including economic operators, is also recognized in this resolution.

Evidence-based and cost-effective strategies and interventions advocated in **WHA61.4** are already being implemented in Canada, within the context and through the guidance of the National Alcohol Strategy and the Canadian government's Framework for Action on FASD.

National Alcohol Strategy

The National Alcohol Strategy (NAS), released in April 2007, is both comprehensive and collaborative involving more than 30 participants drawn from the federal and provincial/territorial governments, non-governmental organizations, researchers, addictions agencies as well as the alcohol beverage and hospitality industries. The NAS represents a new way of thinking about alcohol use. It envisions the development of a culture of moderation - that includes at its heart an understanding of how much to drink, when to drink, and, certainly in the case of pregnancy, not to drink at all.

It is of crucial importance to the NAS that actions and interventions be cost-effective and evidence-based. On this basis, the NAS excludes alcoholic beverage warning labels as a recommendation. Similarly, a 2005 Canadian Parliamentary Health Committee, responding to evidence received from many experts, rejected alcohol beverage warning labels for FASD (and for messaging around impaired driving and health) as both ineffective and a draw on critical resources best allocated to targeted programs and interventions which do work.

The NAS recognizes the complexity of the FASD issue. In fact it is a public health and social issue, affecting individuals, communities, cultures, families and society as a whole. All sectors are called on to continue to make efforts to prevent FASD and support those who must live with it. The Strategy also calls the development and dissemination of screening and diagnostic tools, and promotion of their use by physicians and other health care professionals.

Framework for Action on FASD

The Canadian Government's Framework for Action on FASD also recognizes the complexity of FASD; that FASD is an alcohol and addiction issue, with ramifications in areas including woman's health, disability, family violence, mental health, employment, child welfare, education and the criminal justice systems. As such, a holistic, integrated approach to FASD is required, recognizing that FASD is not just a health issue but rather has long term societal and economic implications.

To this end, the Framework also engages all sectors from NGOs, government, academia, health professionals, the research community and economic operators. The Framework sets out multi-faceted goals that include: the expansion of knowledge development and the exchange of information (research); the increase of public and professional awareness and the understanding of FASD and the impact of alcohol consumed in pregnancy; the consolidation of the resources, skills and knowledge that already exist at all levels around the use of alcohol during pregnancy - in families, communities, regions, governments, private industry and NGOs; and the creation of pan-Canadian screening, diagnostic and data collection and reporting tools and approaches.

Strategies into Action

The Brewers Association of Canada (BAC) and its members' contribution to CFFAR is part of an ongoing commitment to the prevention of alcohol use during pregnancy that began in the early 90s. The brewing industry's efforts in this area play an important role in implementing the National Alcohol Strategy (NAS) and have evolved over the past two decades, through the engagement of partners and the launch of new programs, to encompass many of the goals of the Framework for Action on FASD as well as those of the NAS.

The industry's support of the Annual Fetal Alcohol Canadian Expertise (FACE) Conference allows researchers and scientists to meet and exchange information as well as build on existing knowledge, while contributions to the Motherisk Program of the Hospital for Sick Children assist in the operation of a toll-free hotline to provide new and expectant mothers, as well as any other interested citizens, with evidence-based information, consistent-messaging and guidance on the potential risks to the developing fetus or infant. The Motherisk Program relies on and brings together a diversity of skills and resources drawn from across the community. It has become the reference in Canada for those who want to discuss with an informed counselor specific concerns about alcohol and pregnancy.

Another program supported by the brewing industry includes the Alcohol, Risk Assessment and Intervention (ARAI) Program launched in cooperation with Health Canada and the College of Family Physicians of Canada (CFPC) in the early 1990s. That program, which provided physicians with the tools to assess and address alcohol-related problems and concerns among their patients is being renewed and extended to health caregivers at large through funding assistance from the Brewers Association of Canada, Spirits Canada and the Canadian Vintners Association. The Screening, Brief Intervention and Referral (SBIR) Program, as it is now called, is a recommendation of the National Alcohol Strategy and the Framework for Action on FASD, which when established will allow health caregivers to interact with patients on concerns related to alcohol consumption, including FASD.

Finally, the industry in the past has worked closely with the Native Physicians Association in Canada (NPAC) in the development of culturally sensitive FASD programming for the aboriginal community.

Research

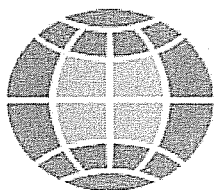
In 2008, following a peer review process, CFFAR selected its inaugural grant applications which will allow talented and innovative researchers to continue their work and advance knowledge of the bio-medical, psychological and social aspects of alcohol consumption during pregnancy. Their work, and the work of future grantees, will enable the development of improved tools and strategies for healthcare professionals, and for improved medical and psychosocial assistance for individuals and their families living with FASD.

While research can never replace a network of support and education, it is the key ingredient to understanding the causes and effects of FASD, and to developing ways to address them. If and when we can demonstrate scientifically that the psychological and social problems of people affected by FASD are a result of their biological condition, then as a society, we will be better able to understand and assist those in need. Most importantly, the goal of CFFAR is to help launch a new generation of Canadian researchers dedicated to increasing our understanding of the effects of alcohol consumption during pregnancy. CFFAR will also increase our understanding about the children, adolescents and adults who live with FASD, and the tools and strategies that can be developed to help them cope.

From Canada to the World

CFFAR believes that the strategy and actions associated with the Canadian model have applications to addressing the issue of FASD on a global level. The nature of FASD, the complexity of the issue, its impact on society, communities and individuals from all walks of life, are a constant. To summarize:

- Given the far reach of FASD, its reverberations throughout society, a wide ranging strategy is required, and should involve input from a diversity of stakeholders, including economic operators;
- Programs and actions on FASD must encompass direct engagement of those most at risk and must be culturally-sensitive;
- Physicians and health caregivers, those on the frontlines, must be given the tools and resources to identify, screen and refer patients most at risk;
- Centres of excellence, as in the case of the Motherisk Program of the Hospital for Sick Children, which bring together knowledge, skills and resources from the entire community, should be established;
- Support needs to be provided to FASD research, which is the key ingredient to understanding the problem. Opportunities must be allotted for the exchange of research information and the development and progression of young and new researchers in this field;
- Biological and medical research on FASD is important, but at the same time the social and psychological impacts on those affected directly – those living with FASD, and their families should not be forgotten. Research efforts need to address the full spectrum of the problem; and,
- Effort and activity must be devoted to measures that work; measures that do not work, such as warning labels, do great harm as they are often perceived by governments as the final extent of commitment, and are a drain on critical resources.



IOGT-NTO MOVEMENT
International Institute

WHO Public Hearing – Global Alcohol Strategy

The International Institute of the IOGT-NTO movement is a networking and implementing NGO working with development cooperation with NGOs and governments in a number of countries in Eastern Europe, Africa and Asia. Our focus is alcohol and alcohol policies in a global environment as well as in national contexts.

Our concern is mainly the public health in developing countries which we deem more vulnerable than the developed countries to harm caused by alcohol. This applies to policies and market regulation, research, knowledge base and health systems for prevention and treatment.

Question 1. What are your views on effective strategies to reduce alcohol-related harm?

First of all we wish to laud the Secretariat of WHO for its report “Strategies to reduce the harmful use of alcohol” (20 March 2008) which in a comprehensive way compiles not only all harm from a public health view but accordingly also focuses on/proposes necessary measures to prevent and reduce harm.

The report constitutes a launching pad but needs to be supplemented by research from member states to broaden the scientific base and understanding of local contexts. Policy initiatives targeting the population at large will with cultural and context sensitive measures address harm in an effective way.

Safeguard public health policy making

It is essential for any government to state the place, value and **status of public health** as a base for imposing alcohol policy measures. If public health is placed in a subordinate position of trade or industry, the success of an alcohol policy will be jeopardized. **Safeguard public health policy making** from the influence of vested interests (production, distribution, marketing) at all levels whether national, regional or international. There are few, if any at all, similarities between the public health agenda and the objective of the alcohol industry, quite the opposite. The conflict of interest is evident. Where industry wants an increase, public health implementers want less. Attempts in Sweden with cooperation between vested interests in alcohol production and retail and government were complete failures.

Disclosing and stressing how **alcohol impacts almost every sector** of society is essential as this fact needs to involve other sectors than public health to address the issue. (Loss of production, burden of crime on police, courts and prisons, security of women and children etc). This will broaden the base of stakeholders. An integrated approach at all levels is basic to successful and effective policies.

Pricing and taxation

Pricing and taxation are proven effective measures to control and adjust drinking levels and patterns. WHO should commit itself to the scientific research proving the efficiency of high pricing and taxation both to suppress consumption levels in the general population as well as being a cost efficient tool. All national policies should include taxation/excise of alcohol beverages also to secure revenue to meet costs accrued from alcohol harm.

Restriction of availability

Restriction of availability is a proven core tool to successful alcohol control. Limiting number of outlets, minimum legal purchasing age, restrictions of days and hours of opening, considering religious centers and schools in the vicinity etc. This is a sensitive matter as business interests conflict with public health interests. It is necessary to upgrade the importance of public health assessments prior to issuing licenses.

Marketing regulation

From a public health point of view alcohol is a commodity that due to its comprehensive negative impact one does not want to be promoted. A **ban on marketing** similar to the ban on tobacco products (See FCTC Article 13.) should be implemented at national level. There is also a need for international coordination and cooperation around marketing where initiatives by WHO will be appreciated as TV and internet know no borders

Driving – Pregnancy – Work place - Peer

Establish and secure a norm of **occasional non-use** of alcohol when **driving**, when **pregnant**, when **at work** and when **being a peer** among youngsters and children. This requires strengthening of law enforcement, training of health staff, increased awareness among employers and similar. This strategy does have an advantage as it can easily win public support.

Early intervention

Early intervention needs be a part of an alcohol strategy both from human values as well as an economic standpoint. Addiction rehabilitation is costly and fails more often than succeeds. Training of medical staff is crucial. Employers may also profit from allocating resources and acquiring such skills to the organizational structure of the work place. There is sufficient evidence to get on to this track of identifying risky drinking and to train medical staff, doctors and nurses, to intervene by asking a client about his/her drinking habits. Early intervention is very cost effective.

Civil society

Involving civil society will be useful for any government trying to impose an effective alcohol policy as it requires the support by the general public. The objective of vast sectors of civil society is poverty

eradication, education, health, but also rights for groups of society like children and women. In all these areas of societal concern and duty it is evident that alcohol impedes development and exacerbates an already distressing situation in many developing countries. Civil society via a great number of NGOs reaches out to communities in a way that complements government efforts and programs in development.

Civil society also has another role to play. Civil society is a watchdog, keeping an eye on promises to be kept and resolutions implemented. Civil society is also a very useful tool for communicating development policies and can involve vast masses of people by networking around an issue like alcohol.

Strategy integration

Integration of all the above strategies into one national alcohol policy would constitute an extremely conducive base for improving and/or protecting public health.

The evidence base is there in the year 2008 to formulate effective alcohol policies. Science has delivered. Utilize it! Transform it into policy! Enforce it! Establish the necessary legal structure to follow up and to hold authorities and decision makers accountable.

Question 2. From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

WHO should guide all its member states to pass national alcohol policies based on effective evidence based strategies and methods. Population based policies in combination with risk group intervention and qualitative and accessible treatment would reduce problems. The former two are cost effective while the latter is less cost effective but can not be neglected as harm is caused also to family and other persons around someone abusing alcohol.

WHO should make sure to adopt a global alcohol strategy at the WHA in 2010 to support and guide national initiatives. To any government a good and public health focused alcohol strategy would be of indispensable value to either initiate or to revise its alcohol policy.

WHO should advise its member states to demonstrate boundaries between public health policy and vested alcohol interests. No interference in the policy making should be accepted.

WHO should initiate and fund further research on alcohol in all regions of the world and especially cater for the need of such research in developing countries and emerging economies.

WHO should support the development of information systems via internet and other media to make research and policy capacity available to countries in need of support. Establishing a policy making unit could be considered to which governments could turn to get the needed knowledge support.

WHO should encourage and facilitate regional cooperation and exchange of experiences combined with acquisition/dissemination of recent research. Networking is a cost effective mode to attend to capacity building.

WHO should invite civil society to make a concerted effort and give priority to address alcohol issues as many other poverty, health and socially related problems will find a quicker solution.

WHO should also further elaborate the definition 'harmful use'. Harmful use is normally defined as misuse or abuse as if there would be a clear distinction, an apparent border between use and misuse.

Question 3: In what ways can your organization contribute to reduce harmful use of alcohol?

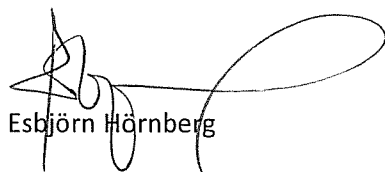
The International Institute of the IOGT-NTO movement in Sweden has a long history of working with alcohol and alcohol related problems. IOGT-NTO is a member of an international organization with member organizations in 60 countries. We have close cooperation with many of these but also other partners in Africa, Asia and Eastern and Central Europe.

This is our mission: Our mission and commitment is to encourage and support relevant agents in their strive for a decreasing use of alcohol and other drugs in developing countries, and thus contributing to a democratic development and reduction in poverty.

We produce and disseminate material *) (e.g. "HIV and alcohol" 2008; Victoria dvd series 2005); support scientific journal (AJDAS, African Journal on Drugs and Alcohol in Society); organize conferences for GOs and NGOs on alcohol and alcohol policy (East African Region, January 2009); facilitate youth exchange with focus on alcohol and drugs; supporting regional resource centres in alcohol documentation, information and methodological development (ADIC Sri Lanka; CSAP Tanzania); initiate and support networks (RIAN-DAC South East Asia); partner capacity building (partner NGOs in some 10 countries); information to major parts of the Swedish aid community (member of the Swedish NGO-network Forum hiv/aids); good contacts with scientists in the developed and developing world; cooperation and coordinated efforts with Forut Norway for action in developing countries on alcohol and alcohol policies.

*) Examples within each area given in brackets.

The International Institute of the IOGT-NTO Movement, Sweden



Esbjörn Hörnberg
Secretary General

Commonwealth Medical Association is a registered body in UK comprising of the National Medical Associations of commonwealth countries. Our member countries are 53 in number. CMA has a good mix of developed, developing and undeveloped countries. Hence transfer of knowledge and technology between them will be easier.

CMA works through its NMAs in their respective countries by capacity building & knowledge transfer. CMA is affiliated with Commonwealth Secretariat & Commonwealth Foundation regarding projects and workshop with the aim of creating a “Healthy Commonwealth”. CMA is on an observer status at WHO. CMA coordinates with other Health professional organizations in Commonwealth like Nurses Federation, Pharmacist ‘s Association & Dental Association.

Commonwealth Medical Association contributes to the Commonwealth Health Ministers meeting which proceeds the WHA every year and also to CHOGM once in two years.

CMA has developed an “Alcohol Policy for Commonwealth countries” to be adopted by respective National Medical Associations respecting their countries’ culture and environment. CMA is concerned with the growing incidence of Alcohol use by developing and under developed Nations in commonwealth because of the Health consequences more so about infections susceptibility like Malaria, Kala Azar, Dengue, HIV etc, ultimately leading to **poverty** in these countries which prevents the economic progress of these Nations.

Hence to reduce the current and future harms of Alcohol use in all the commonwealth countries and Globally, CMA strongly believes that effective Global Strategies are needed.

CMA welcome the opportunity given to participate in the Public Hearing and assure to support WHO in this vital Health Agenda.

Question 1: What are your view on effective strategies to reduce Alcohol Related Harm? Evidence based policies and Best practices in developed countries to be implemented Globally.

A. **Reducing the availability:** Uniform legal age for Alcohol Purchase and consumption.

May not be possible Globally but Regionally possible must be kept at 23 yrs.

Regulating the location and number of alcohol outlets.

Government nonpoly is supported.

Restricting hours and days of availability .

B. Increasing Taxation reduces use of Alcohol

C. Drink Driving laws including BAC & Random Breath testing powers.

D. Ban on Direct or surrogate alcohol promotion messages.

“World No Alcohol Day” – October 2nd to be declared to respect the crusader on this issue Shri. MG Gandhi from India. This will remind community about the Harms of Alcohol use.

Question 2: Best ways to reduce problems related to harmful use of Alcohol:

Population based policies are effective.

Strategies must embrace public health and policies must be drafted based on public health without commercial interventions.

Target young population and women globally more so for the developing world.

Recommends to WHO to call for a Frame work convention on Alcohol control as FCTC because Alcohol contributes as much to death and disability as Tobacco.

Question 3: What CMA can contribute?.

CMA as an umbrella body has National Medical Associations of 53 commonwealth countries. Hence a Health network of 53 countries is within CMA. Effective policies and scientific models can be percolated down to the public in developing world through Medical Associations. When strategies to reduce Health Harms are advocated through Medical profession public compliance will be good. CMA will strongly advocate public Health Based Alcohol control policies in Commonwealth Countries.

Dr. S. Arulrhaj, MD.,

President - Commonwealth Medical Association, UK

Sundaram Arulrhaj Hospitals,

145/5B, Jeyaraj Road,

Tuticoinn – 628 002

Tamil Nadu, India

Email: drarulrhaj.cma.uk@gmail.com

Phone: +91 – 99945 80001

Reducing Alcohol Related Harm

Drinking and Driving

i. Drinking and driving

The consumption of alcohol, even in relatively small amounts, increases the risk of being involved in a road crash for motorists and pedestrians. Not only does alcohol impair processes critical to safe road use, such as vision and reaction time, it is also associated with impaired judgement and so is often linked to other high-risk road use behaviours such as speeding or not using seat-belts.

In many countries, research indicates that considerable proportions of drivers, motorcyclists and pedestrians have alcohol in their blood in sufficient concentrations to impair their road use skills. Unfortunately, in many countries, the scale of the problem is not well understood, there is little public awareness of the problem and legislation and enforcement are often inadequate.

The World report on road traffic injury prevention, published in 2004 by WHO and the World Bank, identifies the effectiveness of programmes aimed at drinking and driving as a proven effective measure to reduce death and injury on the road.

ii. Global good practice solutions to preventing drinking and driving

As part of the United Nations Road Safety Collaboration, the Global Road Safety Partnership led the development of the first global good practice manual on preventing drinking and driving, published in 2007, entitled "Drinking and driving: a road safety manual for decision-makers and practitioners". The manual was developed in close collaboration with WHO, the World Bank, the FIA Foundation, and the principal authors were the UK's TRL and ARRB of Australia with input from low and middle-income country experts.

The manual provides practical advice for jurisdictions wanting to reduce the incidence of road crashes and road crash injuries related to drinking and driving. The manual is targeted at governments, non-governmental organizations and road safety practitioners, particularly those in low and middle-income countries where alcohol is consumed by a large proportion of the population and prevention measures are often lacking or insufficient.

The manual helps users identify which steps are relevant to the situation in their jurisdiction, and then provides the practical advice needed to implement the steps. As well as focusing strongly on technical measures, the manual also describes the institutional structures that need to be in place for a programme aimed at reducing crashes involving drinking and driving to be successful.

In summary, the manual recommends users to

- 1) Assess the local situation in relation to patterns of alcohol consumption and its impact on road crashes

Jurisdictions should conduct a situation assessment as a basis for understanding the drink drive situation and designing an effective programme. Data collected should include

- o **health and crash data on incidents involving alcohol** – to assess the extent of the problem and identify main target groups
- o **information on laws relevant to drinking and driving** – to understand the current legal framework and whether changes may be important in order to implement a programme with potential for improving the situation;
- o **stakeholder assessment** – to identify the interest groups, their positions and how to involve them effectively in the programme;

Reducing Alcohol Related Harm

Drinking and Driving

- o **identifying community perceptions** – to assess the level of community understanding of the problem and support for interventions and to determine whether other programmes are being undertaken/have been undertaken from which lessons can be learned.

Based on the outcome of the situation assessment, priority actions should be chosen.

- 2) Design and implement a drinking and driving prevention programme including how to gain political and community support for a programme through establishing a stakeholder working group.

Global good practice and research shows the following measures to be the most effective in preventing road crashes and road crash injuries related to drinking and driving.

- o **Laws and penalties**

- Strong BAC or BrAC levels
- Lower BAC for driver groups such as bus drivers or young drivers
- Laws prohibiting Initiatives to control alcohol access and distribution alcohol sales at certain locations and times
- Random breath testing powers by the traffic police
- Graduated licensing for novice drivers
- Strict and swift punishment for those who break drinking and driving laws

- o **Enforcement**

- Robust and visible enforcement of drink-driving laws
- Strategic enforcement by the traffic police
- Full road-side enforcement capabilities by the traffic police, including evidential breath testers

- o **Public information and education**

- Including targeted, frequent publicity campaigns linked to strengthened enforcement efforts

- o **Monitoring and evaluation activities**

- o **Other programmes**

- Employer programmes
- Vehicle sanctions
- Designated “driver and ride” service programmes
- Treatment for repeat offenders
- School education programmes

- 3) Assess the impact of the programme.

- use data collected prior to the implementation of a programme to assess impact
- chose relevant monitoring and evaluation methods
- use the results of monitoring and evaluation activities to refine and improve the programme

Reducing Alcohol Related Harm

Drinking and Driving

iii. The Global Road Safety Partnership (GRSP)

The Global Road Safety Partnership (GRSP) brings together governments and governmental agencies, the private sector and civil society organizations to address road safety issues. GRSP is a hosted programme of the International Federation of Red Cross and Red Crescent Societies (IFRC), based in Geneva.

Traditionally, road safety has been seen as an unfortunate consequence of a transport system and a problem for the transport sector. However, the direct costs of the growing number of crashes falls mostly on the health sector, businesses and families. Today it is widely acknowledged that many sectors have a role to play in road safety, especially in the prevention of crashes, deaths and injuries. GRSP brings together these sectors at the global, national and local government level.

GRSP provides advice and guidance on good practice, engages in advocacy work, undertakes capacity building in the field of road safety, and facilitates programme delivery.

iv. GRSP's contribution to the reduction of drink drive related road crashes, injuries and fatalities

GRSP is assisting jurisdictions around the world with drink drive prevention using the recommendations of the good practice manual as a guideline.

GRSP brings together global and local experts from various relevant subject areas— such as enforcement, public health, the media, laws and standards, community programmes - with key governmental and non-governmental stakeholders, including the private sector, and facilitates the development and delivery of targeted prevention strategies and initiatives based on global good practice. Specific measures are chosen based on the local situation and tailored to local realities. The long-term sustainability of the programmes and monitoring and evaluation of programme impact are high priorities.

GRSP helps to leverage funding for programme delivery from global and local sources.

Finnish Health Association NGO

TRAFFIC FOR AN ANGLE TO DEAL ALCOHOL ISSUES WITH YOUNG PEOPLE

In Finland we do a lot of work at schools in order to prevent young people's substance abuse. Assortment of methods and actors is large, but the fact is, that at the most cases young people are not genuine interested about our messages. They keep on celebrating and it seems to be that only minor effects have been achieved.

There are moments in people's lives when there is a strong desire for specific knowledge. One of them is achieving an age of 15 and getting a driving license for a moped. Driving a motor vehicle in traffic is taking part to adult's world as equal member. It's cool.

Drinking alcohol is kind of initiation for young people too. Interest for party life and interest for moped rise at the same age period (14 - 15 years). In Finland only 31 percent of persons age 15 say that they don't drink alcohol at all. Every fifth in this age group drink heavily once a month or even more often.

Why not bring moped and alcohol issues together in educational programs?

Finnish Health Association NGO organizes every year almost 100 Safe Moped courses with some 10000 pupils age of 15. Educations are promoted for pupils under title of moped and traffic safety. However the main topic at courses is alcohol prevention. We simply put our messages in the context of mopeds and traffic issues. That is the frame which really interests young people. Pupils are eager and devoted. They are well motivated to participate and discuss lively as well. We don't get the same enthusiasm if we go to school with the presentation of risks involved with alcohol. This method targets also those who are most difficult to attain. In many cases there are pupils in back seats who are not interested in studies and theory presentations. Many of them are unfortunately attracted to parties and alcohol. Moped and traffic may be the topic which hits them and in which they are experts themselves.



For further information:

Leena Sipinen
Planning officer
Finnish Health Association NGO
leena.sipinen@terveysry.fi
www.terveysry.fi





Submission from the

Asia Pacific Alcohol Policy Alliance

to the World Health Organization's

**Public hearing on ways of
reducing harmful use of alcohol**

The Asia Pacific Alcohol Policy Alliance (APAPA) is a network of non-government organisations committed to the development of effective alcohol policy in the Asia Pacific region. We aim to work with other organisations in reducing alcohol-related harm worldwide by promoting science-based policies independent of commercial interests.

Our members are employed in alcohol research, public health and community development across the region and are active participants in region wide WHO and professional meetings. APAPA offers a forum for alcohol policy advocates through meetings, information sharing, publications, and electronic communications. We disseminate information regionally on effective alcohol policies and policy advocacy and bring to the attention of local communities, national governments, international governmental and non-governmental agencies and communities the social, economic, and health consequences of alcohol consumption and related harm.

To reduce current and future harm from alcohol in all our countries, APAPA believes that strong and effective national, regional and global strategies are needed. We welcome the opportunity to participate in this public hearing and all future opportunities to support the leadership of the World Health Organization on this important issue.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Evidence based policies

There is now considerable research evidence on alcohol policy to show which are most effective in reducing harm, and also a cost-effective use of government resources (Babor et al. 2003; Room et al. 2002; World Health Organization 2002). APAPA looks to WHO to set a strong policy direction for member states supporting the adoption, implementation and enforcement of an integrated package of effective policies, as appropriate to each country. In addition to response at the national level, the globalisation of the alcohol industry and the international free trade context requires a global level response. APAPA believes it is necessary to put in place a WHO initiated treaty similar to the Framework Convention on Tobacco Control (FCTC). A global alcohol treaty will provide a regulatory framework to control demand and supply of alcohol, a substance which has considerable potential to cause harm.

In APAPA's view, an effective global alcohol strategy will recommend that member countries adopt an integrated set of alcohol policies and will emphasise the importance of the following:

- **Taxes affecting price**, set with the specific aim of reducing harm from alcohol. Consumption by young people and by heavy drinkers is particularly sensitive to the price of alcohol. Revenue from alcohol tariffs and taxes is particularly important to governments of developing countries. In all regions, however, trade agreements have tended to result in tariffs being replaced by taxes at the lowest regional rate, rather than at a replacement level..

Cross-border sales and smuggling may be an issue, meaning that regional strategies are needed so that the taxation policy tool can be used effectively to reduce alcohol related harm.

Informal production is definitely an issue in the region and effective alcohol policy requires governments to regulate production, imports and distribution.

- **Controls on alcohol availability**, including:
 - setting and enforcing a minimum age for alcohol purchase and consumption
 - regulating location, number and management of alcohol outlets
 - restricting hours and days of trading.
- **Drink-drive laws**, including breath/blood alcohol levels and random breath testing powers. Many countries are already making good progress on this.
- **Marketing controls**, to reduce exposure to alcohol promotion messages. The global alcohol industry is now 'marketing-driven' to an unprecedented extent. A large body of research shows how exposure to advertising and other alcohol marketing influences the attitudes and drinking patterns of children and young people (Collins et al. 2007; Henriksen et al. 2008; Hill and Casswell 2004).

For each member state, the next step towards a more effective package of alcohol policies will depend on what policies are already in place. Analysis sponsored by WHO

has identified what next measures can most reduce the global burden of harm in each of the WHO regions. For example, for the developed countries of the Western Pacific Region, taxation affecting price was considered most likely to reduce current levels of harm. In Western Pacific Region B countries, including China, policies restricting supply and marketing were likely to generate most health gains, while in South East Asia region it was enforcement of drink-driving laws (Chisholm et al. 2004).

Strong leadership by WHO in recommending a set of effective, evidence based policies will increase political commitment at national level to put new effective measures in place. In many cases, political commitment will also mean improved implementation and enforcement of existing laws and policies.

In the Western Pacific Region the adoption of the WPRO Regional Strategy to Reduce Alcohol Related Harm (2006) has provided an excellent evidence- based platform for national activities.

Independent of commercial interests

Experience shows that, for effective policies to be adopted, the policy development process at every level needs to be independent of commercial interests. Companies can demonstrate corporate responsibility in the way they conduct their alcohol production, distribution, sales and marketing activities, but cannot reasonably be expected to restrict those activities in the public interest. That is the role of government. The 'partnership approach' that the alcohol industry seeks on policy matters leads to the adoption of weak policy.

APAPA is particularly concerned at the growing role of the International Centre for Alcohol Policy, fully-funded by the global alcohol companies, in providing policy tools and advice to the governments and community organisations of emerging markets for alcohol. Their extensive website and publications are easily taken for legitimately useful policy information, but in fact distort research and promote mainly ineffective policies. An example is their most recent book *Drinking in Context* (2007) which misrepresents both the research community's positions on consumption indicators and the WHO's global burden of injury and disease (Caetano 2008; Hill 2007).

It is important that this industry voice is out-matched by WHO with a global alcohol strategy that strongly recommends the most effective and cost-effective policies, supported by full, easily accessed information on all aspects of implementation.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

Population based policies are cost-effective

Many countries, particularly those 'emerging markets' now being targeted by global alcohol companies, have limited resources for mass media campaigns or educating individuals to drink responsibly, and for treating alcohol related injuries and diseases. Furthermore, these interventions in response to problems are expensive and of limited effectiveness on their own.

The most cost-effective policies are population-based preventative measures. These shape the legal, physical and social environments in which drinking occurs, making healthy choices easier (Babor et al. 2003). Passing legislation on taxation and to restrict alcohol availability and marketing is relatively inexpensive, with resources going to implementation, monitoring and enforcement.

A preventative approach

A preventative approach is recommended, particularly for countries with limited public resources and currently low proportions of drinkers. Data on drinking prevalence, per capita consumption, frequency, per occasion amount, youth drinking and various measures of harm are all useful indicators on which policy decisions can be made, but gathering such data takes time and considerable resources so is not always practical. Where some information is lacking, conclusions can be drawn from research data and experiences in other countries, even though specific findings from research in developed countries may not always be appropriate to a different culture or situation. APAPA is very aware that many countries in the Western Pacific region fit the description in WHO's report of developing countries with low mortality, for whom alcohol is now the leading cause of death and disability. Application of the precautionary principle (Martuzzi and Tickner 2004) on alcohol policy should be recommended to all member governments.

WHO's role in policy support

Many countries have extremely limited policy capacity devoted to alcohol and other drug issues. As well as political commitment, member countries will need considerable practical information and support to identify effectiveness gaps in their current alcohol policies. They will also need models and practical advice on the design of legislation and operations, monitoring and enforcement.

It is important that such information is easily accessed, evidence based and comes from the authority voice of WHO (and not from the alcohol industry). To do this, APAPA recommends a WHO Cabinet Office focused on alcohol. We suggest that the Office, in collaboration with the network of WHO Collaborating Centres, develop new materials and an internet communications strategy to support policy development and implementation in line with the new global alcohol strategy.

Working across Sectors

At national and also at local level, bringing together all the regulatory agencies and community organisations working on alcohol control and prevention issues is an important strategy for effective policy development, implementation and later monitoring. Caution should be exercised, however, in consulting industries with vested interests in the sale or promotion of alcohol.

At the regional and international level, there is an inherent tension between public health principles and those enshrined in trade agreements (Grieshaber-Otto et al. 2000). APAPA's experience in the Pacific has shown the importance of communication and sharing knowledge between policy-makers and government agencies. This contributed to the continued exclusion by Pacific Trade Ministers of tobacco and alcohol from the Pacific Islands Countries Trade Agreement (PICTA).

This approach is also relevant at the international level, in regard to WHO and WTO. In most recent trade documents, the public health impacts of alcohol can only be addressed by invoking various 'exceptions' clauses with temporary effect. A recent report to WHO noted that it is 'exceptionally difficult' for government to use these clauses to insulate alcohol policy measures effectively and permanently from trade obligations (Gould 2005; Grieshaber-Otto et al. 2006). PICTA excludes alcohol and tobacco in the text of the agreement itself, but only on the basis of postponements, which have so far been repeated at two-year intervals.

It is of considerable concern that trade should have priority over public health concerns in this way. It must be possible for between governments to permanently exclude alcohol, tobacco and gambling from trade agreements and negotiations, and insulate domestic control policies from challenge.

We note that the 2006 report of the Expert Committee recommended that WHO liaise with other intergovernmental agencies to seek inclusion of alcohol policies in relevant social and development agendas (WHO Expert Committee 2006). We anticipate that WHO's future work towards a global alcohol strategy will include working more closely with WTO to better address the public health implications of increased global trade and investment in alcohol.

Call for a Framework Convention on Alcohol Control

APAPA commends WHO's Framework Convention on Tobacco Control as a strategy that has galvanised national government into actions which have successfully reduced smoking rates and harm. WHO's global burden of injury and disease research shows that alcohol contributes as much to death and disability as tobacco. The difficulties faced with implementation of effective strategies which are opposed by vested interests are very similar to the tobacco situation. For these reasons, APAPA feels strongly that for a global alcohol policy strategy to be successful, it will need the status of a Framework Convention.

The achievement of world-wide political commitment to a Framework Convention on Alcohol Control will require strong leadership and a great deal of work by WHO. This too would be advanced by upgrading to a Cabinet Office and the priority given alcohol issues within the WHO system.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

The Asia Pacific Alcohol Policy Alliance works with other organisations and agencies to reduce alcohol-related harm worldwide by promoting science-based policies independent of commercial interests. Our members are employed in alcohol research, public health and community development across the region. They represent a variety of providers with differing philosophical backgrounds including scientific and spiritual, nevertheless united in advocating for strong policy as a means of preventing alcohol related harm. Faith based organisations are valued for the role they play in addressing alcohol related adverse health, social and economic consequences in the region.

APAPA offers a forum for alcohol policy advocates through meetings, information sharing, publications, and electronic communications. We disseminate information regionally on effective alcohol policies and policy advocacy and bring to the attention of local communities, national governments, international governmental and non-governmental agencies and communities the social, economic, and health consequences of alcohol consumption and related harm.

Youth are a focus of both alcohol harm prevention activities and alcohol industry growth plans throughout the Western Pacific and Southeast Asia regions that APAPA serves. The younger people start to drink and the heavier they drink, the more they are at risk of alcohol dependence and alcohol related harm. In both mature and emerging markets economic operators are employing innovative local and international context marketing strategies that directly target youth.

Youth are often the target of public outcry over drinking outcomes, however youth organisations are increasingly becoming part of the solution and positive initiatives with youth are undertaken by the NGO sector. In this region there are examples of young people involved in raising harm awareness, education and protest action. In New Zealand two Photovoice surveys have been undertaken in socially deprived areas where youth identified underage drinking and prevalence of liquor outlets as negative influences in their communities and subsequent activities with young people included a protest march through a particularly deprived area highlighting the number of liquor outlets. Such initiatives have the potential to be replicated in other centres or nations if they were promoted. APAPA has the potential to support and encourage such activities in our region.

The adoption of the WPRO Regional Strategy to Reduce Alcohol-Related Harm has provided the impetus for the development of a network of alcohol focal points (people identified by the Ministry of Health as the appropriate liaison person with WHO on alcohol issues). In Europe, when such a focal point network was established, a complementary network of NGOs was also established and met regularly with the focal points to provide an NGO perspective. APAPA is well placed to provide impetus and support for WPRO /SEAR NGO meetings to coincide with future WHO focal point leader meetings. Both groups working together on alcohol policy initiatives will ensure the most effective harm reduction strategies for our regions.

References

- Babor, Tom, Raul Caetano, Sally Casswell and et al. 2003. *Alcohol: No ordinary commodity. Research and public policy*. Oxford: Oxford University Press/World Health Organization.
- Caetano, Raul. 2008. "About smoke and mirrors: the alcohol industry and the promotion of science." *Addiction* 103:175-178.
- Chisholm, Dan, Jurgen Rehm, Mark Van Ommeren and Maristela Monteiro. 2004. "Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis." *Journal of Studies on Alcohol* 65:782-793.
- Collins, Rebecca L., Phyllis L. Ellickson, Daniel McCaffrey and Katrin Hambarsoomians. 2007. "Early adolescent exposure to alcohol advertising

- and its relationship to underage drinking." *Journal of Adolescent Health* 40:527-534.
- Gould, Ellen. 2005. "Trade treaties and alcohol advertising policy." *Journal of Public Health Policy* 26:359-376.
- Grieshaber-Otto, J., N. Schacter and S. Sinclair. 2006. "Dangerous Cocktail: International trade treaties, alcohol policy and public health." Cedar Isle Research. Report for the World Health Organization.
- Grieshaber-Otto, J., S. Sinclair and N. Schacter. 2000. "Impacts of international trade, services and investment treaties on alcohol regulation." *Addiction* 95:S491-504.
- Henriksen, Lisa, Ellen C. Feighery, Nina C. Schleicher and M.D. Stephen P. Fortmann. 2008. "Receptivity to alcohol marketing predicts initiation of alcohol use." *Journal of Adolescent Health* 42:28-35.
- Hill, L. and S. Casswell. 2004. "Alcohol advertising and sponsorship: Commercial freedom or control in the public interest?" in *The Essential Handbook on Treatment and Prevention of Alcohol Problems.*, edited by N. Heather and T. Stockwell. Chichester: John Wiley & Sons.
- Hill, Linda. 2007. "Drinking in Context: Patterns, Interventions, and Partnerships. Book review." *Drug and Alcohol Review* 21:683-4.
- Martuzzi, Marco and Joel Tickner. 2004. "The precautionary principle: Protecting public health, the environment and the future of our children." Copenhagen: World Health Organization European Office.
- Room, Robin, David Jernigan, Beatriz Carlini-Marlatt, Oye Gureje, Klaus Makela, Mac Marshall and et al. 2002. *Alcohol in developing countries: A public health approach*. Helsinki: Finnish Foundation for Alcohol Studies/World Health Organization.
- WHO Expert Committee. 2006. "Expert Committee Recommendations on Problems Related to Alcohol Consumption." Geneva: World Health Organization.
- WHO Regional Committee for the Western Pacific. 2006. "Regional strategy to reduce alcohol related harm." Auckland: WHO-WPRO WPR/RC57.R5.
- World Health Organization. 2002. "Prevention of psychoactive substance use: A selected review of what works in the area of prevention." Geneva.

The Union of Russian Brewers was set up on September 15, 1999 by a decision of the All-Russian (Statutory) Conference of Producers of Beer and Soft Drinks in Moscow. Today the Union unites small, medium-sized and large breweries, the brewing business and, as a matter of fact, is an organization of self-regulation in the area of social responsibility, social and economic partnership, business and power. The main document of self-regulation of the industry, the Code of Conduct of Russian Brewers establishes for market players additional norms in the area of advertising communications which are not provided for by the current Russian legislation in this area of activity. In addition, our organization is a dedicated supporter of development and approval of the fundamental concept of regulation of production and turnover of alcohol containing drinks on the basis of modern views on further development of the society.

Strategy of reduction of harmful impact from alcohol consumption is an integrated document which covers a wide spectrum of factors of the regional as well as global character and reflects a set of officially accepted views on goals and the general world strategy in the area of counter-action to misuse of alcohol products and fighting with its negative consequences.

Despite the striving of global players of modern development of the civilized society for formation of universal approaches in regulation of key aspects of living of humanity and including in the process of working out of approaches on development of the alcohol strategy, the society has recently been facing the necessity of taking into consideration of culturological, geographical and economic features of development of a specific region of the world. Alongside with that, the key provision in the assessment of the essence of the issue of misuse of alcohol is its understanding as a highly socially important, integrated, multi-level and multi-aspect problem in the center of which is the human personality which interacts with the social environment.

Excessive consumption of alcohol causes numerous negative personal and social consequences, which could lead to physical and moral degradation of a human. At the same time, according to many experts, moderate consumption of alcohol and, first of all, natural wine and beer, being means of satisfaction of certain human needs, represents an integral element of the life style, culture and customs of the majority of the population and is perceived by most of people as a socially acceptable phenomenon.

In accordance with our viewpoint, official approval by the society and the state of a principle of moderate consumption of alcohol as the key approach in the solution of the problems of fighting with binge drinking should become the cornerstone in the global policy under development, if such policy provides for a necessity of implementation of a flexible policy and a wide spectrum of various measures, in terms of their contents and orientation.

If the global policy in this area is implemented measures of preventive, cultural and upbringing and educational type should be preferred and such measures should be oriented at reasonable and conscious restriction of alcohol consumption. As foreign and domestic experience shows, prohibitions and tight administrative control do not provide for stable success in the struggle against hard drinking and alcoholism and as a rule they deteriorate the problem and give rise to additional difficulties.

The successful implementation of this policy is possible only so long as it is consciously and actively supported by people at large. In order to provide for the highest possible efficiency of the strategy that is being developed the basic regulatory institutions (of global and local importance) must involve in discussions and implementation of programs social organizations and associations, specialized institutions working in the sphere of irresponsible alcohol drinking prevention as well as the immediate participants in economic activities – producers and vendors of alcohol-containing beverages. The active

involvement of a wide range of participants in the process of preparation and implementation of the whole alcohol-related strategy as well as its individual elements will allow not only to achieve the highest possible results but will also allow to carry out public opinion surveys concerning the evaluation of the alcohol misuse prevention measures carried out and if needed to update the policy that is being carried out.

It is important to note that eliminating the deeper causes of alcohol misuse is a complex and long-term process. That is why in the formation of a global policy in this field its priority guidelines must be determined in the first place. Focusing the attention and efforts on them of the basic regulators (the WHO, national governments) and society will allow in the coming years to lessen the severity of the alcoholic situation, to reduce the level of antisocial conduct due to misuse of alcoholic beverages, to enhance the health of the population.

Among the basic or underlying problems that provoke the high level of negative social resonance concerning alcohol misuse which in our opinion require paramount attention the following aspects have to be underlined:

- the high level of per capita consumption of dehydrated alcohol;
- a significant part of dehydrated alcohol in the overall structure of consumption of all types of alcohol falls at beverages with high contents of alcohol and in the first place at alcoholic beverages having 30-40% of ethyl alcohol concentration;
- the high level of accessibility of alcoholic beverages to the underage (or persons below legal drinking age when it is allowed to purchase alcohol-containing beverages);
- the inefficient use of elements of government regulation in the field of pricing and retail sale of alcohol-containing beverages;
- the lack of social and economic information among people at large regarding the adverse impact of immoderate consumption of alcohol (especially strong alcohol) and the resulting physical and moral loss of a significant part of employable population.

Alongside with that the global policy on issues of reduction of the adverse impact of alcohol consumption must be an integral part of the general social and economic policies of states, and its contents must be built upon an objective analysis of the causes and factors of spreading of the negative manifestations of immoderate consumption of alcohol and taking into account the real-life conditions in the society of any concrete region (country), including the attitude (mentality) of different groups of population (cultural, social, age-related, on the basis of sex etc.) to alcohol as a whole. That is why work at reducing the adverse impact of alcohol consumption cannot be carried out regardless of the specific national features, the living standards of the population, and the level of development of society and the economy, the culture and morality of society.

From our part, we, the Union of Russian Producers of Beer and Soft Drinks, as an industry organization and an official representative of the Russian brewing industry, taking into account the multi-aspect nature of the problem of misuse of alcohol, we consider that activities on counter-acting to these phenomena should be of an integrated nature, be provided with coordinated efforts of various structures efficient in legal, law-enforcement, culture and entertainment, medical, social and economic spheres of life of the society.

At the same time, as practical activities, we intend to promote responsible consumption and contribute to reduction of harmful impact of consumption of alcohol in the following way:

- Active participation of our organization in the process of development of the State Concept of the alcohol policy aimed at changing of the structure of consumption of alcohol towards low alcohol content products;
- Active promotion of responsible drinking approach in the society and self-regulation industry position enforcement in regards of responsible marketing and commercial communications, as well as provision of accurate and balanced information about alcohol consumption to consumers;
- development of socio- economic partnership of the industry, government, NGOs and other stakeholders for solving of issues of reduction of alcoholization of the population by way of formation of the culture of consumption including creation of conditions for development of consumption of beer in bars and restaurants;
- development of educational programs and informational campaigns and engagement of key stakeholders and work collectively with them on following themes:
 - Prevention of underage drinking
 - Barring of drinking and driving
 - Prevention of irresponsible and excessive drinking
 - Information on responsible alcohol approach and alcohol consumption medical and social aspects
- Advocating and supporting of initiatives that discourage the informal alcohol market
- Support of structures of the society in work on propaganda of the healthy lifestyle and prevention of alcohol abuse.

Submission to Public Hearing on Ways of Reducing Harmful Use of Alcohol

November 10, 2008

New Futures is a non-profit, non-partisan advocacy organization working to reduce underage alcohol problems and increase access to addiction treatment in New Hampshire. As an advocacy organization our work is focused on policy solutions to these problems. This testimony will reflect the research and experience that has led our organization to focus on changing community conditions and policies to reach our goals. We will address environmental strategies to reduce underage alcohol problems followed by some attention to increasing access to addiction treatment.

Policies in which we've been involved, and whose implementation is likely to reduce alcohol-related harm include:

- dedicating a portion of profit from alcohol sales by the State to prevention and treatment activities;
- legislation to improve insurance coverage of substance use disorders;
- keg registration, making it easier for authorities to track the source of alcohol consumed by minors;
- party host liability legislation, holding those who provide minors a place to consume alcohol responsible; and
- a more easily identifiable drivers' license for those under 21 – with a vertical rather than horizontal orientation - making age verification for alcohol purchase even simpler.

Reducing Underage Alcohol Problems

We work closely with a variety of other statewide and community organizations focused on alcohol, tobacco, other drug and other mental health disorders. Our efforts are focused on creating an environment in which it is easier not to misuse alcohol. We are concerned in large part with delaying the first drink, knowing that the longer a person waits to start drinking the less likely he or she is to develop alcohol problem in adulthood.

When most people think about “prevention” they think about programs. Prevention programs tend to focus on providing information or building skills so that participants change their attitudes and behavior. Unfortunately, the effect of even the best programs will be short-lived if the community—that is, the environment—continues to, directly or indirectly, promote harmful alcohol use. Environmental prevention is focused on changing policies and community conditions to support healthy behavior and discourage high-risk, unhealthy behaviors and perceptions. We live, work and play in communities made up of families, schools, businesses, and agencies with varied policies and expectations regarding alcohol use. Environmental prevention means change at any or all of these levels to:

- reduce the availability of alcohol to underage drinkers,
- reduce the opportunities for harmful drinking, and
- reduce the demand for alcohol among those who cannot use it safely.

People who cannot use alcohol safely include pregnant women, youth, and those dependent on or prone to abuse it. In all cases, their use of alcohol has potential to harm not only their own health but the health and safety of those around them. Biological factors on all three fronts are becoming better understood every year. Fetal Alcohol Spectrum Disorders are becoming better understood, brain development during adolescence has recently received considerable study and the scientific understanding of addiction is increasing dramatically. It is important that any recommendations issued by the WHO take this new research into account.

It is our expectation that the WHO will be considering Reducing Underage Drinking: A Collective Responsibility, released in 2004 by the National Research Council and Institute of Medicine, therefore we will not go into great detail on its findings. In 2005, New Hampshire leaders in addressing the problems associated with underage drinking issued a state-specific strategy: Recommendations for Success: New Hampshire's Strategy to Reduce Underage Alcohol Problems which includes recommendations for action and encourages all of us to think critically about our environment, including:

- laws and regulations within our communities and our state;
- enforcement strategies utilized by law enforcement officials;
- action and agreed upon norms of behavior by parents and other adults;
- business practices employed by those who sell and serve alcohol; and
- messages youth see, hear and read about alcohol.

Increasing Access to Treatment

As we wrote in 2004's We Need Treatment:

Public policy has been inclined to punish people who have alcohol and other drug problems. However, recent research has revealed the complex biological, genetic, and persistent nature of addiction, and demonstrated the effectiveness of strategic treatment rather than criminal justice sanctions alone. Despite complementary public attitudes and current research many people have limited access to effective treatment resources. This must change.

WE NEED TO ADMIT that many of our citizens, families and communities are suffering from alcohol and other drug problems.

WE NEED TO ACKNOWLEDGE that we are already paying a huge price for the personal, social, health and criminal justice consequences of alcohol, tobacco and other drug problems.

WE NEED TO ACCEPT the scientific reality that addiction to alcohol, tobacco and other drugs is a chronic, complex condition that CAN be effectively treated and managed.

WE NEED TO OVERCOME our beliefs about the hopelessness of alcohol, tobacco and other drug problems that prolong barriers to attaining and sustaining recovery.

WE MUST INVEST in and assure access to effective treatment programs for ALL New Hampshire men, women and children who currently suffer from alcohol, tobacco and other drug problems.

WE MUST not squander out investment in effective treatment by neglecting to support recovery which brings us full circle to environmental prevention strategies that build communities that foster behavioral health and responsibility.

While continuing to work toward preventing the onset of alcohol, tobacco and other drug problems, we must work together, take action and shout "Treatment works. Treatment is cost-effective. The World needs treatment. Recovery is possible."

Conclusion

Among other things, the introduction to this public hearing calls for "an integrated approach to protect at-risk populations, young people and those affected by harmful drinking by others." The environmental approaches described thus far present just such an integrated approach, a solution that benefits a wide variety of people. One principal not yet discussed in detail is the need to educate and train a wide variety of professionals. If education, law-enforcement and medical professionals, for example, are well versed in addiction, they will look beyond the immediate needs of victims of abuse and help to address the potential underlying harmful alcohol use.

In addition to the policies enumerated on page one, some suggestions for the global strategy might include:

- curtailing or eliminating alcohol advertising in public places;
- requiring addiction education in professional training programs for a wide variety of professions (including but not limited to education, health-care, law-enforcement, cosmetology, child-care, and social work);
- promulgating a clear definition of "moderate" drinking, not created by the alcohol industry, but hopefully not so limited as to turn off responsible drinkers;
- drug courts and other opportunities for treatment in lieu of punishment for criminal acts committed by addicted persons;
- investing in evaluation of treatment and prevention modalities to increase the use evidence-base or validated practice based evidenced services; and
- requiring that a portion of the vast profits derived from the sales of alcohol be used to address its harms.

One of the benefits of policy changes is that they do not require significant investment of financial resources; therefore they are feasible for nations of varying economic capabilities. In fact, following in the footsteps of tobacco control policies, the developing world may be able to leapfrog into more enlightened policy positions regarding the availability and marketing of alcohol as they develop national standards.

Submission from FORUT Alcohol, Drugs and Development network

This submission is prepared by an assembly of NGO representatives participating in the Annual Consultation of the FORUT Alcohol, Drugs and Development network meeting in Malawi 7-8 November 2008. The following organisations have signed up to this submission.

- The Concerned for Working Children, India
- Association for Promoting Social Action, India
- Child Workers in Nepal, Nepal
- Alcohol and Drug Information Centre, Sri Lanka
- Malawi Girl Guide Association (MAGGA), Malawi
- NGO Gender coordination Network, Malawi
- Drug Fight Malawi, Malawi
- International Federation of Blue Cross, Africa Region, Chad
- FORUT Sri Lanka, Sri Lanka
- FORUT Sierra Leone, Sierra Leone
- FORUT, Campaign for Development and Solidarity, Norway
- IOGT Norway

The consultation was conducted in cooperation with the Inter Ministerial Committee on Drug Control in Malawi. The cordial working relationship between the government and NGO sector underlines the need for NGOs and governments to work together in addressing alcohol related problems.

Introduction

The signatories to this submission have discussed the various aspects of alcohol as related to key development issues in Africa and Asia, as well as various strategies to prevent alcohol related harm. The effects alcohol use have on children/youth, on marginalized and poor communities, in relation to HIV/AIDS, gender based violence and other development issues underline that the WHO global alcohol strategy needs to be truly global. In this context alcohol use often affects others than the drinker, including the family, children and local community. The strategy should address how alcohol affects the achievements of the Millennium Development Goals and include a strong development perspective (including research on policies that can work in developing countries). Some aspects may be highlighted.

Our views on effective strategies to reduce alcohol-related harm and global perspectives on what are the best ways to reduce problems related to harmful use of alcohol

Children

Use of alcohol can entail violations of our commitment to the United Nations Convention on the Rights of the Child – not only Article 33, which includes the rights of children to be protected from illegal drugs, but all the 44 Articles of the CRC which all the members states are committed to.

Harmful use of alcohol has a direct impact on increased violence on children, reduced access to basic needs such as health, education, protection and juvenile justice.

Children who are living and working in harmful conditions are especially vulnerable, both with regard to others use of alcohol and their own early initiation and use.

Poverty and Marginalised Communities

For people living in marginalized urban or rural communities, migrants and displaced people social nets are absent. This inhibits their coping mechanism and can easily lead to increased alcohol use and lack of support mechanism to stop harmful drinking. Alcohol use is responsible for creating and perpetuating poverty in many developing countries. A survey from Sri Lanka indicated that people who are under the poverty line spent at least 1/3 of their income on alcohol. Poverty caused and perpetuated due to alcohol use directly cause many other problems to the daily life of a user and his (her) family. When fathers spend their daily income for alcohol, there is lack of money for other essential items and services of the family. Most such communities' use of alcohol is 'harmful' and has a direct co-relation to increased domestic violence and denial of realisation of children's rights.

The consequence of lop-sided development in many locations may be that rural communities are ignored and their livelihoods are eroded. Globalisation and privatisation often further deplete the meagre resource base of the poor.

Most of the youth in our countries are experiencing high levels of frustrations and are not creatively engaged in the process to build their society – they often take respite they think alcohol offers.

Many states view increased sale of alcohol as a 'revenue' issue and may side with the vested interest that benefit from increase in consumption. The alcohol lobby is influencing political parties and governments. This unhealthy alliance is growing stronger by the day. The consequential consumption increase and the harm generated are in total violation of states role and responsibility.

Health problems, road accidents, violence and other alcohol related problems also cost a significant amount of money for developing countries. In many developing countries one fifth of hospital beds are occupied by alcohol patients. The costs to governments caused by alcohol are not scientifically calculated and seldom recognised. Governments end up spending significant amount of money for the so called revenue gained through alcohol products.

All the alcohol related problems are contributing to non-fulfilment of the State Parties commitment to the Millennium Development Goals.

HIV/AIDS

HIV and AIDS is a crosscutting issue posing great challenge to countries' development throughout the globe. The world has lost millions of lives of people since the problem was detected in the 1980's.

Recent studies in some parts of the world indicate the linkage between harmful use of alcohol and HIV transmission. People who are drunk have their reasoning capacity lowered, or "benefit" from a social perception that this is the case and following acceptance of risky sexual behaviour and other risky behaviour. In addition evidence indicates that alcohol affects the susceptibility to HIV infections. In

addition the medical effect of ARV treatment as well as the patient's ability to follow the treatment regime (which among other aspects include need for regular meals with nutritious food) are affected.

The world need to rise up and come up with strong evidence based information regarding this relationship. Sensitising the population against alcohol use, integrating alcohol and HIV/AIDS prevention approaches and addressing these issues in context may be complementary strategies to curtail further spread of the pandemic.

Measures to be taken

The issues mentioned above have to be addressed in the strategy if long term solutions to harmful use of alcohol are to be found. Thrust should be placed on seeing the alcohol strategy in relation to poverty reduction programmes on an urgent footing.

WHO should consult with different constituencies, including children. Children's voices are often not heard or adults talk on their behalf. Still WHO should facilitate children and young people to voice their own concerns.

For those affected by the drinking of their parents, partners or other close relatives crisis centres for emergency relief should be set up.

The WHO global strategy must contribute to educate and empower local governments to take proactive role to implement a holistic strategy that includes education, mobilisation, control as well as social monitoring for minimising harmful use of alcohol. In addition education related to harmful effects of alcohol should be included in school curriculum and taken up by various civil society organisations.

Comprehensive strategies

During the deliberations of the Consultations it was voiced the opinion that there are a lot of myths around alcohol use which are not supported by the chemical effects of the substance. These myths are often carried by popular culture and enforced by aggressive marketing by many alcohol producers. Various prevention efforts among youth and in marginalised communities may be more effective if these issues are addressed.

It was proposed that a comprehensive approach to alcohol prevention should include the "prevention triangle", including control policies, education/life skills training and community mobilisation. This triangle represents a broad set of interventions which should be interlinked and coordinated where each type of interventions serve their specific purpose. In this picture all the NGOs represented have their role to play.

Key aspects of WHO strategy formulation

The signatories to this submission underline that the WHO Global Strategy needs to be purely based on protecting public health using the available evidence base developed through the long lasting scientific efforts to identify the problem as well as effective strategies, leading up to the two landmark publications:

- Robin Room et. al.: "Alcohol in Developing Societies; A Public Health Approach"

- Thomas Babor et. al.: “Alcohol: No ordinary commodity”

We also emphasize the need to safeguard the integrity of alcohol policy from vested interest and subscribe to recommendation no 9 from the WHO Expert Committee (Technical Series 944): “The Committee recommends that WHO continue its practice of no collaboration with the various sectors of the alcohol industry. Any interaction should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion.” This approach should also be ensured during the drafting of national policies in member states. Both WHO and national governments should consider affected people as important stakeholders, rather than economic operators.

As members of civil society all the participating NGOs spend their energy for the betterments of their respective countries. We will request WHO to acknowledge the important role of civil society by involving it in the strategy formulations and by advising on our appropriate role in national alcohol strategy/policy formulation and implementation in the global strategy.

The WHO Global Strategy needs to address the alcohol issue in all its aspects both at the national, regional and global level. Interventions need to be adapted to local realities.

In what ways can your organisation contribute to reduce harmful use of alcohol?

Many of the NGOs participating in the Alcohol, Drugs and Development Annual Consultation have long experience in mobilising children’s participation in the development efforts that influence their lives. As such this forum may help ensure participation of marginalised groups, youth and children for consultations by the WHO. In addition these NGOs can contribute to:

- Mobilise youth groups, children’s groups and women’s groups to bring awareness
- Develop culturally sensitive and creative materials for awareness generation
- Pressurise the national governments to implement their commitments into action
- Work closely with local governments to be accountable to the communities in relation to their larger commitments as well as the specific commitments related to curtailing harmful use of alcohol.

The civil society has important roles in involving themselves in integrating alcohol focus in their work. Particularly in social mobilisation there are important challenges to youth and children’s organisations, HIV/AIDS and health promotion NGOs, women’s organisations, trade unions and professional groups, organisations for poverty reduction, community based and faith based organisations.

11 November 2008

New Zealand Drug Foundation submission to the World Health Organisation consultation on the draft Global Alcohol Strategy

The New Zealand Drug Foundation (“the Drug Foundation”) is a registered charitable entity and was founded in 1989. The Drug Foundation has been at the forefront of major alcohol and other drug policy debates for over 19 years. During this time we have demonstrated a strong commitment to advocating policies and practices based on the best evidence available. We are committed to reducing and preventing the harm caused by alcohol and other drugs in New Zealand. This includes social and health harms. Our commitment to reducing alcohol and other drug harm includes moderation in the use of alcohol and ensuring that any illicit drugs, if used, are used safely. We focus on advocating for policies and services that build a healthy society where there is the least possible harm from alcohol and other drug use.

The Drug Foundation recognises that drugs, legal and illegal, are a part of everyday life. Harms to individuals and families often include injury, disease, social, personal and financial problems and a reduced quality of life. Harms to society may include unsafe communities, increased law enforcement, and high health and economic costs. We believe that all efforts to control or reduce the harm from alcohol must be evidence-based, socially just and respectful of the rights of individuals and the aspirations of communities. We thus support and promote alcohol policies and practices based on the above through a variety of means and mechanisms including:

- collection, analysis and dissemination of national and international scientific research and best practice information and public health interventions;
- policy submissions;
- development of policy papers;
- organisation of inter-agency and inter-sectoral debates on major drug policy issues;
- promotion of innovative collaborative action in the development of alcohol and drug policy across sectors to reduce drug and alcohol related harm and to reduce health disparities/inequalities between groups;
- training and capacity building; and,
- advocacy with the media.

At the international level, we are members of the International Harm Reduction Association, International Drug Policy Consortium, Global Alcohol Policy Alliance and Asia Pacific Alcohol Policy Alliance; our direct involvement and participation to the actions of these organisations/networks has substantially increased in recent years.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Effective strategies to address alcohol related harm have been researched, evaluated and outlined many times over, the WHO has sponsored what is considered to be the best evidence-based evaluation of effective strategies (Babor, et al). As such we would like to outline four areas that we believe are effective, but also achievable. We note four key effective strategy areas.

Manage the availability of and access to alcohol to minimize alcohol-related harm:

- Evidence clearly demonstrates that providing regulatory frameworks that restrict the days and hours of the sale of alcoholic beverages is an effective strategy to minimize the harmful consumption of alcohol, particularly by vulnerable groups (such as young people and heavy drinkers).
- The density of alcohol retail outlets has been shown to have an impact on the levels of alcohol harm suffered in communities, particularly in relation to violence; government, local government and communities having some control over the location and density of alcohol retail outlets will reduce some of the harms related to alcohol consumption.
- Managing the licensing of types of alcohol retail outlets to reduce the likelihood of lax purchase age enforcement, extended hours of sale (e.g. 24 hour supermarkets) and normalizing the consumption of alcohol by selling it alongside household groceries.

Set the price of alcohol at an appropriate level to disincentivise harmful consumption:

- Use tax and excise regimes to keep the price of alcohol to a reasonable level.
- Tax alcoholic beverages on the basis of their alcohol content, rather than the type of beverage.
- Establish minimum prices that alcoholic beverages can be sold for – this may involve basing the minimum price on units of alcohol content.

Promote and protect communities' control and involvement in decisions and processes relating to alcohol in their communities.

- Provide for community control of and input into the development and maintenance of the regulatory frameworks controlling the sale, supply, use and marketing of alcohol in their communities.
- Recognize and encourage civil society, particularly non-government organizations, community groups and welfare organizations, to organize and to advocate in relation to minimizing alcohol related harm both domestically and internationally.

Ensure an effective treatment continuum of care that addresses social integration, prevention and treatment: the continuum of care should include the whole range of interventions from Screening and Brief Interventions, to counselling, to community based treatment to residential treatment services, and it should be appropriately supported and resourced by Governments.

Other effective strategies to reduce alcohol related harm include restricting alcohol marketing, advertising and sponsorship, reducing BAC levels and randomly breath testing, enforcing laws and regulations relating to alcohol, and community mobilization. Implementing effective strategies across the board is also likely to have a higher positive impact than implementing a few at a time – there is a cumulative effect for many of these effective strategies.

Furthermore, for these strategies to be successfully applied and for them to be effective there is a need for national and international political and governmental leadership. Governments are responsible for the health and social wellbeing of their populations, at a national level and in international fora. Communities and civil society also have a key role in addressing alcohol related harm; the alcohol industry does not – they are only one of many commercial operators who have an interest in alcohol related harm and are unlikely to be part of any solution.

Question 2: From a global perspective, what are the best ways to reduce problems related to the harmful use of alcohol?

Alcohol-related harm has become a global issue and as such there is a need for action at a global level to address it. As the sale and promotion of alcoholic beverages is increasingly an activity undertaken at international level, the efforts to reduce the related harm of alcoholic beverages also need to have a sound basis internationally. The WHO, with the support of member states, other international organizations, NGOs, and civil society, is in the best position to put this sound basis in place.

In particular the Drug Foundation notes four key approaches that can be taken internationally to reduce the harmful use of alcohol from a global perspective and a recommendation for how global action and international organizations can minimize and address alcohol related harm.

1. Ensure that trade, in both goods and services, is responsive to the aim of minimizing alcohol related harm at a global level.
 - Trade agreements that affect/reduce nations' control over setting tariffs and excises on alcoholic beverages can have a negative impact on the level of alcohol-related harm in those nations.
 - Services promoting and marketing alcoholic beverages across national borders are also areas that need consideration by member states to avoid decreasing their ability to address alcohol related harm.
2. Develop a better understanding of the use of homemade alcoholic beverages and the informal production and trade of them, particularly in developing countries; and develop approaches to assist these countries to address issues relating to homemade alcoholic beverages.
3. Assess and address the negative impacts of alcohol on social and economic development. Alcohol related harm can have a significant negative impact on member states' economic and social development, particularly for developing countries. From a global perspective this highlights the need for an international approach to supporting

member states and civil society to develop effective strategies to address alcohol related harm so as to strengthen economic and social development.

4. Support developing countries to set in place effective measures to address alcohol related harm – encouraging local community empowerment and the development of the role of civil society, in particular NGOs, in developing these effective measures, at international and member state level.

In relation to the WHO and the international community's role the Drug Foundation believes that a binding framework for alcohol is necessary. Although many of the effective strategies to address alcohol related harm are implemented at national level, international co-operation is essential to support this and to protect member states from developments that may inhibit this.

Question 3: In what ways can your organization contribute to reduce the harmful use of alcohol?

The Drug Foundation has been contributing to the reduction of alcohol-related harm in many ways (as noted in the introduction paragraphs). In relation to the WHO development of a Global Alcohol Strategy the Drug Foundation can contribute in the following ways.

- Support communities to address their alcohol related harm – the Drug Foundation has helped communities in New Zealand to develop their own actions to address their own alcohol and other drug related harm. The Drug Foundation would be able to share the knowledge and experience in this work to assist similar action elsewhere.
- Add to the evidence base through research and the evaluation of initiatives – the Drug Foundation has developed a sound evidence base through the collation and undertaking of research and evaluations, and is currently developing an evidence and information clearing-house website. The Drug Foundation would be happy to take part in an information and evidence web network.
- Advocate nationally and internationally for effective, evidence based action – the Drug Foundation plays a strong role in advocating for evidence based action on alcohol and other drug issues, both nationally within New Zealand and internationally. The Drug Foundation has been involved in organizing the regional input into the Commission on Narcotic Drugs' Beyond 2008 NGO consultation and as such is in a position to be able to assist the WHO in further NGO and civil society consultation or organization around issues of alcohol related harm.
- Disseminate useful research and information to the public, organizations, and communities – the Drug Foundation is involved in disseminating information through our website, our monthly magazine and a text-based information service.
- The Drug Foundation would be happy to support the WHO's consultation process – particularly in relation to consulting NGOs and civil society more broadly. The Drug Foundation could:
- be an organizing centre for consultation with NGOs and civil society in New Zealand

- help provide coordination for civil society and NGOs at international level for consultation on the Global Alcohol Strategy.

Concluding comments

The Drug Foundation strongly supports the development of a Global Alcohol Strategy by the WHO and member states. The Drug Foundation also believes that the Global Alcohol Strategy will be most effective if it:

- involves NGOs and civil society – NGOs and civil society have developed significantly in the past two decades and now provide well-organized networks of researchers, advocates, interested communities and others that will provide solid ‘grass-roots’ for the Global Alcohol Strategy.
- is evidence and research based – the Global Alcohol Strategy will not be well placed to support member states to address alcohol related harm if there are political compromises in terms of the evidence and research used and the conclusions drawn from this.
- Is a strong, possibly binding, framework – as noted earlier in this submission providing a framework for the Global Alcohol Strategy similar to the Framework Convention on Tobacco Control or the United Nations Commission on Narcotic Drugs and the three related conventions on illegal drugs will provide a strong basis for individual member states to take the action needed to address alcohol related harm and will provide them with the solid support from the WHO that comes with such a framework.

The Drug Foundation commends the WHO for taking this action to address alcohol related harm and supports the development of a strong, evidence-based Global Alcohol Strategy that provides a strong framework for member states and civil society to work with in addressing alcohol related harm.

Yours sincerely



Ross Bell
Executive Director

A response from The Mentor Foundation (International)

Summary:

- H** The Mentor Foundation's mission is the prevention of drug (substance) abuse and the promotion of the health and well-being of children and young people.
- H** Alcohol is a major substance the misuse of which, and the harm that it causes, Mentor aims to prevent.
- H** The focus of Mentor's work and the proposal Mentor would wish to submit concerns the need for appropriate focus on and investment in prevention and education, particularly targeting young people and those who have responsibility to care and support them.
- H** Continued research is required to identify effective prevention/education focused interventions targeting young people and then adequate funding and support for their implementation and evaluation.
- H** Delay of onset of use is an initial and appropriate target but this should extend into allowing young people to have the appropriate knowledge, attitudes, skills and awareness to challenge norms and deal with the range of influences upon them that promote young people's alcohol use.
- H** Mentor feels that the focus on media campaigns and advertising is not sufficient in itself to have the required impact on young people's drinking behaviour.
- H** Similarly to address the matter from a legalistic position in relation to supply and availability is not sufficient by itself.
- H** Mentor also believes that the issue has to be addressed in an appropriate cultural and country context.
- H** The issue of alcohol misuse and the harm alcohol can cause is one that requires an input from all stakeholders including, subject to cultural sensitivity and context, the alcohol industry as well as the health, education, and related interest groups both within and beyond government.
- H** The alcohol industry could work as a partner to support shared objectives of those working in the education and prevention field to prevent the use of alcohol by young people and its misuse by those who are of the legal age to use and do so within the legal and social conditions of the culture/country.
- H** The issue of alcohol use is of major concern particularly that of use among young people and requires a co-ordinated and sensitive approach that will be relevant to young people and the social and cultural context in which they operate.
- H** Mentor believes that guidance is required to help those who tackle the issue of alcohol misuse among young people require appropriate training and support to ensure that it is done in a way that reflects evidence based practice of effectiveness.
- H** Mentor believes a coordinated approach is required that involves all relevant stakeholders in the education and prevention field.
- H** Alcohol education and prevention is best addressed within the context of a broad health education/promotion and personal and social education focus.
- H** Mentor believes that increased emphasis on addressing normative behaviour is required and an increased awareness and acknowledgment of the acceptability of choosing not to drink.
- H** Alcohol use has also to be addressed within the context of safety to address the responsibilities of those who choose to use and the potential consequences of use on others as well as the user eg driving, the work place, the home.

- H** The impact of alcohol on the developing adolescent brain is an area that requires increased focus and attention within the education of young people and others involved in education and prevention as does the matter of predisposal to addiction or problematic use through possible genetic factors.
- H** Appropriate approaches and education/prevention response are required for different target groups and different settings. This requires attention to the approach for universal, indicated or selected target groups.
- H** Mentor is involved and has the potential to help and support the development of best practice in education and prevention with respect to alcohol on the global level both through its organisations and through its networks and planned developments.
- H** Mentor would also wish to use its international and national expertise and experience to help inform and disseminate best policy and practice with respect to alcohol education and prevention within a global context.
- H** Mentor wishes to collaborate and partner with major stakeholders such as WHO in pursuit of appropriate responses to managing substance abuse, alcohol related harm and harmful use of alcohol.

Jeff Lee
Executive Director
The Mentor Foundation (International)

11th November 2008

RESPONSE TO WHO PUBLIC HEARING ON THE GLOBAL STRATEGY TO REDUCE THE HARMFUL CONSEQUENCES OF ALCOHOL

Summary

The Alliance House Foundation (AHF) welcomes the adoption of resolution WHA61/13 and the opportunity to respond to this public hearing.

The AHF historical roots are founded in the civil movement of the 19th century that utilised moral suasion and political influence to achieve changes to the controls on the production, distribution, sale and consumption of alcohol. It also promoted personal commitment to abstinence from alcoholic beverage for the furtherance and betterment of individuals, societies and civilisation.

Many of the movement's principles were shared and adopted by other civil societies in many other nations, and international networks were created over time. These fundamental principles are of relevance to policy making today and form the basis of a common understanding and knowledge of the risks associated with alcohol, its distribution and use across many cultures.

Core to our understanding is the recognition that alcohol itself is the root cause of the harms associated with its use and therefore the production, distribution, promotion and sale of alcohol have to be subject to the greatest possible restriction and control.

The AHF recognises and accepts the conclusions based on the scientific evidence summarised in the "Second Report of the WHO Expert Committee on Problems Related to Alcohol Consumption. Geneva. 2007" (www.who.int/entity/substance_abuse/expert_committee_alcohol_trs944.pdf) and the "Report by the Secretariat to the Executive Board 121st Session (EB121/10) on the Second Report of the WHO Expert Committee on Problems Related to Alcohol Consumption."

The AHF also recognises the contribution that this evidence provides for the establishment of a Global Strategy. The Global Strategy on alcohol therefore needs to place an emphasis upon controls relating to the production, distribution (including trade agreements), marketing (including advertising and promotion), taxation, price, availability and legal age of consumption and purchase of alcohol.

Reduction in per capita consumption is conducive to achieving the health and wellbeing goals of progressive civilization and population based approaches need to be adopted at all levels to protect and enhance societies. Scientific knowledge as presented by the Expert Committee and in publications such as "Alcohol: No Ordinary Commodity" by Thomas Babor et al confirms the reliability of total population approaches to reducing alcohol related harm.

The AHF recognises the aetiology of alcohol related harm is complex and involves individual, familial, societal and cultural aspects, expectations and values. Strategies that deal with the harmful use of alcohol therefore need to be sensitive to cultural realities without losing the focus on the properties of alcohol itself as a main determinant of ill-health, social harm and economic burdens on individuals, families, communities and nation states.

In setting alcohol control strategies and public health policies, health bodies such as the WHO, should operate without the involvement of vested trade and economic interest and that the role of economic operators should be confined solely to aspects relating to the implementation of alcohol control policies.

The WHO has recognised the role of the non-governmental organisations and the valuable role that they play in harnessing the effort of civil society. NGOs will also have a role in safeguarding the integrity of processes that lead the adoption of policies and strategies at all levels. NGO's also have a valuable role to play during the adoption of policies by advocating support for such policies and also during the adoption and implementation phases of all policies.

NGO's therefore need to be informed and given the opportunity of contributing to the creation, implementation of policies and strategies at all levels and during all phases.

Question 1

What are your views on effective strategies to reduce alcohol-related harm?

1. Effective strategies are ones that engage the support of civil society. The Global Strategy needs to declare that engagement with civil society and non-governmental organisations is a vital and an essential component. This engagement and involvement should occur at the following levels:

- 1.1 **Planning and information gathering phases**

NGO's and civil society can provide the WHO with information that is culturally sensitive and that reflects population trends and current concerns. They also represent vulnerable groups such as youth, women and low-income families. They can also advocate for those who are directly affected by alcohol, e.g. those who are dependent upon alcohol who are receiving treatment, victims of drink driving accidents and third parties affected by the alcohol use of others.

Research institutions operating without affiliation to the drink industry can also provide a valuable source of data and information.

1.2 **Decision Making Stages**

National organisations and international networks can be usefully engaged in order to galvanise public support for the adoption of alcohol strategies at national, regional and global levels. The process therefore needs to ensure that appropriate organisations are represented at all decision-making stages.

1.3 **Implementation Phase**

NGO's and civil society through their respective popular movements and networks can provide avenues for the implementation of the Global Strategy.

1.4 **Monitoring Function**

NGO's and civil society partnerships can provide a safeguard to ensure the integrity of decision-making processes and to provide a counter balance to invested interest. They can also assist by engaging with Member States that advocate for the appropriate allocation of resources.

NGO's can also provide data and knowledge of gaps in provision and identify trends in alcohol consumption and harm.

2. Effective strategies recognise and support the protective role of alcohol free lifestyles.

2.1 The scientific evidence relating to the interaction between total consumption and overall harm is now well established. Reducing per capita consumption must therefore be the central aim of the Global Strategy and the role of alcohol free lifestyles in reducing per capita consumption needs to be recognised and supported.

2.2 There is an increasing body of knowledge confirming the benefit of delaying the onset of drinking and of the risks to the physical and psychological wellbeing of children at various developmental stages. The Global Strategy therefore needs to focus upon the particular vulnerabilities of young people to alcohol and encourage a culture whereby the introduction of alcohol is delayed and that abstinence is promoted.

2.3 The Global Strategy needs also to encourage the cultural acceptance of situational abstinence. This would include situations relating to driving, pregnancy and during work hours.

3. The indirect consequences of alcohol consumption and the harms caused to third parties need to be profiled and addressed in the Global Strategy.

Cultural differences and different drinking patterns, including drunken comportment create different vulnerabilities within societies and for certain individuals resulting in harm to others.

The Global Strategy needs to include particular reference to programmes that address the needs of:

- Children who suffer due to parental chronic and acute intoxication
 - Victims of drink driving, including deaths and those permanently injured and the effects upon families and employers
 - Victims of violence, including children, young people, men, women and parents
 - The hidden category of family members who are living with dependant drinkers and who are unhappy, not functioning at work, or suffering stress due to their concern for their spouse, partner, parent, sibling or child
4. Effective strategies recognize the inter-relationship between the protective role of alcohol free life styles and other positive health choices.
 5. Strong motivational factors in reducing alcohol consumption are embedded in value systems that promote respect for self and others, in the aspiration for the attainment of health and wealth, and in the exercise of religious beliefs that promote moderation and abstinence and care for others.

Question 2

From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

1. A Global Strategy requires global leadership and the AHF recognises the role of the WHO in leading and controlling the process of developing the strategy.

During the implementation stage of the Strategy it will be important for the WHO to manage the dialogue between the various stakeholders and together with Member States provide a neutral place where stakeholders can exchange views and monitor commitments made.

2. In order to ensure commitment at Member State level to deal with alcohol and its harmful consequences the Global Strategy need to maintain the focus on alcohol itself because of the unique contribution that alcohol itself makes to the global

burden of disease. At the same time the Strategy will need to recognise the significant contribution that alcohol makes to other related economic and social burdens.

3. The Global Strategy will need to encourage cross boundary controls on the distribution, marketing and trade in alcohol products. This represents a serious challenge to health and trade organisations at global level.
4. WHO globally and in its regions should be encouraged to support the ongoing scientific study of alcohol and its impact on health, economic and social wellbeing of member states, regions and globally.

Additional research is required to the relationship between alcohol and communicable diseases such as TB and HIV/AIDS.

Similarly, further research and monitoring is required of the relationship between alcohol and malnutrition and poverty.

5. Alcohol is also a related issue and the Global Strategy needs to recognise the role of alcohol in its relationship to:
 - Cancer, heart disease, liver disease and other associated physical illnesses
 - Mental health
 - Other drug use and addiction
 - Crime and disorder
 - The true costs to member state economies
6. Consideration of the impact of alcohol use contained in the Global Strategy needs to take into account how alcohol production, distribution, marketing and promotion, use and abuse interferes with the achievement of other goals and how it inhibits the successful attainment of outcomes in other Global Strategies particularly those contained in the Millennium Development Goals.
7. The issue of global trade, taxation, price and internet and viral marketing needs to be addressed.

Question 3

In what ways can you or your organization contribute to reduce harmful use of alcohol?

The AHF will support scientific study through the Institute of Alcohol Studies. The AHF will also continue to support the Global Alcohol Policy Alliance and the Alcohol Policy Youth Network. This network will be supported with the aim of gaining international linkages with other youth networks effectively creating a Global Alcohol Policy Youth Network to support the global strategy on alcohol.

Our Organization

The International Federation of the Blue Cross (IFBC) is a politically and denominationally independent Christian organization consisting of about 40 member organizations, predominantly in Africa, Europe, Brazil and India, engaged in the prevention, treatment and after care of problems related to alcohol and other drugs. The Blue Cross has been focusing on the issue of substance abuse and alcohol policy for more than 130 years.

Our Values

We strive to empower and assist our member organizations in their efforts to provide services to those who are directly and indirectly affected in an adequate and holistic way. By holistic we understand the integration of the spiritual dimension into the definition of health by the WHO. The WHO defines health as physical, social and psychological well-being in its totality. Respect for individual, national and cultural diversity in the services provided by the member organizations is vital to us.

Our Key Activities and Services

The IFBC is a multinational networking community with the following key focus and services:

Exchange and Networking

We create synergies and foster the exchange of competencies, knowledge and experiences between the member organizations by providing platforms, forums and conferences.

Support and Empowerment

We support projects and programs of member organizations financially and by professional capacity building.

We support the member organizations in developing partnerships based on solidarity and respect for cultural diversity.

I. “The Globalization of Alcohol abuse” – An increasing Major Threat to Public Health

Alcohol has been used in many societies of the world for ages. For a long time, however, consumption of alcohol has been strictly regulated by traditions, social norms and natural limitations. More and more however the global alcohol market is expanding, particularly into developing countries. The saturation of markets for alcoholic beverages in the West combined with a higher industry concentration and increased market power has led to the expansion of the international alcohol industry in new markets in Africa, Asia and Latin-America. Meanwhile, in many

developing countries, alcohol is often more easily available than clean drinking water. Today the ten biggest multinational brewers sell more than one-third of all industrially produced beer in the world, and their share of the global market is increasing. They make massive marketing efforts aimed particularly at new user groups such as young people, women and ethnic groups who traditionally did not drink. As a consequence, new drinks and drinking habits are being globalized across different continents and sections of the population. For example, young people in developing countries are increasingly drinking and displaying the same harmful pattern of drinking – ‘binge drinking’ – common among young people in developed countries.

One of the challenges is that many developing countries are highly dependent on national revenues from alcohol. In some Indian states for example alcohol makes up as much as 23% of the revenue. (In comparison, 2002, the European Union drew 2.4% revenue from alcohol taxes). Of course, the state dependence on revenue from alcohol tax is not an incentive to impose restrictions on the advertisement and sale of alcohol and strict enforcement of such restrictions. The country seeks to maximize income, but the social costs of alcohol are often overlooked. These costs include the direct expenditures of treating injuries and diseases as well as rehabilitation costs, property loss, law enforcement costs, and losses in productivity due to absenteeism or loss of productive years of life (see also www.add-resources.org).

Alcohol abuse: A vicious circle of adverse health, social and economic effects

Severe health, social and economic effects of alcohol consumption are well documented and witnessed all over the world. Regular alcohol abuse can lead to a multitude of chronic diseases whereas sporadic excessive drinking (binge drinking) is hold responsible for acute adverse effects such as accidents, injuries, violence and risk behavior (for example unprotected sex). A link between alcohol and drug abuse with the spread of Aids has been broadly documented, for example in the latest WHO resolution of «Public health problems caused by harmful use of alcohol» of May 2005. Alcohol consumption leads to a higher probability of unprotected sex (and therefore to a higher risk of HIV-infection). Furthermore, a positive diagnosis for HIV can also cause an increase

in alcohol consumption which may reduce the success of the treatment of the AIDS infection.

Most known chronic diseases attributable to alcohol are diseases of the liver such as fatty liver (adipohepatic), cirrhosis of the liver and alcoholic hepatitis. The risk of acquiring cirrhosis of the liver rises when an amount of 50g pure alcohol is consumed during the period of 10 to 15 years (which is approximately half a liter of wine or 1.2 liters of beer per day). Chronic alcohol abuse can lead to damage of parts of the nervous system which can cause neurological and mental illnesses. The extent of these damages depends upon the degree and severity of the alcohol consumption, nutrition and individual disposition.

With the daily consumption of more than 4 glasses of alcohol, the risk for cardiovascular diseases increases significantly. Not only chronic alcohol abuse but also binge drinking can have a damaging effect on the cardiovascular system. A quarter of all sudden deaths due to heart attacks among young men are a consequence of binge drinking. The risk of a stroke is increased tenfold by this drinking pattern. In some parts of the world where alcohol is brewed uncontrolled and illegally at home (often by those who cannot afford to buy alcohol), ill effects of alcohol consumption can arise from a single bout of drinking (see International Life Sciences Institute; 1999).

Therefore, the World Health Organization (WHO) has pointed out alcohol abuse as one of the major causes of the global disease burden: 2002, it has been estimated that there are about 2 billion people worldwide who consume alcoholic beverages and among them, 76.3 million with diagnosable alcohol use disorders. In the developing world alcohol ranks as the fourth cause of disability among men; in the industrialized regions it even ranks first. In the European Region alone, 2002 alcohol consumption was responsible for the deaths of 63,000 young people aged from 15 to 29! Such figures document the following statement by T. Babor - "No other product so widely available for consumer use, not even tobacco, accounts for so much disability as alcohol." (Babor, 2003)

Alcohol abuse: A particularly severe burden for poor people

The increase in alcohol consumption in many developing nations where health and economic systems are weakest is of particularly great concern.

Poor people around the globe are vulnerable even to small changes destabilizing their daily hand to mouth economy. For those living under harsh circumstances, alcohol may seem an easy way out. This is also along the lines of the image portrayed by the alcohol producers – a taste of luxury, recreation and the world beyond everyday worries. But the social, economic, health and other problems created by alcohol use are severe additional burdens for poor people.

Men traditionally drink more frequently and more heavily than women. However, the patterns of drinking for men and women are beginning to converge. While men still experience more direct drinking-related harm than women, women as well as children are often the victims of the harmful use of alcohol by men: Domestic violence, broken families, neglected children, a husband failing to bring income to the family in addition to the money spent on alcohol – all this put an extremely heavy burden for poor families.

A recent paper in the National Medical Journal of India points out: "Although it is important to recognise that alcohol consumption typically increases with affluence, it should be kept in mind that some of the adverse effects related to drinking are aggravated by poverty. For example malnutrition and infections common among the poor interact with alcohol in the development of liver disease. As a result, alcohol related mortality is often highest among the poor in a society." (Subir et al, 2006)

II. The globalization of alcohol abuse demands for globalized efforts in alcohol prevention and treatment – The approach of the International Federation of Blue Cross

Rapid socio-cultural change and increasing cultural globalization in many parts of the world leading to significant growth in the use of drugs and alcohol ask for the implementation of effective counter-measures. The International Federation of the Blue Cross (IFBC) is one of the few international organizations in the field of prevention, treatment and after-care of alcohol abuse and its related problems.

The IFBC is a politically and denominationally independent umbrella organization consisting of about 40 national member organizations, predominantly in Africa, Europe, Brazil and India. As a global network community the federation supports its member organizations in building up their competence in the field of alcohol-

and substance abuse related problems. In collaboration with our partners, we promote the exchange of knowledge and create opportunities for our members to share their experience by developing multi-national projects, transfer of knowhow and project-based partnerships.

The members of IFBC are engaged in the prevention and treatment of alcohol and other drug related problems. One of the specific assets is the extensive expertise in the area of self-help work. Furthermore, they commit themselves for comprehensive alcohol-political measures. Particularly our members in the south work under difficult social and political conditions in countries where alcohol dependent people not only look for help in vain, but are also often excluded from communities, stigmatized as being „useless drunkards“(as it has been the case in Europe in the 19th century, before alcoholism was recognized as an illness). Prevention activities of our member organizations in Africa, India and Brazil integrate services for children and youth at risk through counseling, skills development and creation of employment. Furthermore, awareness for alcohol and drug related issues are created through educational programs in schools, communities and slums. In addition medical and therapeutic help is provided to alcohol dependent people and their families, in close collaboration with churches, self-help groups and other NGO`s.

Based on the strong evidence of the link between alcohol, Aids and poverty we are convinced: if our members succeed in implementing effective alcohol prevention, this will also be a contribution to the prevention of poverty and AIDS. Our goal is not that Blue Cross Organizations start developing Aids Prevention Programs, however, we aim at integrating the substance abuse issue in existing Aids and poverty programs of other NGO`s. In addition, we put a strong focus on a holistic approach in the projects and services of our member organizations: This requires the consequent inclusion of women and children, a target group that is often strongly directly and indirectly affected by the effects of alcoholism as mentioned above.

"The South empowers the South!" – Promoting culturally specific Alcohol Prevention in the South

Based on the motto „The South empowers the South“, the IFBC develops resource centers on the aspect of substance abuse and related health risks such

as poverty and HIV/Aids. One of the main aim of these centers is to mobilize resources and key people within and outside of the Blue Cross, in order to make it possible to train people "on the field" so they are qualified to develop sustainable and culture specific projects.

As a project example we like to refer to an community based project lead by the resource centre in Lesotho: In a participative assessment in a local rural community near Maseru, people of the village described unemployment, poverty, boredom and lack of self esteem as causes behind alcohol and drug related problems. Based on this situational analysis, an income generating project has been developed together with the local community and the Blue Cross partners. In this project example, alternative livelihood has been generated through planting and selling trees to the government. The target group of the project addresses young unemployed people at risk as well as those engaged in home brew production of alcohol. (This kind of illegal alcohol production without any legislation or restriction leads to a high availability in rural of alcohol as well as often to severe alcohol dependency of the brewers).

Encouraged by the positive experiences of our first resource centre in Lesotho, the IFBC plans to initiate further centers in Africa, India and Brazil so that increased capacity and networking within the issues of prevention, treatment and advocacy of alcohol and drug related issues will be possible!

References

Babor T. Alcohol: No Ordinary Commodity - Research and Public Policy. Oxford: Oxford

University Press; 2003.

Overview of the Health Issues to Alcohol Consumption. Brussels: International Life Sciences Institute; 1999

Subir, Kumar Das; V Balarishnan, D M Vasudevan: Alcohol: Its Health and Social Impact in India. National Medical Journal of India Vol. 19, No. 2, 2006

www.add-resources.org

What are your views on effective strategies to reduce alcohol-related harm?

As research and meta - analysis of different studies have proven – the working strategies to reduce alcohol related harm and prevent high alcohol consumption are:

1. *Reduced affordability* - via pricing/taxation system. It has been shown that mostly among young people harm caused by alcohol is reduced when the use of this measure is increased.

2. *Reduced availability* - opening hours, and location of outlets with alcohol should be considered. Alcohol should not be available in supermarkets and petrol stations but it should be moved to specialized shops with trained staff. The specialized shops should be away from urban areas.

Marketing activities as “Happy hours” and special offers should not be allowed.

Each country should have established and be able to enforce a minimum legal age for purchase.

3. *Reduced exposure* – by limiting/forbidding alcohol commercials. It has been proven that commercials on alcohol have a positive impact on increase in consumption of alcohol. Alcohol is in commercials often associated with status, successful lifestyle, sexual success, and social behavior and even with good health and for these reasons, people are encouraged to drink alcohol. The financial interest of alcohol industry automatically leads to assumption that the marketing of alcohol will mislead the audience with the purpose of financial benefit. For that reason, alcohol commercials should be restricted.

Self regulation system of alcohol industry has been proven to fail in following the basis ethical rules regarding alcohol promotion and that is why it should be taken off the list of possible measures reducing the harm and it should be replaced by another regulatory system of an independent body consisting of NGOs that has an expertise on alcohol marketing.

Alcohol products should not be connected to sport and peak performances in any field.

4. *Early intervention at alcohol addiction should be provided followed by treatment and rehabilitation.*

5. *Protection of unborn child and children in families with alcohol problems.*
6. *Drink driving* – with BAC max 0.2g/l, more random controls, penalties and suspension.
7. *Education and information* – the public should be aware about the consequences of alcohol abuse; education in schools as well as peer to peer education, available resources online and media attention are important.
8. *Labeling* – alcohol products should wear health warnings, giving the consumer information about the consequences alcohol use and abuse can have. All the necessary information should be provided to the consumer about what the products contain.
9. *Prevention* – it is important to intervene at the earliest possible stage, when the problems have not started. It is important to offer alternatives to youth, and empower them to make their own choices.
10. *Elimination of illicit trade with alcohol products in all forms*, including illicit manufacturing and smuggling.

The strategy will be working only if it is:

- Complex – considering public health, economical factors and based on evidence
- Coherent – regarding different sectors (private, state, civil society) and levels of society (local, regional, national, global)

NGO's should be highly recognized as valuable, equal partners and sources of knowledge and expertise in the area, as they are acting out of the interest of public health and well-being.

Youth organizations working in the field, are the main providers of non-formal education as they are the first place for young people next to school for peer learning, which greatly affects young people's behavioral development and confidence. Therefore the role of youth organizations should be acknowledged, especially in the field of prevention.

From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

The best way is to have one global attitude towards the best measures reducing the harm. The problems will be solved by having a global strategy that covers different sections of society and encourages inter – sectional and international cooperation. It is important to include all parts of society, starting with local interest groups, local governments and ending with global structures.

Alcohol industry should not have the right to interfere in policies that have in one way or another impact on public health due to the conflict of interests.

More research and studies on alcohol related harm and the best measures of prevention should be conducted. At the same time, the information has to be spread in the countries by many different channels to raise awareness in an effective way.

There is a need for a global monitoring and information system.

Long term action is necessary to improve the global situation.

The best measures carried out on a global level would be:

- Restriction or ban on alcohol commercials
- Reduced affordability and accessibility
- High quality of intervention
- Law implementation and enforcement
- Prevention of drink - driving, alcohol related violence and injuries
- Further research and dissemination of results
- Exposure of alcohol industry's methods of profit-making and how it harms public health
- Information and education on alcohol-related harm
- Health warnings labeling of alcohol products

In what ways can you or your organization contribute to reduce harmful use of alcohol?

Active - sobriety, friendship and peace is a European youth organization gathering 25 000 young people who have decided to live sober. We consider alcohol consumption an obstacle for development of individuals and society. There is too much harm caused by alcohol. We think we can contribute to improvement of living quality of individuals in different societies by abstaining from drinking.

Active with its 500+ youth groups and 25 000+ members offer a safe and alcohol free environment where children from families with alcohol problems can learn to be children again, experience friendship and trust. By this Active breaks the chain to reproduce the alcohol problem into the next generation.

We are promoting alcohol free life style and offering an alternative to those who do not accept alcohol as a natural part of our cultures.

Active also works politically to encourage alcohol and drug free environment. Active finds that youth organizations are essential in diminishing negative peer pressure and prevent alcohol and drug abuse. We call on the European institutions to recognize and support youth organizations working in these fields by using their expertise and providing them with sustainable resources to carry on their work.

We are contributing to reduction of alcohol related harm:

- By creating alcohol free environment for young people
- By raising awareness about harm related to alcohol and opinion building
- By spreading the idea of alcohol free lifestyle among youth
- By breaking the “tradition” or a certain cultural pattern that associates alcohol with social events, problem solving, status, entertainment
- By testing law enforcement, i.e. if the minimum legal age of buying alcohol is carried out
- By advocating the global alcohol strategy (when relevant)
- By having impact on youth policies in Europe and policies regarding European youth
- By mobilizing civil society – mainly youth



November 17, 2008

BUILDING A GLOBAL PUBLIC HEALTH BY PROTECTIN YOUTH FROM BEING TARGETED BY THE ALCOHOL INDUSTRY

Dear UN Community,

As an organization concerned with public health and safety, substance abuse prevention and treatment, fiscal responsibility, and the well being of young people and families, **we strongly urge the UN community throughout WHO to seriously consider new strategies that allow communities, organizations and governments to tackle from an environmental prevention perspective the alcohol industry's negative influence in building a public health environment.** Children and teenagers are among those at highest risk of alcohol-related problems, including fetal alcohol syndrome and a wide range of other alcohol effects, domestic and social violence, heavy and addictive drinking, accidental and intentional trauma, unintended sex and the spread of sexually-transmitted diseases.

The Youth Leadership Institute (YLI) builds communities where young people and their adult allies come together to create positive social change. We design and implement community-based programs that provide youth with leadership skills in the areas of drug and alcohol abuse prevention, philanthropy and civic engagement. Building on these real-world program experiences, YLI creates curricula and training programs that enable us to foster social change efforts across the nation, all while promoting best practices in the field of youth development. As part of our work across the state we partner with the largest prevention program, California Friday Night Live to prevent and reduce problems related to the consumption of alcohol.

Some specific strategies we would like to propose are:

To improve labeling of alcoholic beverages and to urge further changes that would make the labels even more effective in educating consumers about the alcohol and nutritional content of the drinks they ingest.

To mandate use of an international informational panel on alcoholic-beverage labels, and disclosure of alcohol content, calorie content, serving size, and number of servings per container.

To investigate the marketing practices of the alcohol industry flavored alcohol drink, Spykes highly appealing to children.

To reduce the promotion of alcoholic beverages to young people, including persons younger than the minimum legal drinking age.

As public health and safety professionals in the field of alcohol harm prevention, we are greatly concerned about the introduction of media and new technology strategies as a means of expanding the promotion of alcohol to an audience that will undoubtedly include substantial numbers of underage persons.

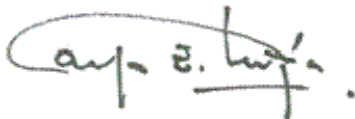
Underage drinking often has severe consequences for young people, who are at high risk for alcohol-related injury or death. The harm from alcohol, of course, is much more widespread. A growing body of evidence suggests that teenage brains, which are still developing, are highly susceptible to the effects of heavier alcohol consumption, which not only impairs cognitive functioning, but also may result in serious long-term damage. It is now well established that people who begin drinking at early ages have a significantly higher risk of becoming alcohol dependent as adults.

We ask that you take these facts into consideration in deciding whether to help us, for the sake of the health and safety of our youth around the world, and for the sake of the integrity of the UN role, we respectfully ask you to global actions to address this very serious issue that is having a expense impact on the present and future health of our planet.

Sincerely,



Maureen Sedonaen
President and CEO
Youth Leadership Institute



Carlos Mejia
Vice President of Community Based Programs, Bay Area
Youth Leadership Institute

Fundación de Investigaciones Sociales, A. C.

Contribución escrita para la elaboración de la Estrategia Mundial para Reducir el Uso Nocivo del Alcohol.

La Fundación de Investigaciones Sociales, A.C. (FISAC) apoya la elaboración de una estrategia mundial para reducir el uso nocivo del alcohol y el contenido de la resolución 61.4 de la Asamblea de la Organización Mundial de la Salud.

Si bien el uso nocivo del alcohol se puede presentar en todas las edades, es indiscutible que una parte importante del abuso en el consumo de bebidas alcohólicas se concentra en los jóvenes, cuyas particularidades debemos entender en su exacta dimensión.

“...Si bien el trabajo más difícil del adolescente es salir paulatinamente de la niñez y de la familia para hacer contacto con la sociedad en un proyecto de búsqueda de identidad, esta salida no es igual a la del niño, y por tanto, los padres no reaccionan de la misma manera.”; “...A diferencia de los padres idealizados que existen en la infancia, estos pasan a ser blanco de los más variados cuestionamientos, el ámbito familiar le queda chico y por tanto debe buscar un nuevo lugar en lo exogámico, lo cual no es sencillo.”¹

Esta natural característica de los adolescentes se debe conducir mediante la educación, dotándolos de la información y las herramientas adecuadas como un factor determinante para fomentar hábitos saludables de vida en su proceso de desarrollo.

La necesaria participación de ambos padres para el sustento familiar ha derivado en que la educación inicial de los hijos quede en manos de familiares, amigos o instituciones, que no obstante brindarles cuidados con la mejor de las intenciones, no están en capacidad de equiparar esa atención con la que los hijos demandan de sus padres.

Conscientes de ello, y gracias a la visión e iniciativa de hombres de empresa para instaurar una fundación de análisis y diálogo al servicio de la sociedad, en torno a la temática de las bebidas con alcohol, en 1981 se creó la Fundación de Investigaciones Sociales, A.C. (FISAC). En sus 27 años de existencia, FISAC ha emprendido e impulsado diversas acciones al servicio de la promoción de la salud y la cultura en México.

De acuerdo a su misión de promover el conocimiento y la responsabilidad respecto a las bebidas con alcohol (conocer su función en la sociedad, ayudar a evitar el uso inadecuado y desalentar todo tipo de abuso) para una mejor convivencia social, FISAC

¹ GOJMAN, Irene. En: La Salud del Adolescente y del Joven. Organización Panamericana de la Salud. Publicación Científica No. 552. Whashington, D.C., 1995. Pág. 47.

ha venido fomentando la creación de una sociedad participativa y corresponsable de los temas relacionados con las bebidas con alcohol, mediante la vinculación y promoción de la responsabilidad social de los diversos sectores de la sociedad.

FISAC mantiene permanente relación con el Sector Público en los tres órdenes de gobierno: Federal, Estatal y Municipal; tanto de la administración pública como de organismos descentralizados; con la Comunidad Científica, a través de investigadores, académicos, profesionistas y especialistas de distintas entidades e instituciones; con la Industria, principalmente, productores y comercializadores de bebidas con alcohol y diversas cámaras, asociaciones, comisiones y consejos; con la Comunidad a través de diversos sectores de la sociedad civil que comprenden escuelas de nivel básico y medio; centros de educación superior; maestros, padres de familia y líderes comunitarios; con Organismos Internacionales; con Organizaciones No-Gubernamentales; con Grupos de Ayuda Mutua; y con Agrupaciones diversas.

Además, en fechas recientes, FISAC ha incrementado significativamente la relación con los medios de comunicación, mediante distintas reuniones con empresas, entidades y cadenas televisivas y radiodifusoras, tanto públicas como privadas; diversos diarios y revistas; sitios y portales de la Internet; así como cámaras y asociaciones del ramo, para invitarlos a sumarse a las campañas de responsabilidad social de la Fundación.

FISAC tiene como ejes rectores de sus actividades, incluyendo sus campañas de prevención y educación tres áreas específicas sobre las que trabaja consistentemente:

- Si manejas; no tomes.
- No venta, suministro y consumo de alcohol a menores.
- Respeto a la abstinencia, moderación en el consumo y prevención de riesgos.

Convencida de la necesidad de incidir en la formación de las nuevas generaciones FISAC ha creado y puesto en práctica un curso taller denominado **Talleres Interactivos Para la Promoción de la Salud (TIPPS)**, que ha probado ser muy exitoso y efectivo. **TIPPS** ya ha sido evaluado cuantitativa y cualitativamente con estudiantes de educación media, obteniendo cambios favorables en la actitud respecto al consumo responsable.

TIPPS es un programa dirigido a todos los actores sociales con el fin de prevenir los riesgos asociados al consumo irresponsable y al abuso de bebidas con alcohol, promoviendo estilos de vida saludables, el respeto a la abstinencia, así como la responsabilidad y moderación ante el consumo de bebidas alcohólicas.

El programa TIPPS capacita promotores de salud; orienta la formación de valores y actitudes frente al consumo; integra los aspectos biológicos, psicológicos, sociales y espirituales de la persona; fortalece factores protectores (autoestima, asertividad, valores, tiempo libre y proyecto de vida); y fomenta la capacidad de autocuidado, el apoyo mutuo y la promoción de la salud pública e individual.

A partir del año 2000 y hasta el mes de octubre pasado, se han impartido más de 632 cursos en toda la República Mexicana con un total de 11,117 horas didácticas en las cuales se entregan materiales didácticos, y Manuales TIPPS que permitan hacer réplicas del taller en las diversas entidades con la supervisión y apoyo de FISAC.

Igualmente necesario resulta el asegurar la participación de instituciones de educación, empresas del sector y grupos organizados de la sociedad, por lo que se han firmado **convenios de colaboración** para impartir el curso taller TIPPS con los Gobiernos Estatales de Querétaro, Jalisco, Colima; con las siguientes instituciones educativas: Colegio de Bachilleres, Politécnico Nacional, Universidad Anáhuac, Nueva Escuela Tecnológica; y con las empresas: Bacardí, Beam Global Spirits & Wine, Casa Cuervo, Casa Pedro Domecq, Diageo y La Madrileña,

Con la finalidad de consolidar el trabajo en campo y proseguir el estudio de aspectos específicos de la convivencia humana en donde las bebidas con alcohol estén presentes, FISAC se ha apoyado desde su origen por un **Comité Científico** que reúne a prestigiados investigadores, profesionales y especialistas en materia de salud y cultura. Este Comité cuenta con el reconocimiento de entidades tales como el Sistema Nacional de Investigadores, los Institutos Nacionales de Salud, facultades de universidades y diversas organizaciones públicas y privadas. Gracias a las contribuciones científicas del Comité, se ha podido promover la responsabilidad ante el consumo de bebidas con alcohol, dentro de un marco de desarrollo humano integral.

Dada la importancia del trabajo de FISAC, la Universidad Anáhuac México Norte, creo la **Cátedra FISAC Anáhuac de Investigación en Comunicación para la responsabilidad ante el consumo y la sana convivencia**, en cuya Escuela de Comunicación y Centro de Investigación para la Comunicación Aplicada, se desarrollan estrategias de comunicación integral, investigación aplicada, mecanismos de difusión y divulgación sobre el tema del alcohol y su impacto en la población mexicana.

La Cátedra FISAC-Anáhuac, tiene por finalidad el instrumentar diversas acciones de investigación y promoción que deriven en campañas educativas con un importante impacto en todos los sectores sociales para evitar el uso inadecuado y abusivo del consumo de alcohol.

Por la importancia que tiene la información audiovisual en el mundo actual, FISAC promueve **Campañas masivas de prevención** las cuales se realizan desde el año 2003, con el auspicio de Fundación Televisa. De ese año a la fecha, se han difundido 22 “spots” televisivos en los principales canales de televisión del México.

Actualmente, y ajustando los planes a la nueva realidad social de México, FISAC está impulsando la Campaña Anual 2008, consistente en un plan estratégico Marketing 360° para la difusión del promocional “No dejes que el abuso del alcohol te maneje” con el fin de obtener un alcance e impacto integral en todos los sectores de la población, a

través de todos los medios de difusión: Radio, Televisión, Cine; Centros de Consumo; Impresos; Revistas; Espectaculares; Vallas, Carteles Diarios; Sistemas de mensajes vía teléfono celular, Internet, etc.

Esta campaña tiene el propósito de ayudar a reducir los accidentes viales derivados del abuso y la irresponsabilidad en el consumo de alcohol, bajo la premisa de que nadie está exento de sufrir un accidente o la pérdida de un ser querido por este tipo de conductas de riesgo.

FISAC también ha fortalecido su vínculo con la Secretaría de Seguridad Pública de México con cuya participación realizó la promoción del “**Programa Conduce Sin Alcohol**”, que incluía 15,000 trípticos en sus vehículos de comunicación; 23 espectaculares en las principales carreteras de la zona metropolitana del Distrito Federal, Monterrey y Guadalajara; y 1500 calcomanías informativas en todas las patrullas de la policía del Distrito Federal.

Dentro de las regulaciones para el sector de la Industria de Bebidas con Alcohol consideradas por la Comisión Federal para la Prevención de Riesgos Sanitarios (COFEPRIS), se ha establecido como norma de carácter obligatorio la inserción del sitio web del **Portal de FISAC** (www.alcoholinformate.org.mx), que aparece en todos los espectaculares publicitarios de bebidas con alcohol.

El **Centro de Investigación Documental, (CID)** de FISAC cuenta con una base documental y bibliográfica física y digital muy amplia en materia de investigación científica sobre el tema del alcohol. El CID posee un Observatorio virtual que contempla: onvestigaciones descargables, biblioteca virtual, servicio de información, directo en el CID., un área de publicaciones en la que se incluyen 15 libros especializados, 29 Cuadernos de investigación que congregan a más de 90 investigadores nacionales e internacionales; la base de datos de disposiciones legales (desde 1910) más completa en el territorio nacional; una videoteca y audioteca con las principales campañas mundiales de prevención y educación; y el servicio de noticias “Infoalcohol” que ofrece a la comunidad un dossier especializado en el tema del alcohol rescatando todo cuanto se publica en el territorio mexicano.

Entendiendo que el fenómeno de la globalización se ha venido desarrollando junto con las herramientas de comunicación como el Internet y otros instrumentos de comunicación remota, FISAC cuenta con un **Portal Informativo** muy completo sobre el tema del alcohol (www.alcoholinformate.org.mx) que ha recibido más de 25, millones de visitas desde su creación en 2001.

El Portal cuenta con **Blogs** especializados que hoy día ofrecen materiales informativos dedicados a:

Jóvenes www.jovenes.alcoholinformate.org.mx

Padres de familia www.padres.alcoholinformate.org.mx

Maestros www.maestros.alcoholinformate.org.mx

Y otros más específicos dedicados a los temas de:

Alcohol y Volante www.volante.alcoholinformate.org.mx

Alcohol y Mujer www.mujer.alcoholinformate.org.mx

Asimismo, se ofrecen las **Guías Informativas**: Políptico TIPPS; Tríptico “Conduce sin Alcohol”; Alcohol y Embarazo; ¿Cómo hablar de alcohol en la Familia?; ¿Por qué un menor no debe beber?, y ¿Cómo hablar de alcohol con tu pareja?, así como **Boletines Semanales** que al momento cuentan con alrededor de 18,400 suscriptores.

A través del Portal de FISAC se han construido las siguientes **Redes Sociales**: **Facebook**: 857 suscriptores afiliados al grupo; **YouTube**: 17,678 personas han visto los Spots de las Campañas de FISAC; **Issuu**: 16,724 personas han visto el Manual Interactivo TIPPS; **Red Social**: 81 personas se han inscrito a esta red creada por FISAC el 24 de septiembre de 2008, (<http://redalcoholinformate.ning.com>). Las Encuestas Online publicadas en Alcoholinformate son al momento 2,244.

Finalmente, es conveniente tener presente que los índices estadísticos a partir de la Encuesta Nacional de Adicciones 2008, se han abierto, tanto para el primer inicio en el consumo, como también en la ingesta promedio para el género femenino, y que el abuso y la combinación con bebidas energizantes son nuevos retos a los que se debe hacer frente.

Nota:

En caso de requerir mayor información sobre esta contribución escrita favor de contactar la siguiente dirección electrónica: aarguelles@fisac.org.mx

Consultation OMS

Contribution Entreprise & Prévention

Créée en 1990, Entreprise & Prévention est une association qui regroupe 17 entreprises du secteur des boissons alcoolisées en France afin de lutter contre la consommation excessive ou inappropriée de boissons alcoolisées. Onze entreprises sont adhérentes en France Métropolitaine : Bacardi-Martini, Brasseries Kronenbourg, CBH Trading, Heineken France, Société des Produits Marnier Lapostolle, Société Michel Picard, Moët Hennessy Diageo, Pernod Ricard, Rémy Cointreau, Vranken Pommery, William Grant & Sons. Six sont réunies au sein d'Entreprise & Prévention Réunion : Brasseries de Bourbon, CMM/UDV, Mascarin, Rhums Réunion, Sorebra, Distillerie Chatel.

Le choix d'une politique alcool : lutter contre l'abus et non l'usage

Prévention de l'usage ou prévention du risque ?

Comprise comme une démarche visant à prévenir l'apparition d'une maladie ou d'un accident, la prévention primaire semble concerner par définition l'ensemble de la population. La vaccination étant l'exemple même de la prévention primaire.

Cette référence médicale, « une cause, un effet », a fondé des stratégies de prévention primaires parfois radicales. La prohibition étant finalement l'équivalent d'une tentative de vaccination d'une population entière contre le risque alcool. Les résultats ont toutefois montré que le domaine des pathologies virales et celui des pathologies comportementales nécessitaient des mécanismes de prévention différents.

Pour autant, la prévention primaire reste souvent comprise comme une action visant à la réduction de l'offre (fiscalité, disponibilité, publicité...) et ainsi à la diminution des quantités totales consommées. En ne luttant que contre la consommation en général, elle n'agit que sur l'un des facteurs de risque, c'est à dire l'exposition au produit, en négligeant à la fois les populations à risques et les consommations à risques. Or s'il existe des risques inhérents à une consommation, et que cette consommation est licite, il paraîtrait plus efficace de s'attaquer à ces risques plutôt qu'à la consommation elle-même. Ce qui revient à dire que la prévention primaire peut être - et devrait être plus souvent - axée sur la réduction des risques.

Cette approche est d'autant plus légitime pour un produit qui est non seulement licite, mais pour lequel le rapport consommateurs dépendants / consommateurs non-dépendants et de l'ordre de 90 / 10. Le risque de dépendance étant statistiquement beaucoup plus faible que pour de nombreux autres psychotropes, il devrait pousser à une stratégie de prévention du risque et non de l'usage.

Tenir compte des exemples européens

- Tous les pays d'Europe du Nord engagés, ponctuellement ou de manière continue, dans une politique de baisse de la consommation générale (par la fiscalité, les limitations de vente ou de publicité) ont connu un échec systématique depuis 1970 et une hausse de leur consommation moyenne : Finlande (+ 72 %), Danemark (+ 40 %), Pays-Bas (+ 40 %), Islande (+ 20 %), Norvège (+ 20 %)¹. La Suède, pays pionnier en la matière et parmi les plus rigoureux, n'a pu empêcher une augmentation de la consommation d'environ + 15 %.
- C'est dans ces pays que se sont développés les modes de consommation d'alcool les plus nocifs : les volumes consommés par occasion de consommation sont beaucoup plus élevés en Finlande ou en Suède que dans les pays d'Europe du Sud². Les Nordiques sont de gros buveurs ponctuels, les Français ou les Italiens des petits buveurs réguliers.

Une politique alcool efficace devrait reconnaître l'innocuité d'une consommation faible à modérée (à l'intérieur des repères à moindre risque de l'Organisation Mondiale de la Santé³) et s'efforcer de prévenir l'usage nocif et la dépendance.

Cibler la prévention sur les groupes et situations à risque

La prévention doit se concentrer sur les risques liés à une consommation excessive ou inappropriée. Elle doit agir en priorité vers les populations sensibles et sur les situations dangereuses.

Les particularités nationales, tant dans la nature des situations à risque que dans leur ampleur, doivent impérativement être prises en compte. Outre l'adaptation aux contextes culturel, social et économique, les programmes de prévention ciblée doivent également faire l'objet d'une évaluation rigoureuse.

Les priorités pour la France

- Analyser l'évolution contradictoire de la consommation et des problèmes liés à l'alcool en France : Aucune donnée ni évolution récente n'indique que la baisse de moitié de la consommation en France depuis 60 ans a eu un impact sur l'usage problématique. Ceci devrait orienter l'action publique vers une politique ciblée sur les populations et les usages à risques.
- Lutter contre la surmortalité routière des 15-24 ans : La priorité de santé publique vis-à-vis des jeunes et de l'alcool est la surmortalité routière. La promotion du réflexe

¹ World Drink Trends 2005

² Hemström O, Leifman H, Ramstedt M (2002). The ECAS survey on drinking patterns and alcohol-related problems. In: Norström T, ed. *Alcohol in postwar Europe: consumption, drinking patterns, consequences and policy responses in 15 European countries*. Stockholm, Almqvist and Wiksell International

³ Pas plus de 2 verres par jour pour une femme, pas plus de 3 verres pour un homme, pas plus de 4 verres lors d'une occasion festive, 0 verre un jour par semaine et dans les situations à risque

«Conducteur Désigné » (celui qui conduit, c'est celui qui ne boit pas) et la possibilité pour le conducteur de se tester avant de prendre le volant devraient être généralisées.

- Faire de l'entreprise un espace d'éducation à la santé : L'entreprise est un terrain particulièrement propice à l'éducation à la santé et à une prévention de proximité centrée sur les personnes et les situations à risques. Les nouvelles formes d'intervention brève représentent une opportunité de mobiliser la médecine du travail dans la prévention et le repérage précoce des conduites à risque.
- Protéger les mères et leurs enfants contre le risque alcool pendant la grossesse : Le risque alcool pendant la grossesse a fait l'objet d'une prise de conscience récente. Il nécessite une mobilisation des professionnels de santé. L'amélioration du bilan français en la matière dépend du message délivré pendant le parcours de santé de la future mère.
- Lutter contre la consommation excessive : 8 Français sur 10 ne connaissent pas les repères de consommation fixés par l'OMS : pas plus de 3 verres/jour pour les hommes, pas plus de 2 verres/jour pour les femmes. C'est une information de base que chacun devrait connaître.
- Observer les stratégies de l'Europe et suivre les recommandations du corps médical : Qu'il s'agisse de l'Europe ou des plus hautes instances médicales françaises, les politiques alcool mises en œuvre ou recommandées se fondent sur la lutte contre le mauvais usage de l'alcool, sur les situations à risques et sur le dépistage précoce et l'accès aux soins des personnes en difficulté.

Associer les professionnels à la prévention

La politique de lutte contre la consommation à risque doit associer les professionnels car ils sont soucieux du bon usage de leurs produits, sont déjà engagés dans la prévention et sont proches des consommateurs.

A titre d'exemple en France :

- Les jeunes et la conduite : Les professionnels de la production et de la distribution se mobilisent depuis de nombreuses années. Ils viennent de mettre au point le premier éthylotest électronique pour équiper les bars et discothèques. On sait aussi que la formation des barmen a un impact sur les risques liés à l'alcool.
- Les femmes enceintes : Les professionnels ont accepté un message sur les bouteilles sur ce sujet, mais ce n'est pas suffisant. Le message doit maintenant être passé par les professionnels de santé.
- La consommation excessive : Les différentes filières professionnelles ont décidé de communiquer sur les repères de consommation OMS qui restent mal connus des Français.

Entreprise & Prévention : les actions de terrain en cours

Dès 1993, Entreprise & Prévention a décidé de s'engager dans des opérations de prévention originales et susceptibles d'être généralisées. L'association mène systématiquement ces programmes en partenariat avec des acteurs de terrain.

- Alcool & Route, Alcool et Jeunes
 - Bornes éthylotests électroniques: Depuis 2005, Entreprise & Prévention s'est engagé dans un projet d'équipement des discothèques et bars d'ambiance afin d'assurer dans les établissements de nuit un dispositif de prévention permanent et sensibiliser les consommateurs, notamment les jeunes, au risque alcool et route. Entreprise & Prévention est signataire de la Charte Européenne de Sécurité Routière sur ce projet.
 - Campagnes dans les lieux de consommation : Depuis 1999, Entreprise & Prévention est associé à la Sécurité routière pour promouvoir auprès du grand public le slogan "Celui qui conduit, c'est celui qui ne boit pas". Ce partenariat se traduit par l'organisation de campagnes dans les lieux de consommation (discothèques et bars d'ambiance).
 - Kit Sécurité Routière pour les associations étudiantes : Réalisé en partenariat avec la FAGE, le kit sécurité routière a été créé pour rappeler aux organisateurs de soirées la réglementation en matière de débits de boissons alcoolisées et les inciter à intégrer un dispositif Conducteur désigné lors des fêtes étudiantes. Entreprise & Prévention est également partenaire de la Fage pour promouvoir une Charte des soirées étudiantes responsables, dorénavant et déjà signée par près de 200 associations étudiantes.
- Consommation excessive
 - Lancé en juillet 2007, le site www.2340.fr fournit au grand public des informations sur les seuils de consommation à moindre risque, en explicitant le principe d'unité d'alcool et renseignant sur les effets de l'alcool et les situations où l'abstinence est recommandée. Le site permet en outre de faire le point sur sa consommation au moyen d'un calculateur qui évalue la quantité consommée, quels que soient le produit ou la marque, et la convertit en unités d'alcool. Le site a déjà reçu plus de 150 000 visites.
- Alcool & Grossesse
 - Campagne pilote d'information au Havre : la Communauté de l'agglomération Havraise et Entreprise & Prévention se sont associées pour mener une campagne d'information pilote sur « le risque Alcool pendant la Grossesse ». Cette campagne vise à informer sur le « zéro » alcool pendant la grossesse et invite à dialoguer avec les professionnels de santé. A l'issue de son évaluation, le programme a été généralisé en France entière en partenariat avec le Collège National des Gynécologues et Obstétriciens Français.
- Alcool & Travail
 - Cd-rom « Gérer le risque alcool au travail » : pratique et interactif, à destination des Directions des ressources humaines et des médecins du travail, cet outil a été développé avec l'appui d'un alcoologue, spécialiste de la gestion du risque alcool au travail et proposé à l'ensemble des DRH des entreprises françaises.
- Autodiscipline professionnelle
 - Code d'autodiscipline et de déontologie : Entreprise & Prévention a rédigé une série de recommandations à l'usage des entreprises du secteur des boissons alcoolisées dans le but d'assurer des pratiques commerciales et de communication responsables.

Entreprise & Prévention met par ailleurs à la disposition des acteurs de la prévention des informations sur le risque alcool ainsi que de nombreux outils de sensibilisation disponibles sur www.soifdevivre.com

Traffic Injury Research Foundation (TIRF)
(www.tirf.ca)

Submission for the World Health Organization
November 2008

Introduction

The Traffic Injury Research Foundation (TIRF), a registered charity established in 1964, is Canada's road safety research institute and knowledge source for safe driving. It is a world leader in research, program and policy development, evaluation, and knowledge transfer focusing on the road user and behaviours that result in driver error and account for 80% of road crashes. TIRF has received international recognition and acclaim for its accomplishments related to identifying the causes of road crashes and developing programs and policies to address them effectively.

As a national, independent road safety institute, TIRF is governed by a Board of Directors representing the public and private sectors in Canada and the United States. TIRF is funded mainly by grants and contracts that are earmarked for specific projects. Approximately 60% of TIRF's contract funding comes from governments around the world, with the balance being provided by associations and industry. Sustaining donations are used to provide services to public and private sectors.

This submission from TIRF is presented in response to the World Health Organization's (WHO) public hearing on the development of a draft global alcohol strategy. TIRF has developed a comprehensive package of effective initiatives that are being applied in Canada and the United States (U.S.) to monitor and raise the visibility of the impaired driving issue, but more importantly, to promote practical strategies to reduce this persisting problem. These initiatives are described in more detail below and placed within the broader context of priorities that are emphasized in Canada's consensus-based national alcohol strategy developed in 2006/2007.

Impaired Driving in Canada

From the mid-1980s through to the late 1990s Canada achieved significant declines in alcohol-impaired driving fatalities and injuries. This progress was paralleled by a dramatic shift in public attitudes from complacency and apathy to a situation where drinking and driving was considered by many to be socially unacceptable and reprehensible. This evolution in perspective has been both encouraged and reinforced through the development of national initiatives to address impaired driving (e.g., Strategy to Reduce Impaired Driving – STRID 2010), along with the implementation of proven prevention measures, such as alcohol ignition interlocks, administrative licence suspension and vehicle impoundment.

However, this progress stalled by the end of the 1990s and little progress has been made since then. The problem remains a significant one – in 2005, 851 people were

killed in alcohol-related motor vehicle crashes on public highways and approximately one-third of all fatal road crashes were alcohol-related.

Effective Strategies to Reduce Alcohol Related Harm in Canada and Abroad

TIRF emphasizes two effective strategies to reduce alcohol related harm in Canada and abroad. These are described in more detail below.

1. Monitoring the magnitude and characteristics of the impaired driving problem to improve understanding and inform decision-making

The complementary monitoring initiatives described below support key elements of Canada's national alcohol strategy. They provide data that is used to examine progress in Canada's Strategy to Reduce Impaired Driving (STRID), re-invigorate law enforcement around drinking and driving, and provide critical information about persistent and high-risk drinking populations including the hard-core offender and youth.

Annual public opinion poll. TIRF conducts an annual public opinion poll, the Road Safety Monitor (RSM), that tracks public concern, attitudes and behaviours regarding key road safety issues, including drinking and driving. This poll is funded by a partnership between Transport Canada, Toyota Canada and the Brewers Association of Canada. Results from the RSM reveal that impaired driving remains a priority concern among Canadians -- more than 80% believe it is a serious problem and one of greater importance than almost all other road safety issues.

The poll provides insight into Canadians' knowledge of impaired driving, the types of individuals who are most likely to drink and drive, and countermeasures that are supported by Canadians. The findings have been used to raise public awareness and identify knowledge gaps, to improve understanding of the characteristics and attitudes of those who drink and drive, to gauge public confidence in the justice system for dealing with these offenders, and to understand public knowledge about laws, programs and policies that are implemented across jurisdictions. Further, they allow researchers to examine regional variations across Canada in order to promote uniformity.

The Road Safety Monitor is a valuable resource to government, the private sector and the public. It provides a current state of knowledge about impaired driving in Canada. It also forms a solid foundation to develop and improve public awareness campaigns, identify and target high-risk populations and practices, and shape needed countermeasures.

National fatality database. To augment findings from the RSM, TIRF also maintains a national fatality database under funding from Transport Canada and the Canadian Council of Motor Transport Administrators. Each year, TIRF gathers information from all Canadian jurisdictions about road deaths and serious injuries, and strategies that have been implemented to address this problem. This report contains a comprehensive

overview of the extent of impaired driving and efforts that have been implemented to address it. It also facilitates comparisons of activities and practices across jurisdictions.

Identifying gaps in understanding of the problem. In 2008, TIRF researchers also participated in an international research meeting, focused on youth impaired driving, organized by the Transportation Research Board. TIRF's contribution to this meeting highlighted the involvement of youth impaired drivers in the justice system, and more importantly, the lack of research regarding effective sanctions or strategies to deal with this high-risk population. This is a critical gap in the state of knowledge that requires attention.

2. Knowledge transfer and exchange initiatives to encourage the adoption of evidence-based practices and guide the implementation of effective programs and policies

There is a recognized disconnect between research and practice across many domains. This is particularly true of the impaired driving field which cuts across several sectors including health, criminal justice, transportation, government, research, not-for-profit agencies, and industry. In an effort to bridge this gap, TIRF has been actively engaged in translating research findings for practitioner audiences. At the same time, TIRF has worked to gain their perspective to inform research and overcome barriers to the implementation of effective policies and programs. These initiatives are entirely consistent with recommendations from Canada's national alcohol strategy. These include, pursuing a focus on hard core offenders, emphasizing the importance of treatment and rehabilitation in relation to alcohol-related harm, and promoting the use of proven technologies.

National survey of Crown prosecutors and defence counsel. In Canada, under funding from Transport Canada and the Canadian Council of Motor Transport Administrators, TIRF surveyed more than 1,000 Crown prosecutors and defence counsel across Canada. The goal was to gain insight into where problems can occur within the system and measure the impact these problems are having on case outcomes. The survey revealed that challenges in the justice system include caseload, evidentiary issues, case processing time, acquittals in cases going to trial, and the use of "evidence to the contrary" defences. Substantial agreement among prosecutors and defence counsel regarding the magnitude and effects of various problems was evident and speaks to the veracity of the findings. Recommendations to address these issues include legislative enhancements with consideration of the capacity of the justice system to manage the effects, streamlined policies across jurisdictions, improved communication, and enhanced educational initiatives. These recommendations can close loopholes that currently exist and bring uniformity to the processing of offenders.

Comprehensive review of the justice system for dealing with hard core offenders. In the United States, under funding from Anheuser Busch Companies, TIRF conducted a comprehensive review of the justice system. It revealed that the persistent nature of hard core drunk drivers/repeat offenders in combination with inadequacies in the justice system were allowing these offenders to avoid detection, arrest, prosecution, conviction, and sanctioning. This study demonstrated that many of the system problems were cross-cutting and affected all levels. More importantly, it underscored that improvements to

one part of the system could have positive benefits throughout it. The 5,000 justice professionals involved in this study also identified practical solutions to address systemic issues and complement legislative efforts by ensuring that offenders were subject to the programs and penalties put in place to protect the public and change problem behavior. Solutions from the research were grouped according to six key areas: communication and cooperation; training and education; technologies; record systems, legislation, and resources.

Based on these research findings, and with ongoing funding from Anheuser Busch Companies, TIRF created in 2004 a coalition of 14 criminal justice agencies to form the “Working Group on DWI System Improvements” to provide leadership, guidance and practical strategies that practitioners can use to improve the efficiency and effectiveness of the justice system. Initiatives of the coalition are further augmented by participation from research, government, and industry, and not-for-profit agencies. The Working Group has produced a series of prominent educational primers for practitioners and policymakers. The coalition has focused on priority issues, including a guide to streamlining and simplifying impaired driving legislation, and a report that illustrates challenges practitioners face in delivering alcohol ignition interlocks to offenders. The Working Group has also focused its attention on the need for more training and education for practitioners, particularly in relation to the importance of substance abuse treatment as a means of changing behavior. With input and assistance from key practitioners, TIRF developed an educational primer to answer critical questions that practitioners often ask about substance abuse treatment and effective implementation strategies. Included in this report is a discussion of the obstacles and barriers that practitioners encounter when applying such interventions, and suggested ways to improve the delivery of these interventions to inform research.

The development of educational materials in response to practitioner needs. In recognition of the immense need for knowledge transfer from researchers to criminal justice practitioners, TIRF has developed a curriculum on alcohol ignition interlocks. The curriculum, developed under funding from the National Highway Traffic Safety Administration, Draeger Safety, Alcohol Countermeasure Systems, Corp. and Smart Start, Inc., is designed to educate police, prosecutors, judges, probation officers, treatment professionals and licensing authorities. This curriculum was created in response to a demand for comprehensive and objective information that practitioners could rely upon to guide the use of alcohol interlocks. It is also intended to encourage the consistent use of this proven technology, and to promote uniformity in practice across jurisdictions to improve the delivery and implementation of effective programs. As a complementary initiative under funding from Alcohol Monitoring Systems, Inc., TIRF also created a series of educational primers on continuous transdermal alcohol monitoring. These primers provide an objective and accurate overview of the research in this area, and also guide implementation and encourage rigorous evaluations of this new and promising technology.

Conclusions

TIRF emphasizes two effective strategies to reduce alcohol related harm – monitoring of the magnitude and characteristics of the impaired driving problem to improve understanding and inform decision-making, and knowledge transfer and exchange initiatives to encourage the adoption of evidence-based practices and guide the

implementation of effective programs and policies. From a global perspective, the best ways to reduce problems related to the harmful use of alcohol is to focus efforts on the development of evidence-based practices, to promote evaluation of programs and policies, and to engage practitioners in implementation. Efforts are needed to build cooperative partnerships that bridge gaps and challenge the “silo” mentality because individualized practices impede progress in reducing impaired driving.

As an independent, objective and internationally recognized research institute, TIRF has the credibility and influence to challenge traditional thinking about impaired driving and overcome barriers. It is also well-positioned to assemble strong partnerships across relevant sectors, and build consensus around the development and implementation of evidence-based strategies. Of greater importance, some of TIRF’s most compelling and ground-breaking initiatives to reduce impaired driving have been supported by both government and industry, and in particular, the alcohol industry. This clearly demonstrates that in cooperation with other sectors, industries are our partners, not adversaries, and they play a critical role in reducing impaired driving.



November 12, 2008

Dr Vladimir Poznyak
Coordinator, Management of Substance Abuse
Department of Mental Health and Substance Abuse
World Health Organization

Submitted Online

RE: Resolution WHA 61.4: Strategies to Reduce the Harmful Use of Alcohol

Dear Mr. Poznyak:

Thank you for the opportunity to be heard on this important matter. Marin Institute has been a leader in alcohol policy for the past 20 years, including the global impacts of the alcohol industry.

We wish to make four main points in our comments: 1) the alcohol industry is a powerful global influence; 2) the alcohol industry should not guide the WHO strategy; 3) the global strategy must include scientifically-proven policies to reduce harm; 4) safeguards must be put into place to curb the political influence of the alcohol industry worldwide.

The alcohol industry is becoming more globalized. The current takeover of Anheuser-Busch by global corporate giant InBev is only the most recent example of the globalization of alcohol sales. InBev will ensure that the Budweiser brand, already iconic in the United States, expands to every corner of the globe. Developing nations such as China and India are especially vulnerable to such expansion. Industry trade publications complain about how saturated the U.S. market is, while they predict glowingly that the "growth" market is in the developing world. As more and more alcohol companies become publicly traded, they must continue to show increasing profits for their shareholders. The only way they can accomplish this is to exploit new markets globally.

This "growth at any cost" approach to business has grave public health implications. As nations' economies become more open to the importation of alcohol, and as corporations chip away at existing government regulatory controls in the name of free trade, the health problems currently experienced in the developed world will spread even more rapidly around the globe. The WHO global strategy must be crafted with this reality in mind. The sale of alcohol has become a global operation thanks to the

lowering of trade barriers. WHO should insist that there be public health representation at any discussions of trade rules regarding the international sale of alcohol.

The alcohol industry should not in any manner guide the WHO strategy. Allowing industry to guide public health policy is like letting the fox guard the henhouse. Publicly-traded alcohol corporations are required by law to make money for their shareholders, and this directive is paramount to all other concerns. Indeed, all segments of the alcohol industry have as their core operating principle the desire to make money. Thus, the alcohol industry has an inherent conflict of interest when it comes to health policy. At no time should members of the alcohol industry be involved in directing the global strategy.

A global strategy should be based on scientifically-proved prevention policies. It is imperative that any global strategy to reduce alcohol harm be based upon the most effective prevention policies. Science has demonstrated that price supports, either in the form of higher taxes or minimum pricing are one of the most effective policies to reduce harmful drinking. Other effective policies include: minimum legal drinking age of 21, restricting outlet density, and government retail monopolies. In addition, any global strategy must include significant marketing restrictions. For example, alcohol companies should not be allowed to market its products to youth. In addition, the sale of certain products that are clearly aimed at youth, such as alcopops, should be restricted.

Global policy must be safeguarded against the influence of alcohol companies. The powerful alcohol industry has already proven its influence over policymakers and regulators at every level of government throughout the world. The WHO strategy must put safeguards into place to ensure that its effectiveness is not undermined. We have already seen the negative influence of the tobacco industry over the Framework Convention on Tobacco Control. WHO must ensure this is not repeated with alcohol.

In summary, Marin Institute strongly recommends that the WHO global strategy to reduce harmful use of alcohol be focused on keeping the alcohol industry in check, by not allowing companies and trade groups to dictate policymaking, ensuring that public health interests are represented in trade discussions, that only the most scientifically robust policies be considered, and that public health be put ahead of profit motive.

Thank you for your kind consideration of our comments.

Sincerely,

Michele Simon, JD, MPH
Research and Policy Director
Marin Institute

CC:

Congresswoman Nancy Pelosi
Senator Harry Reid
Acting Surgeon General Steven Galson
Ambassador to the United Nations Zalmay Khalilzad
John Podesta, co-chairman of President-elect Barack Obama's transition team



WHO Web Consultation on Strategies to Reduce Harmful Use of Alcohol

Thank you for the opportunity to participate in the consultation of strategies to reduce harmful use of alcohol. Our comments are set out below.

New Zealand Winegrowers

New Zealand Winegrowers (NZW) is a non-profit organisation that researches, promotes and represents the interests of New Zealand grape growers and wine makers. NZW was established in 2002 as a joint venture between the New Zealand Grape Growers Council Inc. and the Wine Institute of New Zealand Inc. Every grape grower and winemaker in New Zealand is a member of our organisation. Accordingly, NZW is recognized as New Zealand's principal wine industry organisation. All of New Zealand's 610 wineries and 1100 grape growers are members of our organisation.

Wine is a major agricultural industry for New Zealand, with more than double the surface area of any other single horticultural crop. It is also a flagbearer for our country, with export sales projected to reach \$1 billion by 2010 and wine tourists contributing over \$900 million to the economy per annum. Our industry is dedicated to sustainable production, with 85% of vineyard area and 75% of winery capacity in accredited sustainable production; the goal is to reach 100% by 2012. The industry is built on small and medium enterprises, with over 85% of wineries classified as "small".

NZW and its members are committed to moderate and responsible consumption of wine. This is integral to our vision of triple bottom line sustainability. We are supportive of policies and programmes that effectively address harms associated with the misuse of alcoholic beverages, while also recognizing that proper consumption of wine can promote health and social benefits.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

We believe that a balanced approach is essential when developing effective strategies to reduce the harmful use of alcohol.

It is clear that there are serious health and social harms caused by misuse of alcohol. It is also clear that there is a large body of drinkers who enjoy alcoholic beverages responsibly and in moderation, and that moderate consumption can produce health benefits. Strategies to reduce harmful use of alcohol should be targeted at areas of risk wherever possible to avoid the waste of resources, potential damage to legitimate industries and cost to non-harmful users from population-based approaches.

Policies and research programmes should target behavioural patterns and the social and cultural environment in which the harmful use of alcohol occurs. This is where strategies can make a difference, because alcohol is a product that can be used safely; it is the way it is used that creates problems. Social and cultural environment has a significant impact on the way that people understand and consume alcoholic beverages. Changing these key elements requires long-term commitment and planning, as well as the courage to eschew quick fixes that may ultimately prove counterproductive.

Regulatory responses to harmful use of alcohol in particular need to be thoroughly considered and not resorted to as a “knee jerk” response to specific events or political pressures. Regulation of alcohol is not a simple matter of cause and effect; it takes place in particular social and cultural environments where the responses to it may vary greatly. Regulatory models that have been successful in one country may have entirely different results in another country. Moreover, regulations may outlive particular issues or incidents and have unintended long-term impacts on a society’s drinking culture. By way of illustration, for 50 years New Zealand law required public bars to close at 6 o’clock. Far from preventing social harm, this law engendered a binge drinking culture (known as the “6 o’clock swill”) that continues to have resonance in New Zealand’s current drinking culture long after the law itself has been revoked.

In developing strategies to reduce harmful use of alcohol, industry should be considered a key partner alongside Government, the public health sector and consumers. Industry has specialist knowledge that it can bring to planning around the various initiatives, as well as networks through which partnerships might be developed.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

We do not believe it is possible to develop global solutions to problems related to the harmful use of alcohol. There are a range of tools that can be used, but no single formula will be effective for all countries. At best, a global strategy can set out the key elements that will drive each country towards researching and developing the best policies for their particular social and cultural environments. These elements would include:

- addressing illicit production;
- targeting misuse of alcohol rather than non-harmful use;
- focussing on harmful behavioural patterns and the social and cultural environment in which they occur;
- designing policies and research programmes to account for long-term changes in harmful behavioural patterns;
- working constructively with all stakeholders.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

All winery members of our organisation pay a levy to support the Alcohol Advisory Council of New Zealand (ALAC), a national organisation charged with encouraging responsible use and minimising

misuse of alcoholic beverages. Many individual members also operate their own social responsibility campaigns.

As an organisation, we subscribe to national and international codes of practice on alcohol advertising and assist our members to comply with these. More recently, we have been charged by our Board with developing our own industry code of responsibility and other industry-wide initiatives to promote responsible and moderate consumption behaviours.

Submission of Pubudu Sumanasekera

Executive Director, Alcohol and Drug Information Centre (ADIC) – Sri Lanka.

To the World Health Organisation’s Public Hearing on ‘Ways of reducing harmful use of alcohol’

The pursuit of health as one of modern society’s most highly cherished values accounts for the growing interest in alcohol policy. It also creates a special challenge because public health often competes with other social, economic values and individual freedom and happiness.

In the world situation among the top 5 risk factors for ill health and premature death alcohol ranks within the first three reasons. Statistics show, in the developed countries this is one of the main reason for preventable deaths.

Therefore, it is a need to arrive on efficient policy with effective strategies to address the harmful use of alcohol.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?**i. Ban on alcohol advertisements, promotions and sponsorships - A Sri Lankan experience.**

Sri Lanka’s present policy has a major impact on alcohol industry mainly through its ban on alcohol advertisements in media and promotions in public places. This prevents children, youth and non – users from getting attracted towards alcohol. It can be also taken as a good opportunity for the users to stay away from an attractive, influential environment and to reduce the level of their consumption. When it comes to moderate and low income earners they can save the money which is spent on alcohol and it can be used for a productive purpose.

Alcohol is one of the world’s most heavily advertised products. One major study of basis on alcohol advertising revealed significant effects with countries having advertising bans showing lower levels of consumption and lower motor vehicle fatality rates.

Other studies have suggested that alcohol advertising does have a small contributory impact on drinking behaviour and that restrictions on advertising may have scientific justification.

There should be a consent reached nationally, regionally and globally in cross border advertisements, promotions and subtle promotions in media (print, television, radio and cinema).

ii. Taxation

Among the various strategies that states and nations use to control alcohol related problems, the regulation of alcohol taxes and prices has been by far the most popular. It has been experienced for more than a century; taxation of alcoholic beverages by many governments has also been used to reduce rates of harm from drinking. Economic studies

conducted in many developed and developing countries have demonstrated that alcoholic beverage taxes and prices are related to reductions in alcohol use and related problems.

iii. Strategies to aware and empower the community

Formation of pressure groups from the grass roots and different levels of the communities and countries to counteract the forces creates a demand for alcohol. Providing them with sufficient knowledge (technical) and skills about the following strategies will be an ideal tool to change their attitude on Alcohol as magical drink.

- Revealing the myths related to alcohol and the use of alcohol and the behavior after usage. It is important to make them realize that alcohol is a depressant and it is not a stimulant. And the reality about the chemical and its impacts made on a person's health, economy, social status, family life, independent and happiness.
- The unfair privileges enjoyed by the users and how the societies excuse a person for his / her misbehaviour and mistakes after the use of alcohol. Also, how much people get cheated and affected due to these beliefs.
- How alcohol becomes a pleasurable product and how it is given such prominence even though it is not in reality.

This will provide a clear knowledge on how an individual develop an image of alcohol and the factors contribute towards that development from the childhood to adulthood.

iv. Using appropriate methods and modes to disseminate messages

The appropriate means like traditional methods and latest technologies should be used for effective interventions with public and distribution of messages among the general public. Ex: - Street play to e-mail, sms, etc.

Question 2: From a global perspective, what are the best ways to reduce harmful use of alcohol?

i. Formation of a common body

It is necessary to form a common body under WHO with international representation specifically to address alcohol related issues. Branches could be functioned under WHO in member countries. Annual conferences, activities, monitoring and researches could be carried out worldwide. Assure the representatives are not involved with alcohol industry in the past or at present.

ii. Development of a legal structure

Development of a legal frame work with international expertise and experience is vital to control and prevent issues and challenges due to the alcohol industry and alcohol use and related problems. An international treaty should be developed and ratified by all member countries.

iii. Identifying the real harm of alcohol

Identifying and understanding the harm of alcohol apart from commonly known health impacts is important before launching any policies or activities.

iv. Agreeing upon general and specific tasks

All members (countries) should be given a general task which will be a worldly tasks and specific tasks according to their country situation to reducing harmful use of alcohol in a given period of time. This would lead to a change as a whole (nationally and internationally).

v. Academic value

This issue should be recognised at academic level and study programmes and researches should be initiated and developed nationally, regionally and internationally.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

As an organization working in the field of alcohol prevention since 1987 and gain international recognition for developing policies and introducing innovative demand reduction strategies Alcohol and Drug Information Centre can contribute to reduce harmful use of alcohol in following ways,

1. Conduct trainings and workshops to interested individuals and organizations on developing effective policies and implementing low cost innovative demand reduction activities.
2. Develop Behaviour Change Communication Materials(BCC) for policy development, and demand reduction
3. Undertake relevant researches
4. Capacity building of organizations to mobilize volunteers for policy development, harm reduction and effective demand reduction

- **Contribución 1: Opiniones sobre estrategias eficaces para reducir los daños relacionados con el alcohol.**

Desde la Fundación Alcohol y Sociedad apostamos por estrategias preventivas, basadas en la educación y la formación, como únicas herramientas eficaces para combatir el consumo de alcohol en jóvenes. Hasta ahora las estrategias prohibicionistas y sancionadoras han demostrado no ser eficaces.

La juventud necesita información, pero también necesita soluciones reales y prácticas que sean percibidas por los jóvenes como viables.

Apostamos de este modo, por intervenciones preventivas basadas en la reducción de la demanda, potenciando la influencia de los factores de protección y minimizando la influencia de los factores de riesgo.

Creemos en una prevención comunitaria donde estén implicados todos los actores sociales, dotándoles de mayores competencias para que puedan ser los agentes impulsores del propio cambio. Buscando el compromiso conjunto de las diferentes áreas relacionadas con las múltiples causas y dimensiones del consumo de alcohol (educación, bienestar social, salud...)

De este modo, un punto clave para el éxito de las iniciativas de prevención en el consumo indebido de alcohol, es la familia. Los padres deben informar a sus hijos y establecer con ellos canales de comunicación eficaces para prevenir conductas indebidas en el consumo de alcohol. Por ello, las actividades de formación e información tienen que ir dirigidas también a las familias.

- **Contribución 2: Opiniones sobre el mejor modo de reducir los problemas relacionados con el uso nocivo de alcohol desde una perspectiva mundial.**

Para luchar contra este fenómeno, debe existir un consenso social, político y empresarial, que abarque no sólo el ámbito público, sino que incluya la iniciativa privada. Todos los agentes deben interactuar y colaborar para atajar los consumos indebidos de alcohol. Así, se trata de conciliar en las intervenciones el compromiso de los responsables políticos, los profesionales de la prevención y la intervención social, la propia industria y la sociedad civil.

- **Contribución 3: Modos en que pueden ustedes contribuir a reducir el uso nocivo de alcohol.**

La Fundación Alcohol y Sociedad fue creada en el año 2001, por la Federación Española de Bebidas Esprituosas, con el objetivo de luchar contra el consumo de alcohol en colectivos de riesgo, de forma especial y prioritaria, en menores de edad. La Fundación actúa de forma independiente, con vocación de servicio público, buscando aportar soluciones realistas y prácticas con sus proyectos.

De este modo, las iniciativas que desarrolla la Fundación Alcohol y Sociedad persiguen un triple objetivo: reducir el número de adolescentes que beben alcohol, retrasar la edad de inicio en el consumo y reducir la cantidad de alcohol que consumen aquellos adolescentes que ya beben. Asimismo, la Fundación también trata de ofrecer información científica y veraz a todos los colectivos implicados.

Así, en el año 2001 surge el **Proyecto Alba**, una amplia investigación sociológica que abarca dos aspectos:

1. La obtención, mediante la investigación desarrollada, de datos actualizados sobre la realidad del mundo adolescente, y su relación con el alcohol. De esta investigación, en 2001, surge la publicación del I Libro Blanco sobre Adolescencia y Alcohol y, en 2004 se obtiene la investigación definitiva (II Libro Blanco Adolescencia y Alcohol), con un

acumulado de 22.000 entrevistas a adolescentes de 12 a 18 años. Por tanto, en 2004, el Proyecto Alba se da por finalizado.

2. Por otra parte, el Proyecto Alba también abarca el desarrollo de una acción preventiva de formación que luche de forma eficaz contra el problema del consumo de alcohol entre adolescentes. Esta acción preventiva parte de la investigación anterior y es aplicable en centros educativos. Se trata del Programa Pedagógico Adolescencia y Alcohol.

El **Programa Pedagógico Adolescencia y Alcohol**, es un ambicioso proyecto educativo diseñado para adolescentes de edades comprendidas entre los 12 y 18 años de edad. Este programa se desarrolla actualmente en las comunidades autónomas españolas de Cataluña, Madrid, y Andalucía, y desde su puesta en marcha en el año 2001, han participado 1.150.562 alumnos en más de 2.600 centros escolares. Además, cuenta con el respaldo y apoyo de la Universidad de Barcelona, a través de la Fundación Bosch i Gimpera, dando su aprobación en la creación de las técnicas y materiales empleados.

La metodología consiste en dos sesiones (conferencias teórico-prácticas) impartidas por monitores de la Fundación Alcohol y Sociedad. Se han diseñado tres tipos de conferencias distintas para cada grupo de edad (12-14 años, 14-16 años y 16-18 años) teniendo en cuenta los conocimientos previos y la edad de los alumnos, a través de la cual se introducen los aspectos más técnicos del alcohol, como la intoxicación, la tolerancia y la abstinencia.

La intervención que realizan los monitores de FAS se complementa con una Guía que se le entrega a los alumnos/as en donde se resume la información que se les transmite. Además, se entrega al centro escolar una guía para el profesorado que les permitan ampliar la formación respecto al concepto integral de salud.

Hemos podido demostrar con la evaluación realizada que nuestro Programa Pedagógico es eficaz para cumplir los objetivos mencionados anteriormente y es valorado muy positivamente tanto por los alumnos como por los propios centros escolares

Otra pieza esencial del Programa es el trabajo con las familias (este trabajo puede realizarse como parte de este Programa o de forma independiente), donde llevamos trabajando desde el año 2002. A los centros se les ofrece realizar una **Escuela de Padres** de 3 tardes de duración o una **Charla de Padres** de una sola tarde en las que se tratan de una forma teórico-práctica temas importantes para las familias como son: la adolescencia, comunicación familia-adolescente y el alcohol. De este modo, pretendemos ofrecer a los padres y madres herramientas para el abordaje de situaciones cotidianas relacionadas con la educación de sus hijos/as, así como una información rigurosa sobre el alcohol y la adolescencia, facilitando la comunicación en las familias. El trabajo con las familias se complementa con la entrega de la Guía para las familias.

Por último, realizamos el **Programa Las Caras del Alcohol**, un programa estructurado bajo la Web www.lascarasdelalcohol.com.es creada a nivel europeo, pero adaptada a cada país, en la primavera del 2005 por iniciativa de la organización European Forum for Responsible Drinking en colaboración con The European Association of Communications Agencies (EACA), recibiendo el apoyo de la Asociación Europea de Profesores, Fundación Generación Europea y la Confederación de Organizaciones de Familias de la Unión Europea ([COFACE](http://www.coface.eu)).

El Programa Las Caras del Alcohol está dirigido a alumnos de 11 a 16 años y para su aplicación, los profesores/as tienen un papel fundamental, ya que son ellos/as mismos/as los que imparten la totalidad del programa. Por tanto, la parte de la Web dirigida al profesorado se convierte en el eje central. Los profesores/as deberán realizar con el alumnado varios de los ejercicios que encontrarán divididos en dos bloques temáticos (ciencias y sociales). También encontrarán una sección en donde poder obtener respuesta y asistencia a los problemas o requerimientos que vayan surgiendo y una parte en la que informarse sobre los aspectos más técnicos del alcohol.

El alumnado deberá navegar, junto con el profesor/a, por la parte de la Web dirigida a ellos, en donde podrán aprender, de una forma lúdica, sobre aspectos relacionados con el alcohol y la resolución de dudas y toma de decisiones relacionados con la adolescencia y el consumo de bebidas con contenido alcohólico.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

Introduction

Eurocare Italia is a non profit non governmental organization working for the prevention and reduction of alcohol related harm. It is also member of EURO CARE – European Alcohol Policy Alliance. We greatly welcomes the WHO initiative for a global response to the complex and multi-dimensional nature of alcohol related harm.

On the basis of the experience at European level, having both the WHO European Framework and the EU Alcohol Strategy to support Member States, it is our conviction that a global alcohol strategy is also needed in order to give guidance and policy priorities to problem related to harmful use of alcohol.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Firstly, any effective intervention should be rooted in a comprehensive alcohol strategy, which should be evidence based, cost effective, providing an integrated approach across relevant sectors and government departments and at different levels, (national, regional and local). Integrated strategies should consist of a mix of effective interventions ranging from primary prevention to treatment and rehabilitation.

The reasons why a comprehensive strategy is needed lays on the evidence of the limited impact of policies that only support education, communication, training and public awareness. These programmes are mainly effective as a measure to reinforce awareness of the problems caused by alcohol and in preparing the ground for specific interventions and policy changes.

Based on these considerations and on the existing evidence, we believe that the following areas for interventions should be included in all strategies:

- **Reducing the affordability and availability of alcohol to protect public health**
- **Protecting children, the unborn child, and children in families with alcohol problems**
- **Restricting or banning alcohol marketing and advertising**
- **Measures to reduce drink-driving**
- **Screening, early identification and brief interventions for harmful and hazardous alcohol consumption in a variety of health care settings**
- **Treatment and rehabilitation of individuals with alcohol problems**

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

Providing support and increasing awareness worldwide of the wide ranging impact of alcohol use seems to be still necessary. A number of WHO Member States are currently lacking knowledge of the extent of alcohol related harm, as well as the means, tools and overall capacity to both prevent this harm and treat individuals with alcohol related problems.

From a global perspective, there are cross-border issues that need to be tackled in the context of a global action to support WHO Member States. Areas like marketing, commercial communication, sales and smuggling of alcoholic beverages have emerged as worldwide concerns, which need to be addressed by an overarching global framework for action.

One central task for the WHO will be to provide the knowledge base for WHO Member State actions, through the development of a global monitoring and information system. Given its international role and profile, sustained global action of the WHO in the field of alcohol related harm, will provide the impetus for local, national, and international action in this field.

The WHO at both regional and global levels will have a key role to play in evaluating the progress made at global level.

Given the existing evidence on policies effectiveness above described, the best ways to reduce alcohol related harm include:

- Using price policies and excise duty tools as legitimate tools to protect public health. Including a system of alcohol taxation where beverages are taxed proportionately to the alcoholic strength.
- Restricting availability by regulating the supply and sale of alcohol through a comprehensive system of licensing, underpinned by public health considerations. This should seek to reduce both the number, location, density of outlets and control the days and hours of opening. This should also seek to restrict availability of alcoholic beverages in supermarkets and general retail stores; the location of outlets; days and hours of opening.
- Establishing and enforcing a minimum legal purchase age for alcohol.
- Regulating and monitoring alcohol marketing, including volume of advertising, with a particular emphasis on new media.
- Implementing Maximum Blood Alcohol Concentration level (0,5 g/l and 0,2 g/l for young drivers and drivers of public services and heavy goods vehicles), intensive random breath testing, licence suspension, penalties and mandatory treatment programmes.
- Implementing training programmes for screening and brief interventions in a variety of health care settings.
- Increasing the availability and accessibility of treatment and rehabilitation of individuals with alcohol problems

Areas in which the WHO can take the lead include;

- Strengthening evidence base at global level and adequate data collection
- Carrying out repeated and comparative surveys
- Further developing Global Burden of Disease study
- Support further research on reducing alcohol related-harm, alcohol's role in spreading of infectious diseases and its role in hindering social and economic development.

In considering the best ways to reduce alcohol related problems, it should be underlined that the contribution the economic operators can make to the reduction of alcohol-related harm is only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion.

3.-In what ways can you or your organization contribute to reduce harmful use of alcohol?

Eurocare Italia is operating at local, national and European level through its membership in the European Alcohol Policy Alliance. The contribution in the reduction of alcohol related harm includes:

- Raise awareness among European, national and regional decision makers of the harms caused by alcohol (social, health and economic burden) and ensuring that these are taken into consideration in other policies
- Promote the development and implementation of policies based on the best available science, aimed at effectively preventing and reducing this burden
- Mobilise civil society to promote alcohol policies which safeguard individuals, the family and society from the harm done by alcohol

Non governmental organizations have a crucial role to play in alcohol policy consideration and action; through raising awareness of issues and related concerns, advocating change and creating a dialogue on policy.



Fetal Alcohol Spectrum Disorders Ireland submission to the W.H.O on reducing the burden from the harmful use of alcohol.

FETAL ALCOHOL SPECTRUM DISORDERS IRELAND was set up by a group of carers and/or professionals working with and/or raising children who have Fetal Alcohol Spectrum Disorders.

We welcome the opportunity to present our submission on reducing the burden from the harmful use of alcohol to the World Health Organisation.

Fetal Alcohol Spectrum Disorders.

Fetal Alcohol Spectrum Disorders (FASD) is the umbrella term encompassing the range of conditions which arise from prenatal exposure to alcohol, (PNA). This terminology was adopted at a summit meeting of experts in the U.S. in 2004, (see Appendix 1).

Prior to this consensus statement, PNA outcomes had been described as a binary of either Fetal Alcohol Syndrome or Fetal Alcohol Affects. This former method of classification lends to the under-registering and diminishment of the reality of the range, the scope, and the prevalence of the 'effects'.

PNA is also associated with miscarriage, stillbirth, perinatal death, and all types of birth defects.

There is no proven safe amount of, nor no proven safe time for, alcohol in pregnancy.

The central nervous system develops right throughout the nine months' gestation.

What are Fetal Alcohol Spectrum Disorders?

The conditions which the term FASD encompasses are

- Fetal Alcohol Syndrome, (FAS)
- Partial Fetal Alcohol Syndrome (pFAS),
- Alcohol Related Neurodevelopmental Disorder (ARND) and
- Alcohol Related Birth Defects (ARBD),

(A set of criteria for diagnosis of same is supplied in Appendix 1).

Some people think that having FAS is the worst possible outcome from PNA. However, that is a subjective opinion, because, for example, because the absence of congenital birth defects is not a guarantee that a child has escaped harm.

People who have ARND are much less likely to receive early, if any, FASD-specific multi-modal diagnosis, and so will lose out on early intervention and multi-modal individualised strategies.

This is due to the fact that ARND manifests in childhood. ARND is masked by other conditions, according to international FASD expert Dr. Kieran D. O'Malley, who is both a General Practitioner and a psychiatrist who has practised in the U.S., Canada, and Ireland.

Direct harm from alcohol consumed in pregnancy:

There is increasing evidence that low-dose exposure of the fetus to alcohol causes long-term harm which begins to be evident in children of school age. It is neither wise nor safe to presume that the absence Fetal Alcohol Syndrome is an indication that no damage has been done.

Dr. Yvonne Kelly's findings (from research published in the end of October, 2008), that 3 year-old children who had been exposed to low-dose amounts of alcohol *in utero* seemed to have suffered no damage, is not an indicator that the children haven't been harmed at all.

It can be much too early to definitively draw that conclusion.

There is a significant amount of indicators from research in the last few years to show that low-dose prenatal alcohol exposure can and does have effect.

Children's development hasn't finished by the age of three, and many psychiatric manifestations which are an indication of underlying FASDs, will not all be evident at such an early age.

Croxford and Burden state that prenatal exposure to alcohol does more damage than current maternal drinking habits and socio-economic status. (Burden and J. Croxford, *Alcoholism: Clinical and Experimental Research*, August 2005).

Alcohol vs other recreational drugs:

Alcohol causes more harmful outcomes than any of the recreational drugs. (Day, N.)

Alcohol vs other teratogens:

Alcohol, although classified as a foodstuff by the European Union (EU), is also a drug, a poison, a teratogen and a mutagen.

(However, unfortunately, the EU waives the legislation re labelling of ingredients in foodstuffs in respect of alcohol).

Alcohol is specifically, a neuro-behavioural teratogen.

Whereas there is much concern in the public domain about the following teratogens, listeria, rubella, vitamin A, lead, and thalidomide, for example, there is relatively little concern in general and (some) professional attitudes to alcohol as an agent of harm to the fetus.

We are quick to warn pregnant women against eating soft ice-cream. That product is always soft ice-cream, but it may sometimes contain listeria. However alcohol is always a drug.

Alcohol as a neurodegenerative agent

Alcohol can impede fetal neurological development. Whereas there is much concern about neurodegenerative conditions later on in life, there is relatively little attention paid to the damage being done to brains during the process of their formation.

Prevalence of FASDs

Due to the difficulties in recognition and reporting of FASDs, see below, and thus, the lack of statistics, the prevalence rate in the U.S. of c. 1% for all of the conditions on the spectrum combined could be applied in most countries, the exceptions perhaps being countries where alcohol is more or less prohibited either totally or to some degree.

Issues around the diagnosis of FASDs

FASDs are under-recognised and under-reported, even in countries where there is much awareness thereof.

This is a reflection of the lack of standardisation in world-wide education and training of professionals.

FASDs are often masked by other conditions, such as Attention Deficit Disorders, Autistic behaviours, Oppositional Defiant Disorder, etc.

(Dr. Kieran D. O'Malley, consultant psychiatrist with Belfast Trust both at the Young People's Centre, and at the Royal Victoria Hospital, Belfast, Northern Ireland, and formerly of Fetal Alcohol & Drug Unit, Department of Psychiatry and Behavioural Sciences, University of Washington, Seattle).

Although FAS, the rarest of fetal alcohol outcomes, was first noted in France, the entire range of conditions caused by prenatal exposure to alcohol is less likely to be diagnosed in Europe because FASD-specific diagnostic tools, as used in the U.S. and Canada, are not being used throughout the world.

Why not, is the big question.

There is urgent need for this situation to be addressed worldwide.

Indeed some professionals are skeptical about some of the conditions among

FASDs. For example, some seem to think that once there is no visible evidence of birth defects, then there is nothing wrong. As a result, they are slow both to believe and/or to tell people that not only does all alcohol reach the fetus, but that there is no proven safe amount, nor no proven safe time for alcohol in pregnancy.

Arising from this some professionals give less than 'best practice' advice, saying that one should only avoid alcohol in the first trimester, and that 'it's all right to consume alcohol "in moderation" thereafter. These messages are misleading considering that the fetal nervous system develops right throughout the nine months' gestation, with the brain's biggest growth spurt occurring in the last trimester, and there is a possibility that the child will eventually present with ARND.

Questions which could be asked regarding how much professional reluctance to accept

- (a) that the absence of the features of FAS at birth is not an indicator that no harm has been done, or
- (b) that lower-dose prenatal exposure is harmful,

is actually an attempt by some professionals to deny the link (between PNA and some cases of autistic disorders, attention deficit and other psychiatric and learning challenges) in order to

- (i) "protect the mother from guilt" or to
- (ii) protect professional liability, and hence, professional insurance policies.

If a newborn presents with FAS, will all pediatricians declare this to the parents, when to do so might imply that prenatal care professionals either didn't warn, didn't warn enough or didn't help with ancillary services for those who can't easily choose to stop drinking alcohol?

There is a responsibility to declare the etiology of the conditions, so that

- (a) the appropriate interventions can be instituted, and
- (b) that subsequent pregnancies may not be insulted by alcohol.

Many professionals associate damage from PNA with a patient having a low IQ. However, most children with children with FAS have IQs which fall within the 'normal' range, but an adaptive functional behavioural assessment, such as the Vineland II, is a good resource of evidence of the true effects of PNA on the child.

The longer the delay in accessing FASD-specific assessment, interventions and services for those affected, the greater the likelihood of affected persons having to experience the secondary disabilities of prenatal exposure to alcohol, one of which is addiction, affecting 30%, (see Appendix 3).

Harm to persons, other than the fetus, from the consumption of alcohol in pregnancy:

Drinking alcohol in pregnancy can cause direct harm to the fetus, who is therefore a passive consumer of the product, is an example of 'Harm done by alcohol to people other than the drinker', (Andersen, P., and B. Baumberg, 2006: p.136),

However, this harm also affects in the quality of life both of the family raising a child who has any or all of the physical, educational, behavioural, socialisation, psychological and psychiatric challenges caused by prenatal exposure to alcohol, and ultimately in this secondary capacity, back once again, the wheel turning full circle to the mother's own quality of life.

The public purse is also affected as meeting the costs of the secondary effects of prenatal exposure to alcohol (as is evident from the findings of the Streissguth et al longitudinal study on people with FAS which commenced in their infancy and followed up for twenty-one years.

Figures for the cost of harm arising from alcohol consumption do not fully include the full costs caused by the many ensuing consequences of prenatal exposure to alcohol.

As stated above, the earlier the diagnosis and intervention, the better the outcome and the reduction of the occurrence of all of the secondary effects, except those of a psychiatric nature.

Prevention of harm to children from alcohol starts long before birth:

Every child has 'a right to grow up in an environment protected from the negative consequences of alcohol consumption', as declared by Eurocare and Coface, (Eurocare and Coface, 1998:p.47. *Alcohol Problems in the Family – a Report to the European Union*).

The proposed EU strategy on alcohol (p.8, section 5.1.1), speaks of the "Continued availability of alcoholic beverages to under-age consumers". For many children this supply of alcohol started before they were born. Campaigns to delay young people from starting to drink are years too late, because those who already have been exposed to alcohol *in utero* are more likely to become addicted later on.

Specific roles within Prevention of FASDs.

(1) Corporate duty of care/social responsibility:

Alcohol causes physical and central nervous system damage to the fetus, so c. 1% of the world's population never even get the chance to have as good a start to life as is possible

Warnings on products

It is necessary in order to establish regulation-based, stand alone, perfectly

visible pregnancy-specific warning labels on alcohol produced worldwide, whether for export or for internal markets.

The thinking around disability and alcohol has in the main which to date been seen in terms of road accidents and damage to the liver.

The U.S., for all its advances in and knowledge around FASDs, has not changed its legislation on statutory public health warning that alcohol causes birth defects, to include the advice that alcohol causes neurological damage to the fetus.

The same message, must be carried worldwide, and must display the fact that alcohol is a harmful drug, which can cause physical and neurological damage to the fetus which lasts a lifetime.

Some countries have adopted or are about to adopt a pictogram which shows an image of a pregnant female within a red outlined circle.

However this pictogram has a red line going through the woman, rather than through the offending substance – the alcoholic beverage.

So the woman, not the product, gets blamed. This is undesirable as women worldwide have not been universally warned about the propensity of danger to the fetus from alcohol.

(2) Health professionals' and governmental duty of care:

When we consider that 50% of conceptions do not become established pregnancies, and that 50% of all established pregnancies are unplanned, much damage can be done before a pregnancy has been confirmed or medical practitioners get the chance to warn of possible dangers.

Professionals from all health disciplines need to give unequivocal and unambiguous health message to that alcohol puts the fetus at risk.

It is unfortunate that some still think that once there is an absence of FAS at birth that a child is therefore unaffected by PNA.

Services should be provided for women for whom abstaining from alcohol while pregnant is not an easy choice, if a choice at all.

- (a) establish the above goal re labelling, and
- (b) facilitate earliest knowledge to prevent FASDs, re working with school children, and through general campaigns, etc.,

(3) Failure to act by some politicians/political bodies:

Example 1 – the European Union still classifies alcohol as a foodstuff, even though this is merely the raw material from which it is derived

Example 2 - the European Union, while still classifying alcohol as a foodstuff, allowed for its exemption from the laws re ingredients to which all other foodstuffs are subjected.

Example 3 - the outcome of the Members of the European Parliament 2007 vote which rejected the proposal for labelling on alcohol products indicates that they cannot have been aware (?) that the €125 billion cost of alcohol damage in the EU does not nearly include the total bill of either the tangible, or the intangible costs of primary and secondary disabilities arising from prenatal exposure to alcohol. The tangible costs of DALYs (Disability Adjusted Life Years) are calculated statistics arising from alcohol damage such as death, injury, accident, lost employment days, etc., which occur directly as a result of alcohol being consumed. Neither do the intangible costs of alcohol damage include the emotional and psychological pain and distress which FASDs place on the families, foster carers, adoptive parents, and others in communities worldwide, and to society as a whole, by babies not being able to fulfill their potential due to their prenatal exposure to alcohol.

(4) Non-governmental organisations:

There is a need for international non-governmental organisations (NGOs) to pressurise governments worldwide in respect of the harm done to some humans by alcohol before their very essence of humanity has finished being formed.

This pressure is necessary, because parliaments must ensure that the actors in the alcohol beverage chain, by declaring their

“willingness to become more proactive in enforcing regulatory and self-regulatory measures”,

The powerful EU Parliament, which provides directives to multiple sovereign states has not taken that step in order to lessen the likelihood of national and trans-EU regulation, and thus increase more self-regulation in their sector.

Wellbeing of persons with FASDs

There are multi-modal ancillary supports which people with FASDs need which may not necessarily be from the health disciplines, in order for them to achieve their full potential.

Conclusion:

The rising tide of concern about undesirable outcomes of alcohol consumption must also lift the boat containing the entire range of Fetal Alcohol Spectrum Disorders.

FASDs have harmed many, many people, possibly 1% of the world's population. We owe it to children around the entire world, because they and their descendants are the future, and deserve the chance to have the best start possible in life.

There is a need for comprehensive goals to address the challenges arising for all persons with any of the conditions among Fetal Alcohol Spectrum Disorders.

It is insufficient to merely acknowledge and address FAS alone.

There is a need for world-wide information-sharing in order to effect best practice multi-modal system diagnostic tools, to address the diagnosis, the epidemiology and the prevention and treatment of FASD, not simply on grounds of health alone, but for the prevention of risk, however slight, of educational disability, and social dysfunction.

Women have a right to know that alcohol can cause damage in pregnancy, but they also have a right to choose what they consume in pregnancy.

Women also have a right to support and services to help them stop drinking alcohol if they cannot easily choose to do so, if at all.

Babies, children young people and adults with any of the FASDs have a right to condition-specific assessment, management and treatment.

It is insufficient to simply regard FAS as the 'worst outcome' - those with ARND are much likely to have received diagnosis, and therefore early intervention, so those with ARND, for example, will most likely will have ongoing problems throughout life, and will be misunderstood.

Where birth defects or subsequent physical anomalies are present, it is good practice to look and see if there was alcohol in the prenatal history, so that the possibility of FASDs can be flagged, and will therefore be less likely to be miss out on multi-modal interventions.

Ongoing research re prevalence, etc., needs to be prioritised so that the occurrence of FASDs, which are the world's leading cause of non-genetic learning disability, can be minimised.

The Irish (Gaelic) saying, *Tús maith, leath na h-oibre*, (a good start is half the battle. Prenatal exposure to alcohol means that a lot of people, c. 1% of the world's population have had to struggle because of alcohol since before they were born.

Michele Savage & Veronika McHugh.

Fetal Alcohol Spectrum Disorders Ireland.

www.fasd.ie

Appendix 1

NOFAS Press Release re Historic Agreement Heralds New Era for Prevention and Treatment of Fetal Alcohol Spectrum Disorders

For Immediate Release

Contact: Adam Litle

April 15, 2004
Tel: 00 1 202 785-4585

Historic Agreement Heralds New Era for Prevention and Treatment of Fetal Alcohol Spectrum Disorders

WASHINGTON - At an historic summit hosted by the National Organization on Fetal Alcohol Syndrome (NOFAS), national experts - including for the first time representatives from the Centers for Disease Control, National Institutes of Health, Substance Abuse and Mental Health Services Administration, and Health Canada - came together to produce and sign onto a unanimous agreement on terminology for Fetal Alcohol Spectrum Disorders (FASD).

"There is so much confusion around what to call the broader effects of prenatal alcohol exposure when a diagnosis of Fetal Alcohol Syndrome cannot be made," said summit co-chair Dr. Josh Cordero, Director of the National Center on Birth Defects and Developmental Disabilities. "Acceptance of this new terminology will go a long way toward getting individuals with the wide range of Fetal Alcohol Spectrum Disorders the recognition, treatment, and services they need."

Summit participants stressed the importance of having a term that communicates the range of issues surrounding Fetal Alcohol Syndrome. "The terminology should serve the individual with the disorder, their parents and those who seek services for the affected individual," said summit co-chair Dr. Kenneth Warren, Office of Scientific Affairs Director, National Institute of Alcohol Abuse and Alcoholism. NOFAS Chairman, Tony Lierman, expanded on this by saying, "Our chief concern is that parents, families, and public policy officials speak with one voice when it comes to treatment and prevention."

The Consensus Statement is as follows:

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis.

For a full list of summit participants, contact Adam Litle, NOFAS Director of Government Affairs, at (202) 785-4585.

NOFAS is a 501 (c)(3) non-profit organization founded in 1990 dedicated to eliminating birth defects caused by alcohol consumption during pregnancy and improving the quality of life for those individuals and families affected by FASD.

Appendix 2

Disorders within the spectrum include

1. Fetal Alcohol Syndrome (FAS) (with confirmed maternal alcohol exposure):

- (a) Confirmed maternal alcohol exposure;
- (b) Evidence of a characteristic pattern of facial anomalies with features such as short eye openings, a thin upper lip, low nasal bridge, flattened philtrum and a flat midface;
- (c) Evidence of low birth weight for gestational age, decelerating of weight gain over time which is not due to nutrition issues and disproportional low weight to height;
- (d) Evidence of Central Nervous System neurodevelopmental abnormalities, as in at least one of the following:
 - a. decreased cranial size at birth,
 - b. structural brain abnormalities such as microcephaly, partial or complete agenesis of the corpus callosum, cerebellar hypoplasia
 - c. neurological hard or soft signs (as age appropriate), such as impaired fine motor skills, neurosensory hearing loss, poor tandem gait, poor hand-eye coordination.

2. FAS (without confirmed maternal alcohol exposure)

(b), (c) and (d) as above

3. Partial FAS (pFAS) (with confirmed maternal alcohol exposure)

- (a) Confirmed maternal alcohol exposure
- (b) Evidence of some components of the pattern of characteristic facial anomalies and any of (c) or (d) above or
- (e) Evidence of a complex pattern of behaviour or cognitive abnormalities that are inconsistent with developmental level and cannot be explained by familial background or environment alone, such as learning difficulties; deficits in school performance; poor impulse control; problems in social perception; deficits in higher level receptive and expressive language; poor capacity for abstraction or metacognition; specific deficits in mathematical skills; problems in memory, attention, or judgment

4. Alcohol-related birth defects (ARBD)

Congenital anomalies, including malformations and dysplasias

5. Alcohol-related neurodevelopmental disorder (ARND)

Presence of (d) or (e) as above

Children with FASD may have both ARBD and ARND.

(Synopsised from Stratton, K., Howe, C., Battaglia, F., (eds.), [1996, pp.76-77], FETAL ALCOHOL SYNDROME: Diagnosis, Epidemiology, Prevention, and Treatment).

Appendix 3.

The findings of a longitudinal study by of patients with secondary disabilities of fetal alcohol presented thus:

90% of patients with FASD had psychiatric ill-health, and being raised in a loving supportive environment was not a protective factor against this

60% of those aged 12 and over had interrupted school experiences.

60% had gotten into trouble with the law.

50% were confined in-patient as mental health clients, as a result of alcohol/drug addiction problems, or for having committed a crime.

50% of the over-12s showed inappropriate sexual behaviour.

30% had alcohol/drug problems.

80% of those over 21 years were not able to live independently, and

80% experienced employment problems, i.e. getting and/or keeping a job.

(Streissguth et al [1996], *Executive Summary of Understanding the Occurrence of Secondary Disabilities in*

Clients with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE).

Final Report to the Center for Disease Control and Prevention (CDC).

Streissguth, A.P., Barr, H.M., Kogan, J., Brookstein, F.L., August 1996. Seattle: University of Washington, Fetal Alcohol & Drug Unit. Tech Report No. 96-06).



APHA statement to the WHO

Statement

The APHA welcomes the decision of the WHO to develop a global strategy to combat the harmful use of alcohol and wishes to support best-practices in alcohol control.

I. Introduction

Alcohol use is deeply embedded in many societies and contributes considerably to global morbidity, mortality and social harms. Approximately 2.3 million people die from alcohol-related causes and the harmful use of alcohol is the leading risk factor for premature death and disability in the world. Worldwide, the scope of the damage makes alcohol consumption a major public health problem. Even though alcohol consumption in wealthy countries is flat or falling, alcohol causes high levels of harm in these countries.^{1,2} Consumption in the poorest countries is growing.³

Although research has found some limited positive health effects of low levels of alcohol consumption in some populations, this must be weighed against potential harms from consumption in those same populations as well as in population as a whole. Alcohol problems are highly correlated with per capita consumption so that reductions of use can lead to decreases in alcohol problems. Heavy drinkers and those with alcohol-related problems or alcohol dependence cause a significant share of the problems resulting from consumption. However, in most countries, the majority of alcohol-related problems in a population are associated with harmful or hazardous drinking by non-dependent 'social' drinkers, particularly when intoxicated. This is particularly a problem of young people in many regions of the world who drink with the intent of becoming intoxicated.⁴

In recent years some constraints on the production, mass marketing and patterns of consumption of alcohol have been weakened and have resulted in increased availability and accessibility of alcoholic beverages (including indigenous sources) and changes in drinking patterns across the world. Continued global economic advancement together with the erosion of public health policies create the "perfect storm" for alcohol related problems particularly in developing countries.⁵ This has created a global health problem which urgently requires governmental, citizen, medical and health care intervention.

II. Effective strategies reduce alcohol-related harm.

Numerous research reviews have determined that the following population-level strategies are the most effective:^{3, 6, 7, 8, 9}

- Excise tax increases (if the market is under control – if not, these can cause increases in “informal” or illegal production and/or sales) and other pricing policies that increase the cost of alcohol (e.g., happy hour bans);
- Full or partial bans on advertising and marketing, such as restrictions on youth exposure to alcohol advertising and marketing so that youth can grow up with fewer social pressures to consume alcohol;
- Minimum legal purchase age (e.g. 21 in the U.S.);
- Government monopoly of retail sales;
- Restriction on hours or days of sale;
- Outlet density restrictions;
- Brief interventions and treatment;
- Lowered BACs limits, random breath testing and administrative license suspension for drinking-driving; and
- Strict enforcement of existing alcoholic beverage control and traffic safety laws.

Community mobilization and citizen and media advocacy are critical to enacting, insuring compliance, and promoting public support for the above policies.¹⁰ However, what is most effective will vary by region. It is critical that WHO recommends evidence-based interventions, and let local groups decide what is politically feasible.

III. From a global perspective, there are ways to reduce problems related to harmful use of alcohol.

Globally, public health interests must be represented in global trade negotiations. Alcohol cannot be considered an ordinary beverage or consumer commodity since it is a drug that causes substantial medical, psychological and social harm by means of physical toxicity, intoxication and dependence.^{11,2, 6} Therefore, alcohol, including measures affecting the supply, distribution, sale, advertising, promotion or investment in alcoholic beverages, should not be treated as an ordinary product

in international trade agreements. Moreover, trade agreements should not be used to undercut public measures to address alcohol-related problems.^{4, 12, 13, 14}

Global public health leadership is needed, in the form of the WHO identifying and training governments and NGOs in how to implement best practices in monitoring and controlling alcohol-related harm.¹⁵

- Leadership from WHO and governments in the developed world in providing support and resources to developing nations to insure effective alcohol policies that are based on public health and safety principles and to offset the influence of the global alcohol industry;
- Promote national and sub-national policies that follow ‘best practices’ from the developed countries that with appropriate modification may also be effective in developing nations;
- Be aware of and counter non-evidence-based alcohol control strategies promoted by the alcohol industry or their social aspect organizations. While the industry may have a role in implementing alcohol policies (and thus the strategy), it should not have a role in developing policies or the strategy itself, due to the obvious conflict of interest of economic operators. Moreover, the alcohol industry consistently opposes, even actively undermines, evidence-based strategies and promotes less effective measures that are less likely to threaten its profitability.¹⁶
- Global networks are needed among NGOs to strengthen coordination, share lessons learned and peer support, and provide a civil society alternative to the globally well-organized and coordinated alcohol industry.

The WHO should adopt and implement a binding international treaty, a Framework Convention on Alcohol Control, modeled after the Framework Convention on Tobacco Control (FCTC).^{17, 4}

The WHO should support and advocate for comprehensive national policies that

- Incorporate measures to educate the public about the dangers of hazardous and unhealthy use of alcohol (from risky drinking through dependence), including, but not limited to, evidence-based prevention programs in schools and communities targeted specifically at youth;
- Create legal interventions that focus primarily on treating or provide evidence-based legal sanctions that deter those who place themselves or others at risk; and
- Put in place regulatory and other environmental supports that promote the health of the population as a whole.

The WHO should work collaboratively with national and local medical societies, social, religious and economic groups (including national public health associations governmental, scientific, professional, nongovernmental and

voluntary bodies, the private sector, and civil society) to:

- Reduce harmful use of alcohol, especially among young people and pregnant women, in the workplace, and when driving;
- Increase the likelihood that everyone will be free of pressures to consume alcohol and free from the harmful and unhealthy effects of drinking by others; and
- Assure that there are resources to:
 - Screen patients for alcohol use disorders and at-risk drinking, or arrange to have screening conducted systematically by qualified personnel using evidence-based screening tools that can be used in clinical practice;^{18, 19}
 - Promote self-screening/mass screening with questionnaires that could then select those needing to be seen by a provider for assessment;^{20, 21}
 - Provide brief interventions to motivate high-risk drinkers to moderate their consumption;²² and
 - Provide specialized treatment, including use of evidence-based pharmaceuticals, and rehabilitation for alcohol-dependent individuals and assistance to their families.^{4, 23}

IV. What the American Public Health Association Can Contribute.

The American Public Health Association is the oldest and most diverse organization of public health professionals in the world and has been working to improve public health since 1872. The Association aims to protect all Americans and their communities from preventable, serious health threats and strives to assure community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States. APHA represents a broad array of health professionals and others who care about their own health and the health of their communities.

APHA has a large and very active Alcohol, Tobacco and Other Drug (ATOD) Section that regularly addresses and advocates on behalf of alcohol issues both in the U.S. and internationally. The ATOD section and its members have also worked globally on tobacco control, including support for the FCTC. APHA will actively support the WHO to implement global alcohol control through education of our members and advocates domestically and internationally for evidence-based public health measures.

One group through which APHA can support the WHO is the World Federation of Public Health Associations. The WFPHA is an international, nongovernmental, multi-professional and civil society organization whose members are national and regional public health associations, as well as regional associations of more than seventy schools of public health.

APHA is very active with and even houses the World Federation of Public Health Associations at the APHA Washington, DC, headquarters. APHA Director of the Center for Learning and Global Public Health Barbara Hatcher, PhD, MPH, RN, serves as Secretary General of the WFPHA. APHA Executive Director Georges C. Benjamin, MD, FACP, FACEP (Emeritus), represents the AMRO/PAHO region on the WFPHA Executive Board.

V. Conclusion

The global burden of disease linked to early, high-risk and chronic use of alcohol is preventable and can be reduced through application of evidence-based strategies and interventions. Global problems related to the impact of alcohol on health and society urgently requires adequate resources and governmental, non-governmental, medical, and health care collaboration led by the WHO.

-
- ¹ World Health Report 2002: Reducing Risks, Promoting Healthy Life. Geneva: World Health Organization; 2002.
 - ² Rehm J, Room R, Monteiro M, Gmel G, Graham K, Rehn N, Sempos C, Jernigan D. Alcohol as a risk factor for global burden of disease. *European Addiction Research*. 2003;9:157-164.
 - ³ Room R, Jernigan D, Carlini Cotrim B, et al. Alcohol in developing societies: a public health approach. Helsinki and Geneva: Finnish Foundation for Alcohol Studies and World Health Organization; 2002.
 - ⁴ World Medical Association. Statement on reducing the global impact of alcohol on health and society. 56th WMA general assembly. Santiago, Chile. (15 October 2005).
 - ⁵ Caetano R, Laranjeira R. A "perfect storm" in developing countries: economic growth and the alcohol industry. *Soc Study Addiction*. 2006;101:149-152.
 - ⁶ Babor TF, Caetano R, Casswell S, et al. Alcohol: no ordinary commodity. Oxford: Oxford University Press; 2003.
 - ⁷ Chisholm D, Rehm J, Van Ommeren M, Monteiro M. Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis. *Journal of Studies on Alcohol*. 2004;65(6):782-793.
 - ⁸ Hollingsworth W, Ebel BE, McCarty CA, Garrison MM, Christakis DA, Rivara FP. Prevention of deaths from harmful drinking in the United States: the potential effects of tax increases and advertising bans on young drinkers. *Journal of Studies on Alcohol*. 2006;67(2):300-308.
 - ⁹ WHO Expert Committee on Problems Related to Alcohol Consumption. Second report / WHO Expert Committee on Problems Related to Alcohol Consumption. Geneva: World Health Organization; 2007.
 - ¹⁰ Holder HD, Gruenewald PJ, Ponicki WR, et al. Effect of community-based interventions on high-risk drinking and alcohol-related injuries. *Journal of the American Medical Association*. 2000;284(18):2341-2347.
 - ¹¹ Gould E, Schacter N. Trade liberalization and its impacts on alcohol policy. *SAIS Rev* 22;1: 119-139. Winter-Spring, 2002.
 - ¹² American Medical Association. Resolution 414 Exclusion of Tobacco and Alcohol from Trade Agreements (June, 2007)

-
- ¹³ Grieshaber-Otto J, Sinclair S, Schacter N. Impacts of international trade, services and investment agreements on alcohol regulation. *Addiction*. 2000;95(Supplement 4):S491-S504.
- ¹⁴ Zeigler, DW. International Trade Agreements Challenge Tobacco and Alcohol Control Policies. *Drug and Alcohol Review*. (November 2006) 25 (6): 567 – 579
- ¹⁵ Jernigan DH, Monteiro M, Room R, Saxena S. Towards a global alcohol policy: alcohol, public health and the role of WHO. *Bulletin of the World Health Organization*. 2000;78:491-499.
- ¹⁶ Yoast R. Alcohol Industry 101. American Medical Association. Chicago, IL 2004.
- ¹⁷ American Public Health Association. “A Call for a Framework Convention on Alcohol Control. November, 2006.
- ¹⁸ Kypri K, Langley JD, Saunders JB, et al. Randomized controlled trial of web-based alcohol screening and brief intervention in primary care. *Arch Intern Med*. 2008;168(5):530-536.
- ¹⁹ Fleming, M.F., Mundt, M.P., French, M.T., Manwell, L.B., Stauffacher, E.A., & Barry, K.L. (2002, January). Brief physician advice for problem drinkers: Long-term efficacy and benefit-cost analysis. *Alcoholism: Clinical and Experimental Research*, 26(1), 36-43.
- ²⁰ Moore MJ, Soderquist J, Werch C. Feasibility and efficacy of a binge drinking prevention intervention for college students delivered via the Internet versus postal mail. *J Am Coll Health* 2005; 54:38-44.
- ²¹ Robert H. Aseltine, Elizabeth A. Schilling, Amy James, Margaret Murray and Douglas G. Jacobs An evaluation of national alcohol screening day *Alcohol and Alcoholism* 2008 43(1):97-103.
- ²² Kaner EF, Dickinson HO, Beyer FR, Campbell F, Schlesinger C, Heather N, Saunders JB, Burnand B, Pienaar ED. Effectiveness of brief alcohol interventions in primary care populations. *Cochrane Database of Systematic Reviews* 2007, Issue 2. Art. No.: CD004148. DOI: 10.1002/14651858.CD004148.pub3.
- ²³ U.S. Department of Health & Human Services. National Institutes of Health National Institute on Alcohol Abuse and Alcoholism. Helping Patients Who Drink Too Much. A Clinician’s Guide. Updated 2005 Edition.

ABMRF/The Foundation for Alcohol Research

Submission to WHO Web-based Public Hearing for Global Strategy to Reduce Harmful Use of Alcohol

ABMRF/The Foundation for Alcohol Research is one of the largest nonprofit foundations in North America funding research on the health and behavioral effects of consumption of alcoholic beverages. As a joint United States and Canadian research organization, we do not advocate for specific policies regarding the consumption of alcohol. However, we strongly advocate for the need to conduct further research to understand the effects of alcohol on health and behavior and to evaluate the effectiveness of interventions for individuals and for populations.

Effective Strategies to Reduce Alcohol-related Harm

Strategies to reduce harm should focus on identifying those individuals who are at risk through primary care practices using techniques such as those outlined in the publication by the U.S. National Institute on Alcohol Abuse and Alcoholism (NIAAA) "Helping Patients who Drink Too Much: A Clinician's Guide." Educating practitioners to recognize hazardous patterns of alcohol use and to intervene is a very promising component of harm reduction strategies as was demonstrated previously in studies sponsored by the World Health Organization (WHO). Evaluation of policies that are intended to restrict the availability of alcohol should examine the reduction in harm associated with patterns of hazardous use of alcohol as well as the potential reduction in benefits for the majority of the population that consumes alcohol in moderation. Moderate consumption of alcohol has repeatedly been identified as a significant factor that reduces the risk of coronary heart disease, the number one cause of death in the U.S. and other developed countries. In addition, recent studies indicate a similar reduction in the risk of developing type 2 diabetes in those who drink alcoholic beverages in moderation. Since Western countries are facing an epidemic of obesity and type 2 diabetes, public health policies must account for the benefits of moderate alcohol consumption while endeavoring to limit the harm associated with certain patterns of consumption, including excessive and binge drinking.

Global Perspective on Best Ways to Reduce Problems Related to Harmful Use of Alcohol

Cultural differences influence the pattern of alcohol consumption in different communities. These differences must be accounted for in any policies. Although excessive consumption and other harmful patterns of drinking by a small percentage of the population can have effects on many

individuals in society other than the drinker, the principle of permitting the consumption of alcohol in moderation by the majority of those who drink is paramount to maximizing the ratio of benefits to harm. For that reason, efforts to identify and intervene in those drinkers who have a harmful pattern of consumption should be endorsed by physicians and public health personnel alike. All governments should be encouraged to apply policies that prevent use of alcohol in unsafe situations such as driving an automobile and preventing consumption among those under the age of 18 years. An approach that is consistent with social norms is necessary to avoid widespread disregard for the policies. There should be graduated ages of consumption for low and high alcohol content beverages. Recent data collected by the Centers for Disease Control and Prevention (CDC) in the United States shows a disturbing trend favoring consumption of high alcohol content beverages among younger drinkers. Recent analysis of data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) in the U.S. identified early onset of alcohol use as a risk factor for alcohol use disorders later in life. WHO should promote cross-cultural and multi-national efforts to collect and share additional data similar to the NESARC data collection system in the U.S. WHO should also promote the responsibility of each individual for limiting his/her personal alcohol consumption through public campaigns to increase awareness of safe levels of consumption. Policies aimed at reducing total alcohol consumption by a population without regard to who is consuming the beverages, through methods such as taxation and restricting availability of alcohol to adults encourages underground manufacture and/or sale of alcoholic beverages and has not been shown through rigorous study to affect the consequences of harmful drinking.

Our Contribution to Reducing Harmful Use of Alcohol

The field of alcohol research is facing many challenges. Most are not unique to alcohol but are similar to those facing scientific research in other disciplines. Our work in supporting alcohol research complements the efforts of the National Institute on Alcohol Abuse and Alcoholism in the United States and the Medical Research Council in Canada. Academic medical centers, where many of the most talented researchers train and work, have recently faced and will continue to face tremendous financial pressures. In this difficult climate, many capable investigators are unable to obtain funds to sustain their research. This is especially difficult for younger investigators who have not yet received funding for their projects. ABMRF/The Foundation for Alcohol Research has always maintained an emphasis on fostering the careers of young investigators by identifying the most promising ones and providing support at an early stage of their careers. This start-up funding is critical to recruiting the brightest new scientists to devote their talents to careers in alcohol research. We believe that collaboration between the academic community and the industries involved in the production and distribution of alcoholic beverages is

essential to determine the appropriate place that alcoholic beverages will have in our societies in the future. Employing appropriate channels for the producers of alcoholic beverages to provide support for research without direct influence on the questions or findings of the studies is worthwhile and will help to advance our understanding of these problems. Ultimately, a partnership with the alcoholic beverage industry will be helpful in finding solutions to these problems as well.

Since its founding over twenty-five years ago, ABMRF/The Foundation for Alcohol Research (formerly, the Alcoholic Beverage Medical Research Foundation) has supported investigator-initiated research concerned with all aspects of the effects of alcohol consumption. The research portfolio includes both behavioral and biomedical research in relatively equal amounts. The Foundation has supported studies to understand how the moderate consumption of alcoholic beverages affects our health to address the questions of the majority of those who drink alcoholic beverages. Many research projects we fund address problems related to excessive consumption of alcohol, particularly insight into why some people seem to be more vulnerable than others. In recent years, our grantees have been particularly concerned with the effects of alcohol consumption in certain populations such as underage youth, who may be uniquely vulnerable to particular effects of alcohol.

ABMRF/The Foundation for Alcohol Research was established with support from the brewing industries in Canada and the United States as a nonprofit foundation to support research on the effects of alcoholic beverages on health and behavior. It has a Board of Trustees with a majority of members from the public and academic community and two independent Advisory Councils, comprised of leading scientists in biomedical and social and behavioral research. Industry members hold a minority number of Board seats and do not participate in the grant selections. The Advisory Councils review investigator-initiated grant proposals and select the most meritorious for funding. Investigators are encouraged to publish their findings in peer-reviewed journals without prior review by the Foundation. More than 450 investigators, including many current and future leaders in the field of alcohol research, have received support from the Foundation and almost 2,000 publications have resulted from their work. Our record of supporting independent, investigator-initiated research demonstrates the feasibility and importance of a true partnership between those industries that produce and distribute alcoholic beverages and the scientists who are concerned with evaluating the effects of alcohol on human health and behavior.

As a model international partnership, ABMRF/The Foundation for Alcohol Research believes that facilitating interactions between international investigators will ultimately improve the likelihood of

the successful understanding of many important issues relating to harmful use of alcohol. Quality research is being conducted in many parts of the world and improving opportunities for international scientific collaboration increases the opportunity to study cultural differences in how alcohol is consumed, enhancing insight into the behavioral factors that influence normative drinking practices.

November 2008

Submission from IOGT International to public hearing on ways of reducing harmful use of alcohol

With affiliates and associates in more than 50 countries IOGT International represents a vast NGO constituency, out of which many national branches and local NGOs will most likely submit their views and experiences in this public hearing. IOGT International has a long history of substance prevention as well as substance treatment, first and foremost alcohol. We are therefore grateful for this opportunity to share with the WHO both science, experiences and a pragmatic and practical view on not only how to reduce but above all prevent harm by alcohol.

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Support

First of all you need strong public and political support to go ahead with strategies at all levels, international, national, regional and local. To accomplish this one strategy should be to make the scientific base on alcohol and effective alcohol policy accessible to both the public and the political level.

Flexibility, adaptability

As the issue is complex and multidimensional, while not compromising the scientific base, there is a need of flexibility and adaptability to differences in drinking patterns, cultural differences and other circumstances.

Twopronged approach

So far there has been an overwhelming focus on abuse and excessive drinking while the use itself has received little or no attention. There is a scientific support for targeting the population at large simultaneously with addressing abuse and excessive drinking combined with measures to protect vulnerable groups such as young people and pregnant women. Thus a multipronged approach guarantees success.

Early identification

Early identification of risky drinking and intervention is cost-effective. The health sector and health workers are a key professional group to mobilize in the work of reducing harm. The long term effect and success will increase if there are sound policies supporting this and if this measure is integrated in a broader preventive strategy.

Restricted availability

As availability is central in all substance control policy and restrictions proven to be effective much attention should be given to developing a whole set of measures. Availability can be restricted by high pricing. Taxation is a powerful instrument to use to influence drinking patterns. In societies with little informal production of alcohol taxation is particularly effective. Taxation should automatically be adjusted if purchasing power increases, otherwise the effect will deteriorate. Availability is also sales hours, when you can purchase or be served alcohol. Licensing of alcohol outlets including restrictions in number of outlets and sales hours will reduce consumption and harm. Another availability restriction is age limits where

minors are not allowed to buy alcohol. Restrictions in availability requires control and law enforcement to be effective.

No economic stakeholders in policy making

As the WHA was wise enough in its resolution in May to decide not to collaborate with the economic stakeholders it is obvious – even self-evident - that the alcohol industry and distributors should be kept out of the policy making. There is a strong and apparent conflict of interest between public health and alcohol which is illustrated again and again in the sometimes fierce action by the alcohol industry to stop action by local, national or international bodies when trying to address the growing harm alcohol causes. The EU adoption of an action plan a couple of years back might serve as a good example. In this context it is relevant to mention the “crusade” that ICAP has initiated since quite long, but now accelerating, to interfere with alcohol policy making processes in developing countries with the sole purpose to prevent effective policy measures to be introduced, adopted and enforced. There is an immediate need by WHO and other public health implementers and defenders to assist governments in developing countries by availing expertise in these processes. In a context of trade negotiations where countries are requested to commit themselves in both goods and services, it seems particularly urgent to avail the science in effective public health oriented alcohol policy making to governments and the civil society in developing countries.

Marketing restrictions

To what extent a person is attracted by a commodity depends on a number of factors where price is one, convenience in availability another. Simply considering the enormous amounts that are spent on marketing, knowing that a producer would not spend that much money unless he knows it will pay off in increased use of his produce or service, restricting marketing is an effective strategy added to others. As one producer said: “We are not selling beer, we are selling an image.” it is only too apparent how crucial marketing options are for recruiting new and not the least young consumers as well as to make current consumers drink more. Severe restrictions or a ban on alcohol marketing is a powerful and effective measure to reduce consumption and harm accordingly.

Involving civil society

Public health policy is more effectively implemented if involving civil society. WHO and its member states need to develop methodology and allocate resources for civil society to take its responsibility as mobilisers, implementers and watchdogs. Civil society may exert a strong impact at community level to address alcohol-related harm, track down illicit alcohol, offer treatment, reduce social acceptability of drunkenness and so on. Civil society can supplement government efforts.

Driving drunk

A large part of fatal accidents in the traffic are linked to drunk driving. Accidents disable people for life and leads to individual harm as well as a burden on society. Random breath tests and other measures to curb drunk driving might give quick and substantial reduction in harm linked to drunk driving.

Information and education

Research has verified the absence or near absence of impact on consumption by utilizing information and education as tools to curb harm. There are exceptions however and a broad campaign to reach out to all pregnant women with information about the risks of drinking while pregnant combined with intervention when a mother to be is addicted will reduce the number of premature death and FASD cases.

Offer alternate income

Larger sections of the informal and illicit production and sale of alcohol are indispensable income for women particularly and families in general. To get the informal alcohol under control requires programs that offer families income options that will help them change to other trades. This can as most other measures not be realized in isolation as the market will tempt others to fill in the void.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

- A framework convention on alcohol in line with the convention on tobacco would mark WHO's concern and wish to reduce and to prevent harm. There are decision makers and scientists who already advocate the adoption of a framework for alcohol.
- Exclusion of alcohol from current trade negotiations in WTO. This is one of the most treacherous traps for developing countries at present. Trade commitments might hinder future attempts to use effective measures like advertising restrictions.
- Awareness campaigns about how alcohol impacts so many areas of human life and society. Loss of production in companies, disease, accidents, HIV/AIDS, domestic and other violence, crime, premature death and disability etc. A blunt but balanced message based on the comprehensive science that is at hand today would support other measures at global level.
- Strengthen research on alcohol in developing countries as existing data on the impact often are scarce and of limited reliability.
- Assist governments in adopting evidence based effective alcohol policies, with a special focus on the need thereof in developing countries. Policy making consultancy by WHO or member states would be a constructive measure offered to governments which today tend to turn to the industry for such services.
- Public health policy including alcohol policy making should be kept free from interference by vested interests as these obstruct rather than facilitate public health oriented policies.
- Secure making alcohol not available for children and young people below the age of 18 as early drinking constitutes an increased risk of drinking in excess when adult.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

With the long and comprehensive experience of working with alcohol, with governments and GOs as well as the NGO community mainly in preventing alcohol harm but also with experience from treatment and rehabilitation work to which can be added excellent working relations with scientists within the alcohol research field, IOGT International can offer guidance and training at all levels from policy making to community based mobilization to counter the negative impact of alcohol.

- IOGT International arranges conferences and seminars and involves itself in advocacy work at all levels.
- IOGT International facilitates contacts over borders and between NGOs as well as between GOs and NGOs.
- With the contacts we have with universities and other research institutions we can initiate research cooperation between developed and developing countries as the latter need surveys/studies to learn each its alcohol landscape, drinking patterns, economic dependence, health and social harm etc.
- We support networks (GAPA, IAPA, APAPA, EURO CARE etc) to disseminate facts and experiences in how to bring down consumption of alcohol.
- IOGT International with its affiliates constitute a broad and deep resource of knowledge and methodology in reducing alcohol harm. There is also a unique commitment to serve which makes NGOs different from other stakeholders. These resources are available and can be catalyzed into mid- and long term projects at all levels if the organisation can find finance.
- Our work is evidence based – needs to be as we are challenging extremely strong vested interests – and accordingly credible and non partisan as we are a non profit stakeholder. The public health focus is not compromised and our aim to serve beneficiaries in their capacities as individuals, families or communities.

Stockholm 14 November, 2008

IOGT International

Sven-Olov Carlsson
President

Web Hearing for Global Strategy on Alcohol for NGOs

Prepared Comments By Dr.S.Arul Rhaj

Chairman Indian Alcohol Policy Alliance (IAPA)

President, Commonwealth Medical Association

Email : drarulrhaj@gmail.com, arulrhaj@vsnl.net

SUMMARY

The WHO strategy is a very welcome approach and is addressing major development issue in the world. Alcohol problems continue to present a **major challenge to medicine and public health**. In India and many developing countries alcohol is brewed in small households, hamlets and consumed at that level. Though many societies in India where drinking is not a norm. The traditional social norm is changing to opening up of these barriers through market pressures..

Myths in Government that alcohol is a big revenue earner have to be demolished. Economic cost of alcohol use in the society is far greater than the revenue accrued. This has to be said on bold and addressed always.

Many arms of the governments are stated objectives of promoting alcohol through industry, markets etc. These have to be addressed and alcohol control policies have to be from a **whole of government approach**.

Drink driving-police and traffic not equipped should be seen differently from 'crime' and a separate system, which progressively cancels driving licence should be, brought in.

The huge problem of **illicit and home brew of alcohol** has to be documented and the policy option should not only be industry based but these nexuses of illicit brewing should be also be addressed.

Our Strategy should be to focus on alcohol consumption to promote the global climate toward effective alcohol policy thus clarifying ambiguity and myth on alcohol policy, and creating global awareness that **alcohol is an obstacle for once well-being, achievement and social development**.

INTRODUCTION

“The health of a nation is a sum- total of the health of its citizens, communities and settlements as well as the overall climate within which the citizen and live In communities”

Alcohol problems continue to present a major challenge to medicine and public health, in part because population-based public health approaches have been neglected in favour of approaches oriented to the individual that tend to be more palliative than preventative.

The Global Strategy towards developing countries in effective approach to reduce alcohol related harms are

- Strengthening their existing Background knowledge,
- Strong political commitment and
- Understanding and addressing the Gaps.

BACKGROUND

In India and many developing countries **Alcohol is brewed in small households, hamlets and consumed at that level.** This activity is neither documented nor extent of problems is fathomable. In addition to addressing organized industry based alcohol promotion, appropriate **Interventions focused in local pattern of production and consumption is essential.**

The influencing traditional culture which have barrier to use of alcohol by **multinational and national companies together with marketing pressure are leading to acceptance of drinking as a norm thus breaking the traditional barrier,** This is a very dangerous trend & media influence by industry in print and electronic is a major influencer.

Promotion of wine and beer amongst youngsters and women is a dangerous and exploitive practice.

Lessons learned from developed countries whose **late night drinking** and wide spread availability has **caused serious social harms** such as **Teenage Pregnancy/Juvenile youth violence and Drink Driving** besides areas near pubs becoming **unsafe for the vulnerable population as such as elderly.**

Serious consideration of Strategies to control these aspects should be incorporated.

Firm religious influence in the society should be harvested to spread the message and obtain social support.

GAPS

1. Absence of national policy
2. Contributions by state govt./agencies on various parameters
3. Absence of central agency for data collection/coordination
4. Time series data
 - a. Data on unrecorded consumption
 - b. Data on consumption of illicit liquor
 - c. Alcohol and health consequences-indices
 - d. Alcohol and social consequences-indices
 - e. Annual reports
5. Guidelines on minimum standards of care
6. Harm reduction, population screening, brief intervention
7. Role of various ministries/dept

NEED OF HOUR

The following actions are urgently required.

Effective Policy - A set of integrated policies, based on effectiveness and cost effectiveness in reducing alcohol related harm

- A conducive environment is essential to initiate and maintain behavior change
- Community based interventions, based mainly on health education, have not been uniformly effective or take a long time to achieve effect
- Policy interventions have been demonstrated to effectively reduce population risk in a short time period

National Structure -An agency or body taking responsibility for alcohol policy implementation, such as happens with drugs and tobacco. The production /sale /marketing and consumption are controlled and influenced by multiple ministries and departments.

A Holistic Multifaceted Government approach is very much needed rather than health ministry's focus disease prevention approach while health ministry can take the lead with the ministry of

Social Justice and Empowerment

Women and Child

Industries

Information and broadcasting

Consumer Affairs

Civil Supplies

Chemicals

Transport and Roadways

Home Affairs (Police)

Educations

Religious and Cultural Affairs

A body as above to place on equal footing and inter ministerial committee for Alcohol Control with membership from all stakeholders is essential to spearhead the movement. This will need substantial sensitization of all stakeholders including those who might perceive alcohol as a revenue earner and other who know harmful use of alcohol

Quality Data Systems – effective monitoring of alcohol related harm needs quality data gathering across a range of alcohol harm indicators and addressing the gaps still exist.

STRATEGIES

Control Production:

Total government control important measure to restrict availability of alcohol

Restrict Sale:

Retail monopolies effective in reducing rates of alcohol-related harm include Licensing with regulatory enforcement can result in reduced consumption, especially in young users, and fewer incidents of violence

Regulate Marketing:

Banning of Innovative marketing strategies by the Industry

- Through sports, event promotion
 - Product placements in movies
 - Using newer communication channels and media – internet, mobile, gaming
- Advertising controls including surrogate advertising, especially to children and youth important. Government Regulation/Restriction is Needed

Reduce use by individual consumer

No sale to those visibly drunk

- No sale below a certain minimum age
- Safe design of sale points/ drinking points to prevent alcohol-related violence
- Penalties / license suspension to outlets violating these measures

Prevent harm from alcohol :

Taxation, licensing of outlets, limits in number of outlets, times and conditions of beverage sales, minimum age limits, drink driving counter measures

CONCLUSION

WHO as a key player bridging the gaps should Intervene at Global /Regional /National/ Local levels should be

- Identifying and minimizing policy gaps at all levels
- Strengthening and generating knowledge-in-need and its utilization,
- Identifying Key Players with conflict of interest and their role
- Maintain a flexibility to protect the society.

“A healthy nation, therefore, is possible only if there is total participation of its citizens, communities and the government in this goal.”

IAPA's Aims and Objective

Aim

- To prevent and reduce the health, economic and social impact due to alcohol abuse, by steering the attention of policy makers towards formulating policies for alcohol control in India.
- To mobilize for the promotion of alcohol policies that safeguard individuals and families for the negative consequences of alcohol use through awareness and advocacy campaigns.

Objectives

- To provide a forum for alcohol policy advocacy through meetings, information sharing, publications, and electronic communications and any other appropriate means ;
- To disseminate information on alcohol policies and best practices in policy advocacy ;
- To encourage and promote governmental and non-governmental efforts to prevent and reduce alcohol-related harms ;
- To conduct awareness programmes and organize de-addiction camps ;
- To co-operate and encourage partnership with local, national and international organizations and civil society to prevent and alleviate alcohol-related harms ;
- To encourage research on all aspects related to alcohol use and policies ;
- To monitor advertising , marketing and other activities of the alcohol beverage industry including their social aspect organizations ;
- To bring to the attention of governmental and non-governmental agencies and communities, the social, economic and health consequences of alcohol use and
- To carry out any other activities conducive to fulfill the primary objectives of the Trust (IAPA).

The Student Life Education Company has been is a registered Charity in Canada. The mission of The Student Life Education Company is to be the leader in the promotion of healthy decisions on the use or non-use of alcohol and other health issues. We do this by increasing awareness, challenging unhealthy attitudes and providing students and student advisors with resources, training and educational materials.

For over 22 years we have worked to provide materials for peer educators, advisors, faculty, administrators and students in general so that they can confidently address the issues related to alcohol on their individual campuses.

Based on our experience and feedback from the schools we serve, there are several effective strategies available to reduce alcohol related harm. Young men and women who are 18 -24 years of age in Canada see alcohol as a legal substance that they will legally have access to when they enter into post secondary education. Strategies for this group must acknowledge them as young adults and address the issue of use or misuse in a language and approach that they respect and relate to.

Social Norms Model is an approach that we support and subscribe to. This science base approach to reducing alcohol related harm is based on dispelling the myths and misperceptions that surround the use of alcohol and the perceived negative cultural norm and promotes actual positive norms

Although the social norms approach is most widely known for its effectiveness in reducing heavy episodic alcohol consumption and alcohol-related harm among college and University students, effective social norms interventions targeting alcohol in high schools as well.

The Student Life Education Company does not has moved away from the standard approach in the field of health promotion designed to motivate behaviour change by focusing on risk. This method hopes to frighten individuals into positive change by insisting on the negative consequences of certain behaviours. Young people 18 – 24 simply do not think that these negative consequences will happen to them. While they may remember the crashed car or video of death due to alcohol and they may feel for the victims the vast majority tell us they have not altered their behaviour as a result.

If sharing scenes and stories of the negative consequences of alcohol abuse does not change behaviours then perhaps correcting misperceptions, might reduce heavy drinking and related harm.

Presenting data from specific and relative communities along with identifying and promoting protective factors and protective behaviours moves the focus from the problems and deficits of the specific post secondary population to promoting and empowering the attitudes behaviours and beliefs that are the actual norm in that population.

This is an evidence-based process that relies on data to identify the actual norms of a population and then promotes that positive norm back to the population with the healthy protective behaviours

While The Student Life Education Company uses Social Norms Theory to guide our work in the post secondary and secondary markets we believe that it is critical to speak to children about alcohol at an early age. Parents hold the key to open and honest dialogue about alcohol. They can start the process of correcting the misperceptions by using every day opportunities to draw attention to the facts , the religious and cultural roles , and family

expectations and values regarding the use or non use of alcohol. Discussions based in fact and not in fear or scare tactics allow children to inquire openly about alcohol before they are faced with the choice of use or non use in post secondary or secondary school. Taking the role of parents influence one step further it is important for parents to see themselves as role models. Children are influenced by what they see their parents do and how they act. By empowering parents to see themselves as role models and encouraging to act in a way they would like their children to act, we are empowering parents as positive influences in their children's lives and giving them reason and permission to confront any issues they may have related to alcohol use.

From a global perspective both the social norms approach and the empowering and supporting of parents to be role models and have ongoing discussion about alcohol can be adapted and supported. Both of these concepts work with communities and the norms and values within them. They bring out the best of individual groups or communities and support religious and cultural values. The approach will be the same but the data and norms that come from the community will vary.

An ongoing and open dialogue about alcohol and its impacts and effects is required with young people in all parts of the world. Discussion must be designed so that information is hands on and useful. Said another way, youth do not want to be told what not to do but what they can do when faced with a decision around alcohol. This information (protective behaviours) would be delivered in a way that was meaningful using a variety of points of entry including delivery by people who youth feel are credible. Depending on the age of the youth this could mean physicians, parents, community leaders or peers would deliver the material through school, community meetings, pamphlets, posters, electronic games , internet , peer based discussions and much more.

The Student Life Education Company is committed to continuing fulfilling on our mission. We will continue to meet with educators, students, faculty and administrators alike to create materials and messages that can be delivered in a way that empowers students to make healthy choices while at school and for the rest of their life. These choices will reflect the positive norms of their community, culture and family. We are prepared to work with schools in Canada and on a global level to find new and effective ways to speak to youth about the harmful use of alcohol and they in turn can speak to other youth creating a movement that empowers healthy attitudes, behaviours and beliefs regarding alcohol.

TUBA contribution

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

Alcohol-related harm in the families is extensive. Reducing this harm is hindered because it is hidden. An effective way to treat and prevent further problems from this harm, is to make help available and attractive to young people in the process of moving out of the family and establishing his or her own satisfactory life.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

Over a period of 10 years we have developed a treatment for young people that has attracted thousands and helped them prevent numerous psychological and social problems stemming from alcohol-problems in their families. Their stories have also helped focus public attention on the hidden alcohol-related harm of alcohol in families.

We have helped establish a similar treatment project in Norway and we are willing to help other member states learn from our experience and set up similar projects.

A profile of TUBA

TUBA is a counselling service for young persons (aged between 14-35) who come from families with alcohol problems. In 2008 TUBA have had approximately 800 clients in psychotherapy. Approximately 35% were in groups and the remainder were in individual therapy. There are 26 psychotherapists employed at 10 centres across the country.

• A changed life - a paradigm.

TUBA offers psychotherapeutic support to young persons in making the transition from living in a family with alcohol problems to securing a satisfactory life of their own. Research as shown that this transition involves risk. In short:

People who grow up with parents who misuse alcohol have an increased risk of depression, anxiety, suicidal behaviour, low self-esteem, eating disorders, drug and

alcohol abuse and they may have symptoms of post traumatic stress disorder. There is an increased risk that they will have trouble separating from their parents, both in relation to relinquishing responsibility their parent(s) who drink(s), but also in relation to becoming independent and developing an identity of their own. They can be unsure or perhaps completely estranged from their emotions, needs and boundaries. They often have trouble establishing stability in their personal and professional lives. In close relations they often have problems relating to intimacy, trust and dependency and they sometimes experience an exaggerated need for control and predictability and an exaggerated fear of being let down. They experience more separations/breakdowns in couple relationships as well as less quality in their couple, parental and family relationships. Their lack of contact and experience with the world around them during their upbringing, which is a typical consequence of the alcoholic family's isolation, often leads to a distorted view of what a 'normal family' is like, which leads to unrealistic expectations about family life (Lindgaard 2002, 2005).

Life in a family with alcohol problems is typically problematic in a range of ways. In connection with leaving home, many young adults have to find a new way organising their lives, a new way of arranging their relationship with themselves and others. Leaving home involves a long period of time, where the young person imagines and prepares for a life away from their alcoholic family, and a long period after they have left home when they try to secure a satisfactory life and where the significance of their upbringing becomes increasingly apparent. The psychotherapists at TUBA have specialised knowledge about this transition. TUBA aims to support young adults in this transition. Research has shown that some young persons manage this transition without support while some need support.

•TUBA – a place for young persons who have grown up in families with alcohol problems.

Treatment of young persons, who have grown up in families with alcohol abuse sometimes takes place in organisations, where the treatment of alcohol abuse is the primary focus. In these organisations, the treatment of family members is considered secondary to the primary aim of stopping the alcohol abuse. This way of organising treatment reflects the conditions in the alcoholic family where the needs of the children are secondary to the needs to the person with the alcohol problem. TUBA is a place where the interests of young persons who have grown up in families' with alcohol problems are the primary focus.

•The young person is the main source of change.

In TUBA therapeutic change is primarily considered a product of the young person's efforts to change their life. Thus we agree to a great extent with the research that emphasises a) the significance of extra therapeutic factors for outcome, b) that outcome

relates to client agency, and thus that the young person (rather than the therapist) is their hero in therapeutic interventions, and c) that psychotherapy works as the young person links their everyday life with what happens during therapeutic interventions. In TUBA, the focus of therapy is thus the young person's life outside the therapy room. What occurs in the therapy room, including the therapeutic relationship and group processes, are used to cast light on the young person's life outside the therapy room.

• **Cooperation with the young person.**

We are of the opinion that there are many paths to a satisfactory life. Our clients vary greatly with regard to their life conditions, their worldviews and their therapeutic goals. The clearer we are about our clients' goals, the better we can help them. Research has shown that therapeutic methods that match clients' goals and worldviews are most effective.

Psychotherapy is viewed as a cooperation between the young person and the psychotherapist with regard to the therapy's goals and methods. Interventions in TUBA vary as our clients' goals differ. Our clients have different notions of what a satisfactory life entails. Psychotherapy in TUBA is thus always a cooperation between a young person and a psychotherapist about the young person's path to a satisfactory life.

Cooperation is also emphasised with young persons who do not have clear ideas about what they want from therapy. These clients' goals and preferences reveal themselves during the therapy process.

• **Pluralistic competence**

Our focus on cooperation means psychotherapists in TUBA need a wide repertoire of methods to match their clients' goals, worldviews and problems as far as possible. Thus we have a pluralistic view of therapeutic competence. We aim to meet the client where s/he is. We view enforced methodological orthodoxy as a curtailment of our clients' possibilities, which may mean we do not grasp our clients' views of possibilities for change. Thus, even though psychotherapists in Denmark are often trained in single traditions, we aim to attract psychotherapists who have skills within a range of methods, so they can tailor their interventions to individual clients. Even though we are in favour of pluralistic competence, our emphasis of a health paradigm, client agency, the many pathways to a satisfactory life, and the heterogeneity of our clients, underlines the fact that treatment in TUBA is deeply rooted in existential/humanistic values.

• **Common factors**

Research in treatment outcome has shown (, with certain exceptions,) that differences in outcome are only related to the school that the therapist claims allegiance to in limited

ways. This has led to the assumption that common factors, rather than specific factors related to specific schools of therapy are the primary cause of therapeutic outcomes. Common factors include for example, the therapist's ability to:

- establish and maintain a therapeutic relationship and repair breaches;
- cooperate with the client at about therapeutic goals and means;
- investigate the client's life;
- investigate the meanings clients attribute to their experiences;
- speak openly about the clients' problems;
- be empathic and appreciative of the client's experience;
- take into account the client's stage of change;
- be genuine/honest towards the client;
- give the client useful feedback in an appropriate way;
- offer information;
- give advice;
- offer an alternative perspective on the client's problem;
- interpret/explain;
- focus on the client's feelings;
- re(generate) hope and trust in the future;
- increase the client's self-support;
- generate group cohesiveness in therapeutic groups.

We emphasise that therapists in TUBA have abilities that are common to most therapeutic schools and that research has found significant in relation to therapeutic outcome.

• **The paradigm that relates specific interventions to specific disorders.**

TUBA must consider the central paradigm in psychotherapy research that focuses on the relationship between specific types of interventions and particular types of disorder (depression, anxiety, etc.) Even though this research is widespread, relating it to TUBA's practice is difficult, as our clients are not afflicted with a specific disorder. Our clients face a wide spectrum of symptoms. Being raised in a family with alcohol problems is not a recognised diagnosis.

This paradigm focuses on curing disorders. TUBA's work is instead based on a health paradigm that focuses on the path to a satisfactory life. We view our clients' suffering primarily as related to their life conditions, rather than as disorder related. This does not mean that psychotherapists in TUBA disregard knowledge about the treatment of specific disorders. Clients in TUBA with depressive characteristics, for example, will typically find their therapists challenge their negative cognitive assessments and behaviour. The pluralistic view on competence implies that we seek staff with methodological width.

• **Interest in the cause.**

We do not view our clients' problems as purely personal problems. We view them as part of a wider socio/cultural problem. There are at least two tendencies in relation to alcohol in Denmark. There is a longstanding widely popular tradition with regard to alcohol use. There is also an increasing societal awareness about the human consequences of alcohol abuse.

Just as the consequences of alcohol abuse are often denied in families, a similar societal denial can be seen with regard to the consequences of alcohol abuse on young persons who have grown up in families with alcohol problems. Even though there is an increasing awareness of this problem, we still see a denial in the following areas: a lack of studies of the extent of suffering of young persons who have grown up in families with alcohol problems; the tendency of categorising the suffering of young persons as disorders such as depression, rather than as the consequences of alcohol related life conditions; the attention paid to treatment guarantees for problem drinkers in relation to the limited focus on treatment guarantees for young persons who have grown up in families with alcohol problems.

TUBA aims to employ staff, who are not only skilled therapists, but who are also interested in the societal conditions for young persons who have grown up in families with alcohol problems. The justifications for this are, 1) that they can participate in the dissemination of knowledge about our clients' problems, 2) that they can play a part in deprivatising our clients' problems in therapy and 3) that they have a specific interest in TUBA's clients.

• **Client identities.**

Young persons come to TUBA because they see a (possible) connection between their suffering and the use of alcohol in the families in which they grew up. Treatment in TUBA often involves helping the client see (possible) connections between their suffering and their former or present life conditions. Some forms of treatment stress that clients should permanently identify themselves as an adult child of an alcoholic as a central aspect of treatment. TUBA does not share this view. TUBA emphasises that each young person finds/generates his or her own identity. Young persons coming to TUBA are welcome to identify themselves as adult children of alcoholics should they wish to do so. Young persons in TUBA are thus viewed as all other young persons occupied with the generation of their identities.

• **Boundaries with other services.**

During the referral process TUBA staff assess whether TUBA is the most appropriate service for the client. Some clients may need special (e.g. psychiatric) expertise that the

particular TUBA centre does not possess. Similarly if the client needs a more intensive or more encompassing service than TUBA can deliver (more than one hour a week), the client will be referred to another service. We want our clients to receive the best possible help. TUBA sometimes offers counselling as part of a more complex intervention where other services are involved.

- **Evaluation.**

TUBA's work is under continuous evaluation. The clients participate in this evaluation. They assess the treatment and its significance for their lives.

- **Research.**

TUBA sees a need for more research into young persons who have grown up in families with alcohol problems. We need more knowledge about the extent and significance of the problems involved. We need more knowledge about the young persons' life conditions. We need more knowledge about the young persons' change processes. TUBA aims to keep staff up-to date with relevant research.

ACTIS – Norwegian Policy Network on Alcohol and Drugs

Response to public hearing of the WHO on alcohol

A responsibility for society

Alcohol related problems have to be addressed both at an individual and societal level. Every child has the right to grow up in an environment protected from alcohol related harm and inappropriate exposure to alcohol. Every individual has the right to treatment and care. Every individual, consumers as well as relevant persons in policy making and implementation has the right to information about the risk and harm related to the consumption of alcohol.

Scientific evidence shows that the risk increases with consumption in a linear fashion from a very low level of consumption. The heaviest drinkers are far fewer than the number of harmful or moderate drinkers and the latter groups therefore, because of its much greater size, generate more harm in total. It is also a fact that few start out as a heavy drinker from day one.

It therefore follows that alcohol policy must address the population as a whole and consumption of alcohol in general not only the most harmful drinking patterns.

A comprehensive alcohol policy

Common sense as well as numerous scientific studies points at the need for society to manage price and availability of alcohol in order to reduce consumption. When affordability is greater, consumption increases and so do alcohol related mortality and morbidity.

It is worth noting that alcohol taxation has a greater impact on younger drinkers, heavy drinkers and poorer drinkers. This shows that taxation is not only a blanket intervention but that it does target particular vulnerable populations and that it addresses particular issues like social exclusion and health inequalities. Taxation also generates public funds that may cover costs of treatment and prevention.

There are numerous other interventions that have merit. Importantly for all interventions there is a need for a comprehensive and integrated approach, meaning that interventions should support each other and that there is a need for horizontal aspects like enforcement, benchmarking, monitoring, sanctioning, evaluation, research, education and information. Drink driving policies for example, should not only aim at reducing BAC limits but ensure effective enforcement, education, treatment and sanctions.

A comprehensive approach also means that prevention activities must have a broad target. Road side breath testing in the traffic must be on a random basis as well as on suspicion. This will have a preventive effect as well as it acknowledges that many more of the trespassers of the BAC level that drive with a moderate alcohol intake than those that has been drinking heavily.

Alcohol marketing should be regulated of two main reasons: First, there is growing evidence that marketing does increase consumption in particular by young people. Second, alcohol marketing

creates an imbalanced image of alcohol that counters public health messages and educational efforts.

A major independent review (October 2008) from the United Kingdom concludes that self regulation of alcohol marketing has simply not worked. KPMG concludes in a report commissioned by the government that self regulation is not having a material impact on promoting responsible drinking or reducing irresponsible drinking and the balance therefore needs to shift significantly from self-regulation towards direct intervention.

This is a watershed report since the UK model has spearheaded comprehensive industry based self regulation for decades. Industry self regulation in the UK has been based on a model which the industry today promotes globally. If it failed in the UK it's likely to fail everywhere.

Marketing regulations should address both content and volume. Content regulation has limited impact if volume is high. Focus should be on the degree of exposure and its impact. It is therefore important to constantly monitor the impact on in particular young people and the new techniques in marketing that are employed that are increasingly to be found outside the main stream media.

Although there is a growing body of evidence in this field more research should take a longitudinal and qualitative approach to establish in more detail the nature of how exposure to marketing impacts consumption as well as drinking patterns.

Not only a health issue, but social too

It also follows from above that since harmful drinking is not restricted to individual circumstances policies to prevent the harm done by alcohol must take the social dimension into account. Understanding the social issues is also essential to treatment and recovery.

Drinking takes place largely in social settings and prevention will have to take that into account. It often means that much of the drinking and its related harm take place in public spaces. Prevention efforts without an environmental dimension will therefore be less effective.

Problematic drinking is sometimes rooted in psychosocial problems, frequently in childhood and adolescence, and may be passed on across generations in a vicious circle. Behind a case of liver cirrhoses there may be a family in despair. One long standing expert in the treatment field once said about a child that it was not the state of his fathers' liver that frightened this little boy.

Harm to others

In many countries, there has been much research on the drinker's health problems. But the resolution WHA61.4 also mentions in para 1 (1) "those affected by harmful drinking on others". In most countries, quality research on the extent of this problem is lacking.

A European study (Anderson & Baumberg 2005) concluded that alcohol related harm caused some 50% of all violent crime to the person; Some 40% of all domestic violence; 2,000 homicides (4 in 10 of

all murders); 10,000 deaths in drink-driving accidents for people other than the drink-driver; 60,000 underweight births; 16% of all child abuse / neglect; 5-9 million children living in families adversely affected by alcohol.

The Norwegian research institute on alcohol and drug problems (www.sirus.no) has performed a study indicating that 40 % of the adult population has been harassed or damaged by other people's drinking during the last year. Thus, harm to others is by far the most widespread problem from alcohol use. For each person dying from his/her own drinking, ca. 15 000 people are harassed or damaged from other people's drinking. The majority of the victims are women. It is very important to encourage good quality population studies on the frequency of alcohol related harm to others.

Motivating the regulating of drinking by concern for the drinker's own health may be met by the demand for personal freedom and characterized as a nanny mentality. But the Declaration of Human Rights from 1789 states in paragraph 4: "Liberty consists in the freedom to do everything which injures no one else."

We therefore urge governments and the WHO to keep the social dimension high on the agenda not only because of the fact that the nature of the social suffering is often more vicious and of a greater consequence to social relationships and cohesion than of health problems alone, but because it is by understanding the social dimension, its epidemiology is illuminated and recovery may be tackled.

Education

Education is an essential part of any alcohol policy even though its direct impact on consumption and harm is limited.

There numerous scientific studies pointing at the lack of effectiveness of educational programs to change behaviour. On the other hand, education must never be excluded from a comprehensive alcohol strategy although education can never replace it.

One reoccurring flaw of many programmes is that they often tend to be a one off intervention and not sufficiently integrated with other interventions or the wider environment of the target group.

Scientific reports do show a positive impact of some well designed educational programs but their effect tend to wane shortly after it is terminated. An effective approach to education should look at how educational programs can be more integrated in long term and comprehensive strategies and interventions and not least to integrate them with environmental approaches in order to create synergies and sustainability.

Target groups must be both particular groups at risk, vulnerable populations and the population at large. Targets for education in broad term are not only consumers but decision makers, stakeholders, officials, media etc. The aim of education is therefore in addition to raise awareness with consumers, to build an agenda and create a momentum towards evidence based public health policies.

Closely linked with the environmental dimension of education is the need to understand the behaviour we want to change and the behavioural patterns and culture where change is to take

place; in other words how we live our lives.

Another important aspect is the competitive dimension of education. Alcohol is heavily marketed in many societies in the world and much of the entertainment world is saturated with positive images of alcohol consumption and little if any of the harms and risks. In other words, prevention and education must take into consideration competing messages, balance them and seek to minimise the impact of it.

The scientific community must move forward with the prevention community in order to explore the potentials of 'education in context'. Most NGOs we know from European alcohol field is aware of the weakness of isolated programs. That is why there is a movement towards looking at more coordination, integration and more modern promotional techniques and broader comprehensive programs.

The role of the alcohol industry

The alcohol industry has no role in defining public policy on alcohol because of the conflicts of interest. This does not mean that the alcohol industry has no role in alcohol policy. Their responsibility is to comply with the law – both its letter and spirit – in areas of production, sales and marketing. More specifically they should introduce effective programmes to train their staff at on and off premise sales in cooperation with the appropriate expertise.

A relatively small group of drinkers consume a large portion of the alcohol sold contributing significantly to the earnings of the alcohol industry. In the competitive alcohol market a tangible and necessary reduction of sales to this group is not in the interest of the producers and their share holders. Any assurance to the contrary lacks credibility.

Alcohol policies must therefore be developed by public health interests alone. When the industry is involved it must be in a transparent manner and their activities must be monitored and evaluated by independent parties.

A global perspective

In the past alcohol was largely produced and consumed locally and national. Alcohol is now a global commodity with major global brands, major multinational publicly listed companies and very high degree of business centralization. Products are traded and marketed across borders and its implications for trade policies, trade law and ultimately public policies cannot be underestimated.

Drinking culture and patterns are also truly internationally "traded" for example by the global entertainment industry, and by travelling and tourism. This is a challenge for local and national governments.

Alcohol is also a development issue. Drinking by the breadwinner of a poor family in societies with few if any social safety nets may create extra burdens to individuals, families, communities and obstruct economic growth and social cohesion. Its consequences may be severe in terms of housing,

welfare, education, nutrition, social marginalization and poverty.

Additionally, we know from the WHO Global Burden of Disease study that when poor societies become more affluent alcohol consumption increase significantly.

This all points to the need for alcohol policy to be part of any broad development strategy. We must avoid a race to the bottom where alcohol is increasingly regulated in rich society it's increasingly promoted and made available to poorer societies. This seems all the more problematic since most of the multinational producers are from the rich part of the world investing heavily in the development world. Europe is today the biggest exporter in the world.

Role of NGOs

NGOs with experience in alcohol policy should build networks in order to strengthen capacity of NGOs in particular in developing countries and emerging economies with the aim of empowering them to play a role in developing national and local actions and policies, counterbalancing the influences of the commercial interests and to be a constructive partner to governments and international organizations in addressing alcohol related harm. Actis is committed to this objective.

7 November 2008

**SUBMISSION TO THE WORLD HEALTH ORGANIZATION ON
MEASURES TO CONTROL ALCOHOL-RELATED HARM – From
Consumers' Association of Penang (CAP), Malaysia**

CALL FOR FRAMEWORK CONVENTION ON ALCOHOL CONTROL

In view of the grave significance of the harm caused by alcohol, and some of the very similar approaches that both alcohol companies and tobacco companies take in promoting their respective products, we advocate that the problems related to alcohol should be addressed with at least the very same level of seriousness that is being adopted in the fight against tobacco use worldwide.

Tobacco is reported to cause about 5 million deaths a year. The WHO's Framework Convention on Tobacco Control (FCTC) was the first global public health treaty which was created to address the increasing harm caused by tobacco – not only to the users themselves but those who were affected by passive or “second-hand” smoke, the costs and loss due to tobacco-related diseases, and the effects on families. This Convention was adopted by World Health Assembly in May 2003 and came into force in February 2005.

Alcohol should also be viewed as a serious public health hazard requiring a global treaty. More than 2 million people around the world die each year from alcohol-related causes. The harmful use of alcohol is a leading risk factor for premature death and disability globally. Just like tobacco, alcohol use not only affects drinkers but also can have adverse effects on those around.

For instance in Europe, it is reported that the perpetrators of half of all violent crime had been drinking. This was based on a survey in 2006 by Peter Anderson, a consultant for the European Commission and the WHO. Also, the survey found that 40% of domestic violence cases and 40% of murders were committed by people who had been drinking. Not including drunk drivers themselves, it is reported that there are 10,000 alcohol-related deaths per year in Europe. Alcohol was found to be responsible for 16% of child abuse and neglect cases, and 5 to 9 million European children live in families adversely affected by alcohol. (*New Scientist*; 19 April 2008)

Here in Malaysia, our Road Safety Council once estimated that 30 per cent of road accidents nation-wide are caused by drinking and driving. There is the likelihood of under-reporting as drivers are allowed 24 hours within which to report a crash.

The consumption of alcohol has also been linked with adverse outcomes which can devastate the whole family, including violence, child abuse, killings, broken homes where either the spouse or the children leave home, and divorces.

The drinkers themselves face unemployment and chronic illness, which again affects the family. A large percentage of the family income can be squandered on alcohol, leaving the family in a dismal financial state.

Drinking can also cost a nation dearly in terms of monetary losses for medical treatment, absenteeism from work, accidents, diminished job skills, the salaries required for additional police personnel and social workers, costs to cover court cases, damage to public property and vehicles, as well as insurance payments.

CAP calls for a Framework Convention on Alcohol Control.

This convention should lead to a clampdown on:

- Aggressive advertising,
- Various promotions that encourage increased consumption including contests, redemption schemes and “happy hour” offers,
- The sponsorship of sports events and variety shows,
- The use of women to promote products directly to customers,
- The sale of small bottles or packs of alcohol that make it more easily available to the younger generation and low-income earners,
- Attractively-packaged alcoholic “soft drinks” which is aimed at attracting the young to turn to alcohol,
- The serving of alcohol on national airline carriers,
- The duty-free status of alcohol at airports and other duty-free outlets, and,
- Alcohol companies carrying out campaigns on alcohol-related harm, giving out education scholarships, community research and other similar activities. (If alcohol companies are serious about doing good for the public, they should halt their alcohol business altogether).

Such a global endeavour should also see the following:

- A very steep increase in taxes and duties on alcohol, with the resultant increase in the sale price to deterrent levels – an effective means for keeping the product out of reach of most of the population. Any increase in smuggling activities should be tackled with effective enforcement.
- A licensing system that would curb availability, accessibility and use, especially in residential areas, family eating places and recreational areas. This system would limit the number and location of outlets allowed to sell alcohol. Licences would be subjected to yearly renewal. This renewal of licences could be blocked if any conditions of the licence are violated. These conditions could be clearly spelt out beforehand (for example, no sales to those below the permitted age).
- Health warnings that cover at least 50% of the packaging labels of alcohol,

- The setting of a minimum age limit for the purchase and use of alcohol where, those under 21 years of age would not be allowed to purchase or consume alcohol.
- Formal national policies and effective legislation and enforcement would back up alcohol control measures.
- Strong political commitment to develop and support the reduction and elimination of alcohol-related harm
- A more concerted effort to address the underlying problems that drive people to drink such as poverty and deplorable living and working conditions.

The measures for curbing alcohol-related harm would bear many similarities with those used for tobacco. There would be no need to “re-invent the wheel”.

Precious time would be saved and immediate focus can be turned towards reducing the number of alcohol-related deaths, the global burden of disease and the related adverse social and economic impacts.

Last but not least, WHO should come out regularly, strongly and consistently with a strong stand against alcohol use and alcohol-related harm.

Mr. S.M. MOHAMED IDRIS
 President,
 Consumers Association of Penang (CAP)
 No. 10 Jalan Masjid Negeri,
 11600 Penang,
 Malaysia.

Tel: 60-4-8299511; Fax: 60-4-8298109
 e-mail address: idrismd@tm.net.my

Submission to WHO on health problems related to alcohol consumption

IOGT-NTO's Junior association is a children's organization that focuses on how the alcohol consumption affects the situation of children. We claim that every child has the right to grow up in a drug-free environment.

1. What are your views on effective strategies to reduce alcohol-related harm?

Recognizing the problem is the first step. Most people agree whole-heartedly that children should not drink themselves or be exposed to negative effects of drinking, but not many realize that alcohol is a problem for grown-ups. It is the adults that do the drinking which affects children in a negative and harmful way. We need to talk more about this and put the emphasis on the responsibilities of the adults.

Apart from that: prices and taxation are important tools to keep alcohol consumption down. We also need reduction of availability and marketing regulations.

2. From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

Governments everywhere need to recognize that alcohol is a problem. Society need to see and understand that there is a strong connection between the abuse of alcohol and violence, rape, killings, accidents, crime, broken homes - not to mention the effects on children who grow up with one or two parents that abuse alcohol. The next generation that should be all parents' priority grow up with the shame, insecurity and self-blame that almost every child of an abuser experiences. They are robbed of their childhood. Apart from that, these children will become adults with a great risk of becoming alcohol abusers themselves.

We need to talk about and recognize that children are vulnerable enough as it is without adding the risk and harm of alcohol in their near environment.

Our organization is a part of the worldwide IOGT-movement and we have a great network around the globe and we also have volunteers in parts of Eastern Europe, Africa and Asia.

Through our international contacts we can also establish that the rising alcohol consumption is a serious problem for the developing countries. In these countries the children will not just suffer from poverty, absence of food and lack of education but they will also risk being victims of the increased alcohol consumption. Our opinion is that alcohol is a serious threat to the development of these countries.

The alcohol industry is cynical and their marketing is not only directed to adults but also towards the children. The alcohol industry wants to put their products in the consciousness of the children and young adults as early as possible. We would like WHO to work with the restrictions when it comes to the commercial of alcohol. We would like WHO to work with restrictions of alcohol commercials and ad campaigns.

3. In what ways can your organization contribute to reduce harmful use of alcohol?

We try to do what is described in the answer to question 3: to make the problem known. We do anything we can to point out to politicians that very few children get support from the communities and society itself. We always talk from the children's point of view and claim that they deserve a childhood.

We are ourselves examples of grown-ups that don't drink. Hopefully our youth- and children leaders can be the adults that see an insecure and invisible child. Our local clubs are places for every child that needs somewhere to feel safe, to be seen and be allowed to be just a child.

We hope that by providing living proof that you don't need alcohol in your life we may postpone the alcohol debate for the children and youths who are members of our organization. One year gained is a gain, indeed.

PROJECT EXTRA MILE
Comments to the World Health Organization
November 15, 2008
Global Approach to Reduce Alcohol-Related Problems

Project Extra Mile is a community-based organization in the United States of America, the State of Nebraska. We are committed to preventing youth access to alcohol and the tragic consequences that result from underage drinking. The organization's mission is *to create a community consensus that clearly states that underage alcohol use is illegal, unhealthy, and unacceptable.*

Project Extra Mile supports a broad scope of initiatives to prevent the harms associated with underage drinking. The organization is opposed to products that target young people, including alcopops and alcoholic energy drinks. Irresponsible products aimed at youth should be banned or, at the very least, regulated appropriately in order to eliminate youth access and availability to the products.

Project Extra Mile supports a broad scope of initiatives to prevent the harms associated with underage drinking:

- 1) Increased enforcement of the 21 minimum legal drinking age in the United States
- 2) Additional resources for law enforcement to enforce the liquor laws
- 3) Enforcement efforts that focus on addressing the source of alcohol for youth under 21 and appropriate criminal, civil and administrative sanctions for social and retail sources of alcohol for minors
- 4) Increased excise taxes on alcohol to reduce underage drinking and to provide added resources to address alcohol-related problems
- 5) Decreased youth exposure to alcohol advertising by moving toward a 15 percent threshold for television advertising, as recommended in the Institute of Medicine of the National Academy of Sciences' report to the United States Congress in 2003, and the use of an independent agency or organization to approve alcohol advertisements, address complaints and enforce sanctions
- 6) Resources to support the implementation of alcohol screening and brief intervention within pediatrician and primary care physician practices
- 7) Policies to limit the physical availability of alcohol, including reductions in alcohol outlet density
- 8) Education and awareness initiatives aimed at parents and other adults

Our organization works to bring all segments of the community together to be certain that efforts include multi-component interventions throughout populations. Our work is grounded in best practices and sound science, and we're confident that such a multi-faceted approach will bring long-term and sustained change within our communities. We are always happy to share our experience and expertise with others.

Public health considerations should take precedence with regard to alcohol policy in the United States and throughout the world, and a global approach to this issue should be reached only after substantial input from representatives involved in public health practice, using sound public health research and science.

Project Extra Mile is opposed to international trade agreements that treat alcohol as a conventional good. Alcohol is not an ordinary article of trade, but rather, a drug that causes significant problems for young people, their families and communities. Efforts to decrease access and availability, restrict advertising and increase price are desperately needed to protect young people. The alcohol industry has no place in establishing such global policies; and further, they should be far removed from any trade agreements and discussions. The alcohol industry – influential and controlling – should not be allowed to exploit developing countries through the manipulation of trade agreements. Project Extra Mile encourages the World Health Organization to support appropriate regulations, restrictions and alcohol control policies that would enhance public health for youth across the world.



EPHA contribution to Global Alcohol Strategy

Subject	EPHA Contribution to the World Health Organisation Hearing on Global Alcohol Strategy
Date	November 2008

The European Public Health Alliance (EPHA) is the largest European Platform, representing approximately 100 not-for-profit organisations across the public health community: representations of patient groups, healthcare professionals, public sector bodies, disease-specific organisations, treatment groups, and representatives of the social society. Our membership include representatives at international, European, national, regional and local level (<http://www.epha.org>)

EPHA's mission is to protect and promote public health in Europe and to ensure health is at the heart of European policy and legislation. We endeavour to keep public health policy on the agenda across all sectors, and this involves working in many different spheres.

EPHA recognises **the key role** that the WHO plays in **forming global strategies** to tackle public health issues, and it is for this reason that we fully **support** the initiative by the WHO to establish a **global alcohol strategy**.

However, we would like to make a number of suggestions regarding the implementation of such a strategy, so as to ensure that the **maximum benefit for citizens** is obtained.

The added value of having a **global alcohol strategy** that can provide:

- clear evidence-based guidelines for WHO Member States to introduce policies aimed at preventing and reducing alcohol-related harm must be supported by a strong leading role for the WHO.
- The principal task for the WHO should be to provide the knowledge base for the Member States to be able to enact policy changes at national and regional levels.
- By taking the lead on developing an alcohol strategy, the WHO can provide a framework that allows for adequate data collection, supports further research (including research on policy implementation) and encourages integrated strategies.

One particular area which EPHA feels must be developed is the **broad participation of civil society**.

Civil society organisations working on a wide range of topics, beyond specific alcohol issues, bring a wealth of experience and expertise to a debate such as the development of a global alcohol strategy. Any effective dialogue must utilise all available knowledge to achieve a real exchange of best practice. EPHA, for example, as a network of NGOs working in the field of public health, can offer the strategy easy contact with citizens via our member organisations, but also advice on the policy-making procedure at a European level. Translating the strategy to policy must be a key aim on the agenda. Other civil society organisations will bring other skills, and it is therefore vital that they are included in the entire process. It is also important to stress the importance of safeguarding the



EPHA contribution to Global Alcohol Strategy

integrity of alcohol policy from the influence of vested trade interests and of involving civil society organizations (beyond NGOs specialized in alcohol issues)

EPHA would like to see the global alcohol strategy take on a public health orientation. The strategy should be a response to diverging public health challenges, but should also recognise that stakeholders have different needs and priorities, and that there are very different national, religious and cultural contexts that need to be considered. We also insist that the integrity of alcohol policy be safeguarded from the influence of vested interests. Transparent dialogue is needed to ensure this.

The added value of having a global alcohol strategy that provides guidelines on effective evidence based interventions and supports MS in preventing and reducing alcohol related harm.

The fact that the strategy should be public health oriented and evidence based. It should provide a common framework and a knowledge base for all WHO MS and be adaptable to the differing national, religious and cultural contexts, as well as to the diverging public health problems, needs and priorities, and discrepancies in resources, capacities and capabilities

Integrated strategies should consist of a mix of effective interventions with special attention to specific population groups such as adolescents:

- Reducing affordability and availability;
- Regulating alcohol marketing;
- Drink-driving countermeasures;
- Opportunistic screening and brief interventions ;
- Treatment and rehabilitation;
- Education, and awareness raising.

One central task for the WHO should be to provide the knowledge base for WHO Member State actions, and provide the impetus for local, national, and international action.

Areas in which the WHO can take the lead:

- Strengthening evidence base;
- Ensuring adequate data collection;
- Further developing Global Burden of Disease study;
- Supporting further research (including research on policies that could be implemented in developing countries)

Although there should be a focus on Public Health, the strategy should also address social, cultural and economical issues and the harm to others, in particular women, children and youth.

17.11.2008

Statement to the WHO in the context of the Public hearing on ways of reducing harmful use of alcohol

The FDI World Dental Federation, the worldwide, authoritative voice of the dental profession and in official relations with the WHO, welcomes the initiative of addressing the global burden of alcohol related disease and public health problems. The FDI World Dental Federation has recently adopted a new policy statement on oral cancer stating that "oral cancer is a major global health problem" (1).

The FDI recognises the important role of health professionals, including dentists, in the areas of early intervention and treatment, risk reduction and health education, as well as surveillance and risk assessment. We support all efforts with regards to public policies addressing sale, marketing, trade and other measures aiming at reducing alcohol use. In this context health professionals can and should be active and effective advocates for healthy environments and healthy lifestyles.

We wish to draw special attention to alcohol consumption as a key risk factor for oral cancer. The global burden of oral cancer is high, particularly in male populations and in low- and middle-income countries, where treatment is the least available. The WHO's Global Oral Health Unit has issued and co-authored important documents, such as the *Crete Declaration on Oral Cancer Prevention 2005* (2) and others (3) highlighting the neglected state of oral cancer in the context of chronic diseases and global cancer control.

The World Health Assembly resolution WHA60/R17 urges WHO member states, among other matters, "*to take steps to ensure that prevention of oral cancer is an integral part of national cancer control programmes, and to involve oral-health professionals or primary health care personnel with relevant training in oral health in detection, early diagnosis and treatment*" (4). The FDI vigorously supports this statement and recommends including oral cancer in all considerations related to the draft global strategy.

References:

1. FDI World Dental Federation. Oral Cancer. FDI Policy Statement, Stockholm 2008 Available at: http://www.fdiworldentalorg/federation/assets/statements/ENGLISH/2008/Oral_Cancer.pdf
2. Hellenic Cancer Society, International Congress on Oral Cancer, Hellenic Association for the Treatment of Maxillofacial Cancer, World Health Organization. The Crete Declaration on Oral Cancer Prevention 2005 - a commitment to action. Available at: http://www.who.int/oral_health/media/orh_crete_declaration_april05.pdf
3. Petersen PE. Strengthening the prevention of oral cancer: the WHO perspective. Community Dent Oral Epidemiol. 2005;33:397-399.
4. World Health Organization. Oral health: action plan for promotion and integrated disease prevention. World Health Assembly Resolution WHA60/R17 2007.

Alcohol Focus Scotland response to WHO

Q1 & Q2

AFS believes we can all learn from evidence of successful initiatives and policy of other countries on alcohol control, reduced consumption, tougher drink driving laws, brief interventions, etc.

1) Legislation

Licensing Legislation must contain a principle which states quite clearly that alcohol should be sold in such a way that it protects public health. By introducing such a principle this measure clearly places greater responsibility on producers and retailers to make a contribution to reducing alcohol related harm.

2) Price of alcohol

There is strong evidence from across the world that levels of alcohol consumption are closely linked to the retail price of alcoholic beverages. As alcohol becomes more affordable, consumption increases.¹

2.1) Promotions and Loss Leading

Alcohol Focus Scotland supports the Scottish Government's proposal to end promotions offering free alcohol or quantity discount for bulk buying. The UK Competition Commission identified that alcohol is more aggressively discounted than other products, encouraging bulk purchase and increasing overall consumption. This use of alcohol as a special incentive has been a significant factor in increasing rates of harm. There is some evidence to suggest that point of purchase promotions, are likely to affect the overall consumption of under-age drinkers, binge drinkers and regular drinkers.²

For the responsible sale of alcohol which is a legal drug, the practice of selling alcohol so cheaply that children can easily afford it, and bulk buying to drive sales is totally unacceptable. We believe that it should be illegal to sell alcohol as a loss-leader.

2.2) Minimum pricing and cheap promotions

We believe that discounting encourages people to buy more alcohol than they intend and that they return more frequently than they plan to. This suggests they drink more alcohol and more quickly than usual, and measures should be in place to reduce the likelihood of such behaviours. Setting a minimum cost per unit of alcohol is a fair way to reduce the price incentive of some products which, in one bottle, can contain the maximum *weekly* recommended limit for a man.

Minimum pricing schemes should provide incentives to producers to develop lower strength products rather than the current practice of producing higher strength products.

We believe the basic principles of a minimum pricing scheme should be:

- that the price should have a relationship with the alcoholic strength
- that the prices should apply equally to all premises selling alcohol;
- that prices should be set independently of those involved in the production, distribution, retail or any other activity connected with the sale alcoholic products.

¹ *Changing Scotland's relationship with alcohol*: a discussion paper on our strategic approach. June 2008

² Review of the Social Responsibility Standards for the production and sale of alcoholic drinks. Home Office, April 2008.

3) Standard measures of alcohol: Legislation should require licensed premises to automatically sell measures of 125ml for wine and 25ml for spirits, unless the customer asks for a larger glass size. This sends a clear message on the importance of glass size and will help to de-normalise 'super size' measures.

It has been our concern that many alcohol products have increased in strength over time, particularly beers and wines. The strength of an average wine is now 12-14%abv and beer and lager is commonly 5%. However unit calculations have not followed suit and this creates confusion and under-estimation on the number of units consumed by people.

At the same time, the size of measures, particularly of wine, have hugely increased. Wine glass sizes now range from an historical common standard of 125 ml to 175 ml or 250 ml. This means that people are often drinking much more alcohol than they are aware of, not only because of larger glass sizes but also because of the increased alcohol strength of products.

4) Defined display areas

We believe retailers should only display alcohol within clearly defined aisles or areas. This acknowledges that alcohol is no ordinary commodity and not the same as other potentially less harmful products such as bread and milk. If customers have to go to a specific area to purchase alcohol, this will help them to make the 'psychological shift' that they are choosing a controlled product. Currently, it is too easy to buy alcohol on impulse from the many points promoting it around the store.

5) Separate Alcohol Checkouts in supermarkets and other large retail outlets

Separate checkouts already exist for other controlled products like tobacco and pharmaceutical drugs. The big advantage of separate checkouts is that they would be staffed by people who are properly trained and it would be easier for staff to check a customer's ID.

We also believe there is an opportunity for shops and supermarkets to use their technology to print information on units and the sensible drinking guidelines on till receipts to help customers see how much they've purchased on that visit.

Definite benefits could be brought about by:

- only over-18's who have received training, should sell alcohol
- dedicated checkouts for alcohol and grocery sales
- Unit information should be provided on products and till receipts and illustrate what these mean in context of recommended limits.

6) Screening and brief interventions: The Scottish Government has recently invested money in a new programme for screening and briefing interventions, with GPs being the first point of contact. Training will be provided for all primary care health workers, this is based on evidence which suggests that brief interventions are a useful preventative tool in reducing alcohol related harm.

7) Awareness raising campaigns

AFS, whilst accepting that education and persuasion have limited effectiveness and can be costly to implement, takes the position that it can be effective when part of a wider policy context. We believe that alcohol awareness raising campaigns, events such as a national alcohol awareness week, can contribute, over time to changing drinking cultures.

8) Product labelling

Recently, there has been an increase in the number of products carrying unit information. However, some labelling e.g. bottles of wine, simply state the number of units contained typically within a 125ml glass. This is potentially misleading for two reasons; public awareness of what a 125ml glass actually contains is poor, and home poured measures tend to be larger than those poured in pubs and bars. Also, the amount contained in the bottle (as opposed to simply a glass) needs to be highlighted so that people are clear exactly how much they are drinking. Only 15% of people in Scotland can correctly estimate the number of units in a bottle of wine.³

Labelling needs to be meaningful and unambiguous, and should include information on how to reduce harm from excessive drinking as well as information on units.

9) Advertising

*"Of all drugs, the use of alcohol has shown the greatest recent growth and causes the most widespread problems among young people in the UK today. It is also the least regulated and the most heavily marketed"*⁴.

Advertising of alcoholic drinks has changed enormously in recent years – we are seeing a huge shift from TV and cinema advertising to more technologically advanced marketing through the internet and text/phone download facilities. This is a worrying development as many young people can be exposed to sophisticated advertising, simply by entering a date of birth on a website. This measure of restricting access using a date of birth entry is extremely weak.

However, given that adverts for many alcohol products can be accessed through non drinks industry websites (e.g. *Youtube*), with absolutely no measures in place to restrict access, it is now time to debate the need for a ban on alcohol advertising.

Measures should be put in place to ensure that when a company advertises a product or enters into sponsorship, there should be a reminder that alcohol is a drug, and that alcohol awareness resources must be available. It is also important that these resources are produced and verified by a body independent of the industry.

A recent study has claimed that athletes funded by the drinks industry were more likely to engage in binge drinking than those with no alcohol sponsor. Researchers said athletes felt obligated to drink the sponsor's product when free or discounted alcohol formed part of the deal. The joint study by the University of Manchester and the University of Newcastle in Australia questioned 1279 sportspeople in New Zealand. Alcohol industry sponsorship was reported by 47.8% of the athletes surveyed and of that figure 46.7% said they were given free or discounted alcohol.

Some countries have adopted a ban on televised sporting events showing any advertising of alcoholic products and this does appear to be effective. This is supported by a recent report by the UK Home Office, evidence statement number 8: *"There is consistent evidence to suggest that*

³ *Something to be ashamed of or part of our way of life?* Scottish Social Attitudes Survey 2007, Scottish Government

⁴ *Pathways to Problems.* Advisory Council on the Misuse of Drugs- Sept 2006

*exposure to **outdoor advertising**, or advertising in magazines and newspapers may increase the likelihood of young people starting to drink, the amount they drink, and the amount they drink on any one occasion."*

There is an increasing body of international opinion that suggests that voluntary codes of self-regulation "are not always adhered to and are largely ineffective".⁵

AFS believes that a % fee should be paid based on advertising expenditure by manufacturers towards health campaigns to illustrate the harmful effects of over-consumption.

AFS also believes that there should be a ban on alcohol advertising before the 9pm watershed.

10) Drink driving

Scotland is tied to the UK drink drive limit of 80mg per 100ml of blood limit. We strongly support the researched evidence which supports the need for a reduction in the UK limits to bring it in line with the rest of Europe at 50mg.

Effective drink driving policies rely on drivers recognising that they are likely to be caught. Random breath testing which is widely used in other countries is essential to achieve this.

Zero Tolerance for all new drivers who have held their license for less than a year. We also would like to see a review of reducing the limit even further for young drivers e.g. 10mg per 100ml of blood to help reduce the casualties and deaths on the roads.

11) Alcohol sales on transport

We believe that the availability of alcohol on certain forms of public transport requires to be reviewed.

Drunken behaviour at any time can be terrifying for people but within a confined space such as a plane or train, the impact on other travellers can be huge. Visible and obvious drunkenness can simply be viewed as a nuisance, but drunken behaviour is also risky behaviour, which create health and safety risks for all passengers and staff. We also believe that children are unnecessarily exposed to drunken behaviour and have a right to be protected from this.

We believe that at least the availability and consumption of alcohol should be restricted to specific areas and also restricted in amounts. This could easily be controlled with a simple system e.g. two drinks per passenger on production of travel tickets which are stamped, when an alcohol purchase is made.

This would also make it simpler for sellers of alcohol to know when to stop selling and serving alcohol to a person as all passengers are entitled to an equal, restricted amount.

⁵ Alcohol Misuse: tackling the UK epidemic. BMA Board of Science, Feb 2008.

Q3

Alcohol Focus Scotland is the only national Scottish charity solely dedicated to raising awareness of, and reducing the significant health and social harm caused by alcohol. Our long term aim is to achieve culture change in Scotland where far fewer lives are affected by alcohol misuse, and moderate, responsible drinking is the norm.

We will achieve this by providing accurate information to the public and professionals, changing attitudes towards drunkenness, training people to recognise and help people overcome alcohol problems, influencing government and policy, and working in partnership with other organisations on specific projects.

Scotland's escalating problems with alcohol are truly shocking and this is completely at odds with a country that enjoys the benefits of many great resources (natural, historic, community, population, wealth). Our current relationship with alcohol undermines our potential as individuals, families, communities and as a country.

Alcohol Focus Scotland is aiming to create a Scotland:

- where moderate, responsible drinking is the norm, and drunkenness has become socially unacceptable
- where town and city centres are free from alcohol-fuelled disorder and violence
- where fewer families break up and have children taken into care because of parental drinking
- where people who do develop alcohol problems can access appropriate treatment and support quickly and effectively
- where all alcohol producers and retailers take their legal and social responsibilities seriously
- where significantly fewer Scots have their lives cut short by alcohol misuse

Submission to Public hearing on ways of reducing harmful use of alcohol

SUMMARY OF CONTRIBUTION

FULL CONTRIBUTION

In providing your contribution you may wish to focus on the following issues:

Question 1: What are your views on effective strategies to reduce alcohol-related harm?

We at APSA are working with the urban poor community. Our experiences say that Alcohol is a cause behind many miseries. The poor people residing in the urban poor locations of Bangalore and Hyderabad is worst affected by the harmful affects of alcohol. Practise of substance abuse and drinking alcohol among young people and women of urban poor location is an increasing concern for us. Increased alcohol consumption is related to dangerous consequences like crimes, violence, unemployment and absenteeism.

There is a need of implementing effective strategies to reduce alcohol – related harm. The strategies has been discussed at length in the below mentioned answers.

Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?

The relationship between alcohol consumption, health and outcome is multi dimensional and complex. A considerable body of evidence shows not only **that alcohol policies and interventions targeted at vulnerable population can prevent alcohol-related harm** but that policies targeted at the population at large can have a protective effect on vulnerable populations and reduce the overall level of alcohol problems. Thus, both population-based strategies and interventions, and those targeting particular groups such as young people, women and indigenous peoples would work depending on the circumstances.

Below are some of the measures that can be implemented to bring down the harm done by alcohol.

1. Policies and programmes based on substantive evidence should use an appropriate combination of the following strategies: regulating the marketing of alcoholic beverages, (in particular those practices that influence younger people); regulating and restricting their availability; for an assessment of public-health problems caused by harmful use of alcohol.
2. Appropriate drink-driving policies; reducing the demand for alcohol through taxation and pricing mechanisms; raising awareness and support for policies; providing easily accessible and affordable treatment services for people with alcohol-use disorders; and implementing widely screening programmes and brief interventions against hazardous and harmful use of alcohol.

3. Regulating the availability of alcoholic beverages through restricted times of sale and reducing the demand for alcohol through taxation and pricing are two of the most cost-effective strategies for countries and communities to reduce or prevent alcohol-related harm.
4. Introduction of Community-based actions and risk-reduction measures that focus on the drinking context are among the strategies and interventions that need to be further explored and tested. Community actions to deal with alcohol-related problems are of particular importance in settings where consumption of alcohol produced informally or illegally is high, where social consequences like public drunkenness, maltreatment of children, violence against intimate partners and sexual violence are common.
5. Regulating access to alcohol through restrictions on purchasing age is a particularly effective strategy for preventing alcohol-related health and social problems, such as violence, among young people.
6. Among the most successful targeted interventions are deterrence-based policies directed at drink-driving and at violence in places where alcohol is drunk.
7. Monitoring alcohol consumption, related harm, policy responses and progress made towards reducing harmful use of alcohol at different levels requires cooperation among competent national and international organizations and other bodies.
8. Global leadership and advice on how to shape and sustain effective responses to public-health problems caused by harmful use of alcohol are urgently needed, particularly in countries with rapidly deteriorating trends and patterns of alcohol consumption and alcohol-related harm and a background of increasing availability and affordability of alcohol.

Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?

We are working with the urban poor community of Bangalore and Hyderabad since last 26 years. The problem of alcoholism is creating a lot of harm to the community at large. There is a need of planned intervention with the Government body to reduce the impact of alcoholism on the poor people. The urban poor children of Bangalore have faced many difficulties, deprivation, neglect, and in many cases have been forced to flee away from home due to parental drinking. The situation can be improved only when the community is empowered to know about the consequences and the present treatment and methods of coming out of the dependence to alcohol. They need to be sensitized about their responsibilities and the havoc that they are creating because of the wrong habits that they have adopted. The parents need to be conveyed that no matter what ever justification they have for their own practice, they definitely need to understand that the priority of giving a safe and secured life with basic amenities to the children should be one of their primary priorities.

Recommendations -

- 1) Creating awareness about the fact that excessive and inappropriate use of alcohol raises several social issues.
- 2) To advise people on self regulation and Code of conduct. This can be done through the medium of street plays and other modes of entertainment.
- 3) All work places and companies whether organized or un organized should be asked by the Excise Commissioner to submit their alcohol policy.
- 4) When ever restrictions are imposed, a parallel distribution system in the grey/ back market is born, spreading its tentacles far and wide. As at every level of system there is corruption and the vested interest always gets some or other mode of protection. So the Excise Commissioner and other associated Government bodies should take this into consideration and take care of the increase in criminals who would be involved in such practice. Their growth needs to be regulated.
- 5) Authorized agents should take steps to conduct raids of the illegal shops and regulate the liquor shop license system.
- 6) Prevention of major tragedies like loss of life of many drunkards due to consumption of poor and duplicate alcohol should be one of the major concern.
- 7) As the children of alcoholic parents are best witness to all the tragedies that occur in families due to impact of alcoholism. So the views of children should always be taken, so that the strategy to come out of the situation comes from them.
- 8) The NGOs and the government bodies associated with children and development of urban poor should organize seminars, workshop, public hearing and research and develop sustainable strategies to come out of this ill effect.
- 9) The NGOs and the government bodies should work towards strengthening the Alcohol Policy for India.



WHO – Public Hearing

The IFMSA contribution for the prevention of the alcohol related hazard –

Introduction

The International Federation of Medical Students' Associations (IFMSA) is one of the largest student organizations in the world with over one million members in 97 countries worldwide and is recognized as the international voice of medical students around the globe. IFMSA has been in official relations with the WHO since 1969 and is partnered with numerous organizations including UN Agencies and other youth organizations. During the last years within the Federation we have scaled up to the existing need, by cooperating internationally in the foundation of multidisciplinary networks for the prevention of the alcohol related hazard, organizing lectures and events to raise awareness within medical students and strongly supporting the relevant resolutions, in both the 60th and the 61st World Health Assembly.

Part I.

Views on effective strategies to reduce alcohol-related harm and best ways to reduce problems related to harmful use of alcohol?

Alcohol Related Hazard is a major Global Public Health burden. European citizens are the leading alcohol consumers on a global level, followed by the Americans. However the problem is rising, without leaving any Region unaffected.

Being one of the raising causes of many types of cancers - incl. oesophageal, liver and breast cancer - stroke and hypertension, cirrhosis, acute and chronic pancreatitis and additionally increasing significantly the frequency of road, fall and fire injuries and the cases of violence, suicide, assault and child abuse and neglect, alcohol consumption is one of the major fields for Public Health professionals and politicians to focus.

IFMSA supports several strategies to reduce the alcohol related harm. Regulation of the physical availability is important to restrict alcohol consumption and the related hazard, implementing minimum purchase age, restriction of the hours of daily sale and the density of outlets are essential for the prevention of the alcohol related hazard. Establishing and respecting governmental monopolies for the sale of alcohol and an increase in alcohol taxation have positive influence for the restriction of the alcohol consumption.

In parallel, drink - driving countermeasures is an effective way to reduce alcohol consumption, including random breath testing, lowering BAC limits and administrative license suspension. A regulation of the Alcohol promotion, banning alcohol



advertisement is also essential to fight alcohol.

Finally doctors and health professionals should be educated to give short interventions and to raise awareness against alcohol consumption, during their daily practice with their patients, drinkers or at - risk drinkers. This is one of the most effective ways to fight this major public health problem.

The effectiveness of peer and college education in schools is also a topic to be discussed. There are several studies concluding that neither education, nor public health services or warning labels are effective strategies on reducing the harm. These methods should be further evaluated using long-term research projects.

Part II

The Contribution of the Federation

People's health and especially young people's health is seriously affected globally by alcohol related harm. That is why we share the belief that our role is double as a Federation of future physicians and as a student organization. There are three levels of intervention that each doctor shall be active in to counteract the global burden of alcohol related hazard. Individually the doctor shall intervene with patients and at-risk drinkers during the daily clinical practice· socially the doctor shall encourage the alcohol control policy advocacy· globally the doctor shall cooperate for the implementation of the Global Strategy that we are already working on. As a student NGO, our role is not limited in raising awareness or educating our own members, but also cooperating with our partner student organizations aiming to raise efficiently the topic in the relevant political and societal forums.

IFMSA, the international voice of medical students, is here to emphasize the importance of medical students and international NGOs in the fight for the formation and implementation of the Global Strategy. Utilizing our strengths and opportunities the Federation shall work intensely to meet our goals for raising awareness for the alcohol related hazard, advocating for the relevant health policies, educating medical students on how to meet the needs of their triple role as doctors, individually, socially, globally.

Through the Standing Committee on Public Health (SCOPH), the Federation calls public health aware medical students worldwide to unite their voice, by preparing and running campaigns and events, internationally, nationally or locally, to raise awareness on specific public health problems. Alcohol is a major global burden and is being addressed so. Street action activities, public campaigns and awareness activities are being organized, focusing not only on the health problems related to alcohol, but primarily on the social aspect of the problem, violence and injury prevention, road safety and protection of third parties. Such activities draw the attention of international and national media, which can multiply the impact of our actions, when used properly. The decades of international and national publications of the Federation are also a strong tool within the academic circles on a global level.



Advocacy for the alcohol control policy development or reinforcement is also a major field in which the Federation can be effective in. Through our participation in student networks, such as the Informal Forum of International Student Organizations, in special multi-disciplinary networks, such as the Alcohol Policy Youth Network, and through our interventions in international health and political forums, the Federation can be a strong partner for the formation and implementation of the appropriate Global Strategy.

The decades of IFMSA ordinary meetings all year round and a series of alcohol advocacy schools that is about to be launched, are core events to get our members trained and educated on how to treat the problem. In more than ten international meetings and at least one hundred national meetings, medical students can build a strong network of future doctors who will fulfill their triple role concerning the problem. As individuals they will be able to intervene briefly with their patients about alcohol related harm on their daily practice, detect the problem at an early stage and treat the at-risk drinkers properly. As vital members of their society they will advocate effectively for the alcohol control policies and finally globally they will continue participating in international networks of health professionals supporting the Global Strategy.

Today, more than ever, medical students are ready to work as equal partners supporting the formation and implementation of the Global Strategy, responding to the evident need and contributing to meet the needs of time.

Thank you for your attention.

On behalf of IFMSA

Kyriakos Martakis
IFMSA Liaison Officer for Public Health Issues
lph@ifmsa.org

Союз Российских Пивоваров создан 15 сентября 1999 года решением Всероссийской (учредительной) конференции производителей пиво-безалкогольной продукции в Москве. На сегодняшний день Союз объединяет малый, средний и крупный пивоваренный бизнес и, по сути, является организацией саморегулирования в сфере социальной ответственности и социально-экономического партнерства бизнеса и власти. Кодекс Чести российских пивоваров, являющийся основным документом саморегулирования отрасли, устанавливает для участников рынка дополнительные нормы в области рекламных коммуникаций, непредусмотренные существующим российским законодательством в этой сфере деятельности. Также наша организация является убежденным сторонником разработки и принятия основополагающей концепции регулирования производства и оборота алкоголесодержащих напитков на основе современных взглядов на дальнейшее развитие общества.

Стратегия сокращения вредного воздействия употребления алкоголя, является комплексным документом, охватывающим самый широкий спектр факторов, как регионального, так и глобального характера и отражающим совокупность официально принятых взглядов на цели и общемировую стратегию в области противодействия злоупотреблению алкогольной продукцией и борьбы с его негативными последствиями.

Несмотря на стремление глобальных участников процесса современного развития цивилизованного общества к формированию универсальных подходов в регулировании основных аспектов жизнедеятельности человечества, и в том числе при выработке подходов по разработке алкогольной стратегии, общество, в последнее время, все чаще сталкивается с необходимостью учитывать культурологические, географические и экономические особенности развития того или иного региона мира. Вместе с тем, исходным положением в оценке существа проблемы злоупотребления алкоголем является понимание ее как высоко социально значимой, системной, многоуровневой и многоаспектной проблемы, в центре которой находится человеческая личность, взаимодействующая с социальной средой.

Чрезмерное потребление алкоголя вызывает многочисленные негативные последствия как личностного так и общественного характера, что может привести к физической и нравственной деградации человека. В тоже время, как отмечается многими экспертами, умеренное потребление алкоголя, и в первую очередь, натурального вина и пива, будучи средством удовлетворения определенных человеческих потребностей, представляет собой неотъемлемый элемент образа жизни, культуры и быта подавляющего большинства населения и в массовом сознании воспринимается как социально приемлемое явление.

По нашему мнению, официальное признание обществом и государством принципа умеренности в потреблении алкоголя как основополагающего подхода в решении проблем борьбы с пьянством должно стать краеугольным камнем в разрабатываемой глобальной политике, предусматривающей необходимость проведения гибкой политики и широкого спектра разнообразных по содержанию и направленности мер.

При осуществлении глобальной политики в этой области предпочтение должно отдаваться мерам профилактического, культурно-воспитательного и образовательного характера, направленным на разумное и осознанное ограничение потребления алкоголя. Запреты и жесткий административный контроль, как показал мировой и отечественный опыт, не обеспечивают устойчивого успеха в борьбе с пьянством и алкоголизмом и, как правило, усугубляют проблему, порождая дополнительные трудности.

Успешное осуществление этой политики возможно лишь при условии сознательной и активной ее поддержки широкими слоями населения. Для обеспечения максимальной эффективности разрабатываемой стратегии основные регулятивные институты (глобального или местного значения) должны привлекать к участию в обсуждении и реализации программ общественные организации и объединения, специализированные организации, работающие в области предотвращения чрезмерного потребления алкоголя, а также непосредственных участников экономической деятельности – производителей и продавцов алкоголесодержащих напитков. Активное вовлечение широкого круга участников в процесс подготовки и реализации как всей алкогольной стратегии, так и ее отдельных элементов позволит не только достигать максимально эффективных результатов, но также осуществлять изучение общественного мнения относительно оценки проводимых антиалкогольных мероприятий и при необходимости корректировать проводимую политику.

Важно отметить, что устранение глубинных причин злоупотребления алкоголем — сложный и долговременный процесс. Поэтому при формировании глобальной политики в этой области должны быть определены, в первую очередь, ее приоритетные направления. Концентрация внимания на приоритетах и усилий основных регуляторов (ВОЗ, национальных правительств) и общества позволит уже в ближайшие годы ослабить остроту алкогольной ситуации, снизить уровень антиобщественных проявлений на почве злоупотребления спиртными напитками, улучшить состояние здоровья населения.

Среди основных или глубинных проблем провоцирующих максимальный уровень негативного общественного резонанса в отношении злоупотребления алкоголем, и которые, по нашему мнению, требуют первостепенного внимания стоит выделить следующие аспекты:

- высокий уровень потребления абсолютного алкоголя на душу населения;
- значительная доля абсолютного алкоголя в общей структуре потребления всех типов алкоголя приходится на напитки с высоким содержанием спирта, и в первую очередь, на ликеро-водочную продукцию, имеющих 30-40% объемной доли содержания этилового спирта;
- высокая степень доступности алкогольных напитков для несовершеннолетних (или лиц, не достигших законодательно установленного возраста, при достижении которого разрешено приобретение алкоголесодержащих напитков);
- неэффективное использование элементов государственного регулирования в сфере ценообразования и розничной продажи алкоголесодержащих напитков;
- социальная и экономическая неосведомленность широких слоев населения относительно последствий пагубного воздействия неумеренного потребления алкоголя (особенно крепкого) и как следствие физическая и моральная потеря значительной доли трудоспособного населения.

Вместе с тем, глобальная политика по вопросам снижения вредного воздействия от употребления алкоголя должна выступать как неотъемлемая часть общей социально-экономической политики государств, а ее содержание должно строиться на объективном анализе причин и факторов распространения негативных проявлений неумеренного употребления алкоголя и учете реальных условий жизни общества в конкретном регионе (стране), в том числе отношения (менталитета) различных групп населения (культурных, социальных, возрастных, по половому признаку и т.д.) к алкоголю в целом. Поэтому работа по снижению вредного воздействия потребления алкоголя не может проводиться в отрыве от национальной специфики, уровня жизни и многообразия

культурных слоев населения, а также степени развитости социально-экономической сферы, культуры и нравственности общества.

Со своей стороны, мы, Союз российских производителей пиво-безалкогольной продукции, как отраслевая организация и официальный представитель российской пивоваренной индустрии, принимая во внимание многоплановость проблемы злоупотребления алкоголем, считаем, что мероприятия по противодействию этим явлениям должны носить комплексный характер, обеспечиваться скоординированными усилиями различных структур, действующих в правовой, правоохранительной, культурно-досуговой, образовательной, медицинской, социальной и экономической сферах жизни общества.

В тоже время, в качестве практических действий мы намерены способствовать сокращению вредного потребления алкоголя следующими способами:

- активным участием нашей организации в деятельности по разработке Концепции алкогольной политики государства, направленной на изменение структуры потребления алкоголя в сторону слабоалкогольной продукции;
- активной пропагандой в обществе ответственного отношения к потреблению алкоголя и усилением саморегулирования отрасли в отношении ответственного маркетинга и коммерческих коммуникаций, а также предоставления взвешенной и точной информации потребителям об употреблении алкоголя;
- развитием социально-экономического партнерства отрасли, государства и иных заинтересованных сторон для решения вопросов снижения алкоголизации населения путем формирования культуры потребления алкогольной продукции, в том числе созданием условий для развития потребления пива в барах и ресторанах;
- разработкой образовательных программ и кампаний и организацией сотрудничества с заинтересованными сторонами по следующим вопросам:
 - предотвращение употребления алкогольных напитков несовершеннолетними
 - недопущение вождения в нетрезвом виде
 - предотвращение чрезмерного потребления пива
 - информирование потребителей об ответственном отношении к алкогольным напиткам и аспектах употребления алкоголя, касающихся здоровья и социальных ситуаций
- содействие и поддержка инициатив по противодействию рынку нелегальных алкогольных напитков.
- поддержкой структур общества в работе по пропаганде здорового образа жизни и предотвращению чрезмерного потребления алкоголя.

Summary chart: WHO-Carole
(No more than 500 words)

Question 1.

HAFRAC (Hungarian Association for Responsible Alcohol Consumption) recognises that our NGO has a role to play in leading the way in responsible drinking. It is very important that we demonstrate leadership in responsible drinking as often as possible in various fields. We also need this leadership to be recognised by opinion-formers and our stakeholders if we are to earn their trust and respect.

Question 2.

To achieve the above mentioned objectives, HAFRAC was committed to start **three programs** which have the potential to create awareness and to change attitudes and behaviour in relation to drinking patterns.

Buli sofor
Drink-driving program
Duration: Summer 2005-Summer 2008

This program has three major aims:

All drivers should be aware that in Hungary the BAC limit is zero

Change the behaviour of some people towards drink-and-drive to accept the zero tolerance.

Increase of the awareness of Buli sofor program among the stakeholders

The core aim of Buli sofor was to reduce the number of traffic accidents caused by drivers who entertained themselves in various discos in major towns and around the Lake Balaton especially during the holiday season.

The main steps of executing Buli sofor program

-On trade promotion

According to a so called “disco map” young activists visit discos, bars and pubs in 50 places of Budapest and in the resort place-Lake Balaton and implement the Buli sofor campaign distributing Buli-sofor T shirts and Coca Cola .

-Web-site

introducing HAFRAC and photos about Buli sofor activities

-Media coverage

- In April 2008 Hafrac arranged a Buli-sofor slogan-creation contest in one of the nationwide radio –mainly with young listeners. Idea

-Indoor poster campaign

.-TV and radio appearances

-Articles in trend newspapers about Buli-sofor

- Evaluation

made by Gallup Hungary

Server Training Programme

Pilot program sponsored by EFRD-ICAP

Duration: January-December 2007

The main aim of this program was to raise awareness amongst on-trade owners and staff on social responsibility obligations and legal requirements.

This program had three steps:

- Choosing a partner
- Execution of the program
- Evaluation (result and failure)

As the first step –after a tender evaluation-KIT (Training Center for Trade and Tourism) was chosen because this organisation had close connection to nearly each HORECA outlets.

The actual execution had the following characteristics:

- Four different sites, big cities –including the capital
- Six training groups 109 participants
- Participant's wide range :profession and job
- Written book was given in advance to participants
- The participants had high motivation

The evaluation gave mainly positive results which were:

- Wide range of HORECA outlets participated
- After a short hesitation the HORECA people understood the essence of it
- The main stakeholders and opinion holders appreciated it as part of moderate alcohol consumption

Beside there were some facts which are to be improved in the future. We deem as failure that the most critical groups (disco) did not accept our invitation they did not participate. The ministries gave only „moral help” but not money. The organisation should be developed into a direction where the „everyday life” could be more emphasized – more role plays

HAFRAC's role was to participate in these courses and monitor the whole program.

“2340” : enjoying a drink responsibly

Duration of this program: June 2008-December 2009

In Hungary it is important to raise knowledge and awareness amongst adult consumers on how to enjoy a drink while at the same time looking after health and well being. Also it is important to know when it is not allowed to consume alcohol at all.

The present program has a core objective to promoting a shared understanding of what it means to drink responsibly.

Our aim is to explain the Hungarian society that the moderate and responsible alcohol consumption belongs to the life-pleasure.

There is nothing wrong with it however alcohol can be misused and consumers need to be informed about the moderate drinking behavior.

We plan to reach 3 million Hungarians

To reach this objective the first step was to promote in Hungary the concept of “unit/drinks” among the population, help them to understand the equivalence for each type of drinks in our traditional serving/consumption size.

The title of program explains the main objectives:

2: means that a female can drink two units* per day without any harm if health conditions permit

3: means that a male can drink three units per day without any harm if health conditions permit

4: means that four units per day can be consumed seldom, like at special occasions- feast or celebration

0: means that there are occasions where the alcohol consumption is not allowed (drink-driving, pregnant women, at workplaces etc)

0: also means that there are persons who are not allowed to drink any alcohol, like young ones under age 18, or persons with special health or other conditions

- unit=8-13 g of ethanol,
- which is about 100 ml wine, or
- 200-300 ml beer, or

20-30 ml spirit, or a light cocktail

Our program has ten main steps (details can be found in full text contribution)

World Health Organization

Submissions to public hearing on ways of reducing harmful use of alcohol

Submitted by: John Greig Underwood Director American Athletic Institute

Alcohol Use in Athletes

Please consider the position of the American Athletic Institute on the significant role of the venue of sport, in the problems associated with alcohol use and abuse in society.

In Brief: Alcohol use among athletes is fairly high, but the problem is complex. Although athletes are a target population, the example they set for society and our youth is significant. Young athletes are more likely to abuse alcohol than their non-athlete peers and more likely to suffer behavioral and psychosocial consequences as a result of drinking. They are also more prone to binge drinking. Policies, education and prevention/intervention strategies should focus on physiological, behavioral and psychosocial consequences. At this juncture, these problems must be confronted in an immediate fashion. They must in all instances be well documented, including first time episodes.

The Scope of the Problem and Strategies for Intervention

The problem of alcohol use among competitive athletes is complex, partly because of their high visibility. For years the media have regularly reported incidents involving high level athletes and their use of alcohol. Although some athletes have demonstrated that treatment and rehabilitation can be successful, too often alcohol use among athletes ends in tragedy. Many athletes simply waste the talents they have, with social drug use.

Certainly the use of alcohol by athletes is representative of the problem in society as a whole. They are and have remained one of the highest at risk groups for both use and abuse of alcohol. Professional athletes unfortunately have often exhibited alcohol related behaviors of concern that increase the acceptance of use. Olympic sport is no exception with recent high profile athletes touting alcohol as a positive lifestyle choice.

Unfortunately, the consequences of alcohol use also extend to younger, less visible athletes, particularly to high school or youth athletes who abuse alcohol through chronic overuse or heavy episodic drinking HED (five or more drinks at one sitting for men and women). Many coaches have had an unfortunate amount of experience with team cohesion and athletic relationships divided by alcohol use, resulting in less-than-optimal performance due to decreased interest and diminished team commitment. Others have had to deal with tragedies such as automobile accidents and other alcohol-related injuries and deaths.

In a survey of 215 high school athletic directors, 59% reported having personally encountered intoxicated student-athletes. They considered alcohol use to be a bigger problem among their players than the use of other drugs.

A review of alcohol use among high school and college athletes, as well as the clinical, physiological, psychosocial, and behavioral effects in these groups, can provide help in assessing the efficacy of education and prevention efforts and provide to team physicians, coaches, and athletic directors practical strategies for dealing with individual athletes.

Prevalence and Patterns of Use

In New York State the use of alcohol by student athletes has been well recorded by the American Athletic Institute. It begins at onset in 7th grade with 14.1% reporting alcohol consumption during the school year. This use progresses to 58.5% by 12th grade. Nearly 80% of NCAA Collegiate athletes report regular alcohol use. It is understandably of concern that the use is associated with increasing amounts throughout high school, although the number of occasions per month remains relatively constant at five drinking episodes per month, which leads us to believe that it is for most, once per week on the weekend. In the collegiate

venue athletes report ten to fourteen drinking occasions per month. In the high school years, this activity is against the law and dangerous, as alcohol has been linked to nearly all high risk behaviors and health crisis. Collegiate use although rampant, is against the law by age for most. When we combine this alcohol use with high risk behaviors normally experienced by youth, we greatly magnify the propensity for disaster and watch our young adolescents enter the ten most dangerous years of life, ages 14-24.

Associated Risk-Taking Behavior

The “just do it” generation has been marketed to and it has indeed worked. Today’s athlete has assumed the adventurer/risk takers stance on how far to push their luck. Athletes have always portrayed the assumption of risk as behavior as usual. The recent onset of increases in pack mentality has certainly increased the problems and behaviors of concern we presently see.

Behavioral and Psychosocial Consequences

The ripple effect of use spills over into all aspects of a young athlete’s life including social, personal, psychological, educational and legal.

Alcohol and Athletes at a Glance

Patterns and Prevention:

Below is a recap of points made on the nature and magnitude of alcohol use among high school and college athletes and how best to approach the problem.

- An increasing number of high school and college athletes either binge drink or abstain, with fewer students reporting moderate intake. Female and male athletes drink at the same rates. HED rates are nearly the same.
- Athletes drink alcohol as frequently and as intensely as non-athletes, with the difference between male athletes and non-athletes greater than that between female athletes and non-athletes. Athletes in contact sports report greater alcohol use. Athletes in team sports report greater use than individual sports.
- Drinking usually starts by high school, often in junior high.
- Drinking rates only continue in one direction up and up and up.
- The physiological effects of alcohol are mostly related to intermittent use with regard to lost training effect and diminished athletic performance. Additional harm from alcohol use by athletes is behavioral, legal, academic, and social, all of which can lead to sports eligibility and participation problems. Therefore, education and prevention efforts should focus not only on the physiological negative impact but as well as academic, behavioral, legal, social, and sports-participation consequences of alcohol use.
- Athletes who drink do not necessarily experience more legal or behavioral consequences than other students who drink, but athletes are often more visible, and their problems often lead to highly publicized consequences.
- Educational and preventive interventions should be initiated and led by student-athletes and be sport specific. Athletic directors and coaches should provide the proper environment, enforcement, and sanctions. Random or mandatory testing is probably not helpful but deserves further study.
- Multiple educational approaches to address alcohol may be necessary for various athletes because no preferred approach exists.
- Mandatory educational programs for all stakeholders in the sport venue, concerning alcohol use
- Educational programs must connect effects on performance and performance potential
- Increased standards and consequences for athlete behavior must be established and enforced by parents coaches and organizations
- Identification of athletes abusing alcohol must initiate an intervention process to help them

Alcohol remains the most used and abused drug in America. Unfortunately, many of the users and abusers are high school students. According to AAI Surveys, 80+% of NY high school students, grades 9-12, indicate

they have had at least one drink of alcohol during their lifetime. Results from the same survey indicate 52% reported having at least one drink in the last thirty days and 37% consumed five or more drinks in a row during the last thirty days!

Many national studies have reported that high school student-athletes drink alcohol at about the same rate as other high school students and some studies report slightly higher use by student-athletes. The latest AAI survey indicates 58.5% of high school student-athletes, grade 12, drank during the past year. New York has 585,000 high school athletes in grades 9-12 and 370,000 athletes in 7th-8th grade. This large population indicates a representation of the culture nationwide. NCAA College athlete data indicates that nearly 80% of college age athletes consume alcohol.

There are many reasons why student-athletes choose not to drink alcohol. Among those reasons are the values taught by their parents, the positive influence of their coaches and teammates, the possible negative effects on athletic performance, and the possibilities of penalties/sanctions if they're caught.

More than any other group of adolescents, we have a compelling reason for athletes not to drink, health and performance. Alcohol, a metabolic poison has only negative effects on all physiological parameters. This can be our initial rationale for non-use.

The following are some of the additional benefits for student-athletes who choose not to drink alcohol:

- Academic or athletic performance will not be hampered;
- The risk of breaking school rules or the law is greatly reduced;
- Serious and life threatening problems related to being alcohol impaired such as drunk driving and sexual decision- making, injury, arrest, death are eliminated or reduced;
- There is no risk of becoming addicted to alcohol; and,
- The ability to develop appropriate life skills such as stress management, problem solving, conflict resolution, interacting with others, and goal setting is enhanced.

Most young people would only be influenced by the first two benefits, as they are more tangible and more immediate. The latter three fall into the category of "not me."

Alcohol and Sport a Serious Affair Billions of dollars are spent annually on alcohol marketing. It is the number one venue for the promotion of alcohol. Alcohol advertising is a fixture in stadiums nationwide and attached to many organizations including those who facilitate Collegiate, Professional and Olympic Sport. Athletes receive many messages promoting their use of alcohol. Many of these messages are subtle hints that alcohol use will improve athletic ability, increase their chances of being successful in life and make them more sexually attractive. While it seems impossible to stop this kind of advertising or to protect youth from it, it is possible for organizations and adults to counteract the promotion of alcohol by setting positive examples, using teachable moments, consistently enforcing rules, and learning how to respond when concerned about an athletes' behavior. All these efforts will greatly assist athletes in making difficult choices about the nonuse of alcohol. Above all, educational programs must have continuity and utilize the most significant studies including landmark brain development and brain scan studies that may influence all populations.

americanathleticinstitute.org



**World Health
Organization**

**Department of Mental Health and Substance Abuse
World Health Organization
Geneva, 2009**