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DRAFT REGIONAL STRATEGY TO REDUCE ALCOHOL-RELATED HARM

This paper proposes a regional strategic framework to reduce alcohol-related problems in the Western Pacific Region. It reviews the global and regional situation and provides a framework for action in Member States and for the Region.

Global trends, as well as the situation in the Region, urgently necessitate a regional public health-oriented alcohol strategy. The proposed Western Pacific Regional Strategy to Reduce Alcohol-Related Harm is a logical follow up to the Fifty-eighth World Health Assembly resolution WHA58.26 concerning public health problems caused by harmful use of alcohol.

In the Western Pacific Region, alcohol-related harm accounts for 5.5% of the burden of disease. In addition to the impact on public health, there are substantial social and economic costs associated with the harmful use of alcohol. While consumption levels in some countries and areas in the Region are levelling off, the reverse is happening in many others. Further, changing patterns of drinking, such as binge drinking and more frequent and heavy drinking among young people, tend to lead to more harm. So far, public health-oriented policy responses in many countries and areas are either absent, weak or need updating.

The proposed strategy comes in response to concern expressed at previous sessions of the Regional Committee for the Western Pacific. It is intended as a balanced guideline, based on available evidence, to be implemented at country and regional level, taking into account the Region's economic, social and cultural diversity.

1. INTRODUCTION

Alcohol has been consumed since ancient times. Throughout history, the drinking of alcoholic beverages has played an important role in social and cultural events in many societies. Social norms and values have always surrounded the use of alcoholic beverages. In some societies, the use of alcohol is banned on religious grounds.

Alcohol use remains deeply embedded in many societies. Globally, some 2 billion people consume alcoholic beverages more or less regularly[1]. It is a source of pleasure to many; it is a source of income for governments. But the cost to health is high: 76.3 million people experience alcohol-use disorders, according to conservative estimates.

This Strategy is about reducing the harmful use of alcohol, in particular as it impacts public health and welfare. It has been developed on the basis of a review of the literature on alcohol-related harm, experience from countries and areas within and outside the Region, and consultations with technical experts and other stakeholders, such as nongovernmental organizations and the alcohol beverage industry. It is submitted to the Regional Committee for the Western Pacific in response to discussions in its earlier sessions, in particular the 55th session at the Fifty-eighth World Health Assembly, and aims to provide guidelines for action to reduce alcohol-related harm in Member States in the Western Pacific Region.

2. THE PUBLIC HEALTH IMPACT OF ALCOHOL USE

2.1 The impact on public health attributable to alcohol

Alcohol is one of the most significant risks to health globally. According to *The World Health Report 2002*, the harmful use of alcohol is responsible for 4% of disease burden. This translates into 58.3 million Disability-Adjusted Life Years lost and 3.2% of all premature deaths globally, or 1.8 million deaths. The risk factor is on approximately the same order as tobacco, which is responsible for 4.1 % of the disease burden globally. Harmful use of alcohol is the foremost risk to health in low-mortality developing countries, where it is responsible for 6.2% of all disability-adjusted life years lost. It is the third most serious risk to health in developed countries, where it is responsible for 9.2% of disability-adjusted life years

[1] Unless indicated otherwise data referred to in this document are from the following WHO publications: Global Status Report on Alcohol, 2004; Global Status Report: Alcohol Policy, 2004; The World Health Report: 2002 Reducing risks, promoting healthy life, 2002.

lost. Harmful use of alcohol is associated with a great variety of adverse health and social consequences. It is associated with more than 60 types of disease and other health conditions, including mental disorders and suicide, several types of cancer, and other noncommunicable diseases such as cirrhosis, as well as intentional and unintentional injuries.

Alcohol-related problems not only affect the individual drinker, they have a significant effect on others, including family members, victims of violence and accidents associated with alcohol use, and the community as a whole. The harmful use of alcohol is a cause of considerable expense through lost productivity and costs to the health and welfare, transportation, and criminal justice systems. Studies carried out in a number of countries assess the economic costs of harmful use of alcohol to be in the range of 0.9% to 4.7% of gross domestic product.

Drinking to intoxication is a significant cause of alcohol-related harm, accounting for the greatest proportion of disability-adjusted life years lost in low-income countries with low mortality. Drinking to intoxication also typically affects non-drinkers. It is strongly associated with unintentional injuries, including injuries and fatalities as the result of driving while intoxicated, and negative social consequences such as aggressive behaviour, family disturbances and reduced industrial productivity. Negative consequences of intoxication often are particularly severe for young people.

The harmful use of alcohol also is associated with other high-risk behaviours, including unsafe sex and the use of other psychoactive substances. As a result, alcohol-use disorders carry a high degree of co-morbidity with other substance-use disorders, including nicotine dependence, and with sexually transmitted diseases. Recent studies suggest an association between alcohol-use disorders and HIV/AIDS and other sexually transmitted diseases.

Although per capita alcohol consumption has decreased or is stable in some developed countries, binge drinking (a pattern of heavy drinking that occurs over an extended period of time), especially among young people, is on the rise in many countries around the world. Young people in developing countries are increasingly drinking in the same harmful patterns as young people in developed countries. Young people are more likely to suffer from alcohol-related traffic accidents, violence and family disruptions related to alcohol than other age groups. In the WHO European Region alone, alcohol consumption was responsible for the deaths of 63 000 young people aged from 15 to 29 in 2002.

Men traditionally drink more frequently and more heavily than women. However, there the patterns of drinking for men and women are slowly beginning to converge. While men still experience far more drinking-related harm than women, women are often the direct victims of the harmful use of alcohol by men. The harmful use of alcohol by women can also have gender-specific negative consequences, such as unwanted pregnancies, harm to the foetus and increased risk of breast cancer.

2.2 Positive effects

Drinking alcohol also may have beneficial effects. Therefore, effective strategies to reduce the harmful use of alcohol should not restrict those people who enjoy alcohol consumption in moderation and in appropriate settings. In many cultures, alcohol plays a widely accepted role as a facilitator in socializing and for relaxation. In health terms, the available evidence suggests that very low alcohol consumption may have a slight positive effect on mortality associated with coronary heart disease in elder age groups. This, however, by itself can't constitute a reason to drink or to recommend drinking alcohol, as these positive effects are far outweighed by the negative health consequences of alcohol consumption. Moreover, similar or even more positive health effects may be achieved by less risky behaviours, such as eating a healthy diet and or taking regular physical exercise.

2.3 A global movement

Growing awareness of the issue led Member States in May 2005 to adopt a resolution at the Fifty-eighth World Health Assembly (WHA58.26) concerning the public health problems caused by the harmful use of alcohol. The resolution refers to the alarming "extent of public health problems associated with harmful consumption of alcohol and the trends in hazardous drinking, particularly among young people in many Member States". It also requests Member States "to develop, implement and evaluate effective strategies and programmes for reducing the negative health and social consequences of harmful use of alcohol".

3. THE SITUATION IN THE WESTERN PACIFIC REGION

3.1 Trends in consumption

Alcohol-related harm is a major issue in the Western Pacific Region. Data from the WHO *Global Status Report on Alcohol 2004* show that 5.5% of the disease burden in the

Region is attributable to the harmful use of alcohol, which is higher than the global level of 4%. It also shows that there has been a steady increase in per capita consumption in the Region since the mid-1980s [2].

In general, there are differences in alcohol consumption levels in developed and developing countries in the Region. Some developed countries, such as Australia, Japan and New Zealand, have relatively high per capita consumption (6-9 litres of pure alcohol per year for those 15 years of age and above). In some developing countries in the Region, such as China, Mongolia, Viet Nam and most countries and areas in the Pacific, per capita consumption is relatively low but increasing rapidly. For example, in China, per capita annual alcohol consumption for those 15 years of age or above in 1970 was 0.75 litres, and rose to 4.45 litres in 2001.

It is also important to note that within countries there are significant variations in alcohol consumption and resulting harm for different population groups. This is particularly noticeable in minority populations at the lower end of the socioeconomic scale. In Australia, for example, indigenous people are at least twice as likely to die from high-risk consumption of alcohol as are their non-indigenous counterparts.

There is debate in the Region over the impact of trade agreements on alcohol consumption and related harm. Measures intended to protect people by restricting the availability of alcoholic beverages, such as special import duties, are under threat by multilateral or bilateral trade agreements. These agreements, in accordance with global trade pacts, aim at facilitating international trade in goods and services and consequently tend to abolish restrictions.

3.2 Unrecorded production and consumption

Illegal and semi- or quasi-legal production, sale and consumption of alcoholic beverages, which by their very nature go unrecorded, are also of concern in the Region. In China, unrecorded consumption is estimated at no less than 20%-30 % of total consumption. In many of developing countries—and in some that are developed—the consumption of home-brewed or home-distilled alcoholic beverages is not abating. Those beverages continue

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[2] Country specific data in this chapter come from country reports which were prepared by participants in the Technical Consultation on the Development of a Strategy to Reduce Alcohol-Related Harm, 15-17 March 2006, Manila, Philippines

to be consumed along with commercially produced alcoholic beverages, which formerly weren't as prominent. This poses a particular challenge due to the quantities consumed and the food safety issues involved in the production of unregulated alcohol. For example, it is legal in Viet Nam to sell home-brewed beer commercially, despite the lack of any quality control mechanisms.

3.3 Associated harm

The damage caused by the harmful use of alcohol is spread evenly across the Region. Although per capita consumption is higher in the developed countries of the Region than in the less developed countries, the pattern of drinking in the latter is more detrimental than in the former. Patterns of drinking are assessed in terms of their associated risk of harm. A pattern score is based on a range of scores from 1 to 4, with 4 representing the most detrimental pattern, reflecting high frequencies of heavy drinking occasions, drinking outside of meal time and drinking in public places. The average pattern score for developed countries is 1.16 and for developing the pattern score is 2.15.

Despite the different levels of per capita consumption, there are many ways in which the Western Pacific Region countries and areas face the same types of alcohol-related harm. Traffic accidents across the Region are strongly related to harmful alcohol use, with 20%-50% of traffic accident fatalities in the Region related to alcohol use. There is a positive trend in some countries in the Region, such as Japan where the number of offences against drink driving in recent years is decreasing, probably due to the strengthening of laws and better enforcement. However, it is more common to see an upward trend. In the Republic of Korea, for example, traffic accidents and casualties related to drink driving have increased by about 50% between 1994 and 2004. In New Zealand, alcohol-related fatal crashes and injuries have been decreasing since 1988, but the percentage of fatal crashes where drink driving was a contributing factor has been rising since 1999

Accidents, in general, often are associated with alcohol. In Papua New Guinea an estimated 90% of trauma admissions to hospital emergency wards are related to alcohol. There also is a close relationship between violence and drinking in the Region. A study in Mongolia found that alcohol was involved in 82% of all homicides. In Guam, alcohol was involved in 62% of all homicides. Studies conducted in the Pacific island countries and areas show that alcohol often is involved in cases of violence against women. For example, the perpetrator was under the influence of alcohol in 70% of the cases of sexual assault against

women in public places in French Polynesia. In Samoa, alcohol was found to be the second most frequent cause of violence against women.

Drinking by young people is of growing concern throughout the Region. Some countries still have low alcohol consumption among young people, such as the Marshall Islands, where only 11.4% of youth surveyed were regular drinkers. But the general picture emerging in the Region is of growing and heavier use of alcohol by young people. Overall, 45%-75% of young people in the Region consume alcohol regularly. The onset of drinking at younger and younger ages, binge drinking, and problem drinking among young people are of particular concern. In Japan 9.9% of young people were defined as problem drinkers and in the Pacific island countries and areas binge drinking has been identified as a common practice.

Few data are available to date on the socioeconomic costs of the harmful use of alcohol. In Korea, a study estimates the socioeconomic costs of the harmful use of alcohol to be 2.86% of the gross national product.

3.4 The challenges

Public awareness of the problems caused by the harmful use of alcohol and, in particular, of some of the specific types of harm is low or almost completely lacking in many of the countries and areas in the Region. Closely related to this is the low level of involvement of the community and nongovernmental organizations in advocacy and in responding to the problem.

Although there is growing evidence in the Region about the extent of the harmful use of alcohol and its consequences, regular systematic surveillance and recording systems on alcohol production, consumption and related harm are not in place in many developing countries. In five of the countries that responded to a recent survey from the WHO Regional Office for the Western Pacific, there was little information about alcohol-related harm and no detailed data on the consumption of alcoholic beverages. While there is an abundance of anecdotal evidence on harmful patterns of drinking, reliable data from well-designed epidemiological surveys on alcohol use are scarce. Further strengthening the evidence base will obviously encourage and facilitate appropriate policy responses.

There are few if any community-based programmes for prevention, treatment and care in many parts of the Region. It is well understood that effective interventions for alcohol-

related harm must address a complete range of problems for people whose use of alcohol may range from hazardous consumption to alcohol dependence. However, acute detoxification is often the only kind of service available. Brief intervention strategies, as opposed to long hospital-based treatment, are cost effective, especially where resources are limited. But to date there is very limited experience in the Region with this approach.

Appropriate programmes for capacity development are largely lacking. Alcohol-related problems tend to remain unrecognized within primary care settings, and in the health care and welfare system as a whole. This is due, in part, to inadequate undergraduate and postgraduate training in the subject. A lack of professionals and non-professionals trained in prevention, screening, treatment and rehabilitation of alcohol-use disorders and alcohol-related health conditions obviously hinders the implementation of effective prevention, treatment and rehabilitation programmes.

There is a wide variety of policy responses in the Region. In some countries and areas there are well developed and sophisticated public health-oriented alcohol policies in place, with effective enforcement mechanisms. In a number of other countries and areas, there may be an adequate legislative framework, but implementation and enforcement are inadequate. And in the majority of countries and areas in the Region, there is a complete lack of public health-oriented alcohol policy.

Concern over the impact on public health of the harmful use of alcohol and the need to strengthen responses have been debated at previous sessions of the Regional Committee for the Western Pacific, most recently at the fifty-fifth session in Shanghai in 2004, at which time it was requested that the subject appear on the agenda of a future session of the Regional Committee.

4. THE STRATEGY

This Strategy focuses on reducing the harmful use of alcohol, and consequently addresses the health and welfare sector as its first audience. However, due to the impact alcohol-related problems have in nearly all facets of life, a multisectoral approach is required. Sectors of particular relevance include transportation and traffic, public order, and law enforcement.

Further, A successful strategy to reduce alcohol-related harm will have a positive influence on a number of health domains. It will contribute to lessening the burden of

noncommunicable diseases, it will contribute to better mental health, it will constitute a practical example of health promotion, it will decrease violence and injuries, and it will improve adolescent, child and reproductive health. Reciprocally, work in these domains can support effective strategies to reduce alcohol-related harm. It is therefore important to develop and implement an alcohol strategy in close cooperation with other health initiatives.

The following clusters are strategic core areas of effective public health-oriented alcohol policy that address the challenges identified:

- reducing the risk of the harmful alcohol use
- minimizing the impact of the harmful use of alcohol
- regulating the accessibility and availability of alcohol
- establishing mechanisms to facilitate and sustain implementation of the Strategy.

The actions identified in the subsequent core areas for national action and regional collaboration are neither exhaustive nor prescriptive. Governments may apply or consider applying programmes or activities, which are not specifically mentioned, depending on available opportunities and specific situations

While the inclusion of all the opportunities and approaches listed is not a requirement for an effective strategy to reduce all alcohol-related problems, it is important to realize that the implementation of isolated measures is unlikely to be effective. The effectiveness of the proposed Strategy depends to a great extent on combining as many measures as possible.

4.1 Reducing the risk of harmful use of alcohol

4.1.1 Ensure adequate public awareness of the health and social consequences of the harmful use of alcohol:

- develop and disseminate information on the health and social consequences of the harmful use of alcohol to the public at large;

- involve other relevant sectors, in particular law enforcement and the criminal justice system, in increasing public awareness about the harmful use of alcohol;

- provide special prevention programmes for high-risk groups (such as young people, women who are pregnant or who are contemplating pregnancy, and certain disadvantaged groups).

- provide special prevention programmes for high-risk situations and in certain settings (such as school, the workplace, roads and highways).

4.1.2 Promote factors that protect against the harmful use of alcohol:

- develop and implement health promotion programmes dealing with alcohol, which empower people to make healthy choices;

- provide supportive environments that protect people from the harmful use of alcohol, ranging from family support programmes and those that engage people in the community and the school system to improving access to non-alcoholic beverages.

4.1.3 Reduce factors that may facilitate the harmful use of alcohol:

- diminish pressures to drink, especially for young people, other high-risk groups and for those who do not wish to drink;

- provide training in the hospitality sector and retail sector for the responsible service of alcohol, including complying with rules on the legal minimum age for the purchase of alcoholic beverages.

4.1.4 Regulate and respond to the marketing of alcoholic beverages, including advertising and sponsoring of cultural and sports events, in particular those aimed at young people:

- regulate or ban the marketing of alcoholic beverages, for example, through a code of conduct;

- designate a government agency responsible for enforcement of marketing regulations.

4.1.5 Promote advocacy for reducing the risk of the harmful use of alcohol:

- provide support to agencies that advocate for a reduction in the harmful use of alcohol;
- engage all relevant government departments in developing and implementing responses to prevent and respond to the harmful use of alcohol.

4.2 Minimizing the impact of harmful use of alcohol

4.2.1 Enable community organizations to prevent and respond effectively to alcohol-related problems in the community:

- provide support to civic organizations, including relevant nongovernmental organizations, to prevent, identify and respond effectively to the negative health and social consequences of the harmful use of alcohol.

4.2.2 Provide a health and social welfare workforce capable of preventing and responding effectively to alcohol-related problems

- build capacity and support the primary health care system to act proactively in the community to prevent, identify and respond effectively to the negative health and social consequences of the harmful use of alcohol;
- develop and support the introduction and implementation of brief intervention treatment programmes;
- develop and support the introduction and implementation of appropriate specializations in addressing alcohol-related harm in the healthcare system;
- ensure easy access to early intervention, treatment and rehabilitation programmes for people with alcohol-related problems and of support for their families.

4.2.3 Reduce drink driving through special programmes, in particular through establishing and enforcing a maximum Blood Alcohol Content level:

- in line with the best international practices, set a legal low maximum Blood Alcohol Content level for drink driving violations;
- develop and enforce a system of frequent random Blood Alcohol Content testing;
- develop and enforce a system of administrative driving licence suspensions or revocations to ensure quick and effective consequences for those caught drink driving.

4.2.4 Provide further active involvement of the law enforcement sector in preventing and responding to alcohol-related problems, in particular to alcohol-related crime and other antisocial behaviour and the negative effect on public order of harmful use of alcohol:

- provide relevant training and capacity-building in the law enforcement sector;
- encourage the law enforcement sector to develop and implement strategies responding to the harmful use of alcohol.

4.3 Regulating the accessibility and availability to reduce the harmful use of alcohol

4.3.1 Establish legislative and regulatory mechanisms for alcoholic beverages:

- establish and enforce a minimum legal age for the purchase and sale of alcoholic beverages and a ban on the sale of alcohol to intoxicated persons;
- develop restrictions on the sale of alcohol to limit the places and times that alcoholic beverages can be sold;
- develop a commercial licensing system to regulate the production, importation, and retail and wholesale sale of alcoholic beverages, providing mechanisms to

implement meaningful, swift and effective sanctions for any actions that deviate from the system;

- establish minimum standards for the production of alcoholic beverages to ensure that the alcoholic beverages being made and imported meet beverage safety requirements and that home-brewed and home-distilled alcoholic beverages are either prohibited for commercial sale or strictly controlled.

4.3.2 Establish an alcohol taxation system as a means of reducing the harmful use of alcohol:

- without prejudice to the sovereign rights of states to establish their taxation policies, serious consideration should be given to implement an alcohol taxation system as an effective policy mechanism to increase the price of alcohol and thereby to increase the opportunity cost of consumption;

- tax alcoholic beverages based on their alcohol content to provide a useful tool to raise the real cost of beverages in direct relation to their potential for alcohol-related harm. Special taxes should be considered for alcoholic beverages targeted at vulnerable groups.

4.3.3 Consider alcohol-related harm reduction when participating in international trade and economic agreements:

- establish importation licenses to ensure regulation of the importation of alcoholic beverages and to avoid any illegal importation;

- ensure that multilateral and bilateral trade agreements do not lead to increased alcohol-related harm by diluting existing control policies in a country, which can be achieved by not treating alcohol as an ordinary commodity for trade negotiation purposes.

4.3.4 Enforce and apply legislation, regulation and policy:

- ensure the enforcement agencies appropriately enforce the regulation of alcoholic beverages.

4.4 Establishing mechanisms to facilitate and sustain implementation of the Strategy

4.4.1 Provide systems to collect and analyse pertinent data:

- assign a lead agency to develop an alcohol information system and to analyse information for policy development. This may be a principal task for a new specialized institution; it may also be a new task for an existing agency with broader scope of activities, such as a national institute for public health;
- utilize existing data, including data on the production and sale, as well as data from the health care and law enforcement systems, to enhance knowledge about trends in consumption, drinking patterns and harm;
- establish a surveillance system to provide information on alcohol use, drinking patterns and alcohol-related harm. Academic institutions may be involved in implementing this.

4.4.2 Develop a national public health- oriented alcohol policy, based on pertinent data:

- establish or identify a national body that has the responsibility of developing and updating a national public health-oriented alcohol policy;
- provide adequate support to this national body through funding and public health-oriented expertise;
- establish sustainable national mechanisms for appropriate intersectoral government cooperation with the involvement of relevant community groups and institutions to ensure effective coordination and implementation of the policy;
- ensure that all actions under the national policy are duly followed up, evaluated and assessed.

4.4.3 Provide adequate support to institutions developing and implementing the national policy:

- consider tagging alcohol taxation revenue to provide revenue for implementing measures to prevent and reduce alcohol-related harm and to support health promotion.

4.4.4 Establish regional mechanisms to support the efforts of individual countries to reduce alcohol-related harm:

- provide effective communication at the sub-regional level, and as appropriate at the regional level, between relevant national institutions involved in public health-oriented alcohol policy-making;
- establish a network of national counterparts, nominated by governments of Member States, for the exchange of information and support for implementation of the Strategy;
- develop a regional alcohol information system for the collection and analysis of data on alcohol consumption and its health and social consequences;
- establish a regional pool of expertise on public health-oriented alcohol policy and programme development.

5. CONCLUSION

The proposed Western Pacific Regional Strategy to Reduce Alcohol-Related Harm as outlined in this document is designed as a menu of best practices to reduce alcohol-related harm and to facilitate policy development and implementation at the country level. Countries and areas in the Region are to take guidance from this Strategy according to their specific needs and situations.

This Strategy will pave the way for concerted regional action, including stronger cooperation among countries and areas. The existing variety of experience and policy responses in the Region provides great opportunities for more collaboration among countries and areas. Such cooperation can be at regional and sub-regional level. A good example of sub-regional cooperation was the First Meeting on Alcohol and Health in the Pacific sponsored by the Secretariat of the Pacific Community and the World Health Organization and held in Noumea, New Caledonia, in September 2004.

Upon endorsement by the Regional Committee, the WHO Regional Office for the Western Pacific will take a leadership role in relation to the Strategy outlined in this document by advocating for the Strategy, by providing technical support to assist countries and areas, and by providing appropriate coordination mechanisms in the Region to put the Strategy in place.