Technical matters:

Strengthening the implementation of the WHO Global Strategy to reduce the harmful use of alcohol to support the achievement of the regional targets on prevention and control of noncommunicable diseases

The harmful use of alcohol causes a huge social, economic and disease burden. Globally, the harmful use of alcohol causes approximately 3.3 million deaths every year (or 5.9% of all deaths), and 5.1% of the global burden of diseases attributable to alcohol consumption. There are causal relationships between alcohol consumption and more than 200 health conditions, most notably alcohol dependence, liver cirrhosis, cancers and injuries.

To address this escalating problem, resolution WHA63.13 on Global strategy to reduce the harmful use of alcohol was endorsed by the Sixty-third World Health Assembly in May 2010. The Strategy builds on several WHO initiatives, both global and regional, including resolution WHA61.14 on Prevention and control of noncommunicable diseases: implementation of the global strategy, which was endorsed by the Sixty-first World Health Assembly in 2008.

The harmful use of alcohol is one of the four most common modifiable and preventable risk factors for noncommunicable diseases (NCDs). Reducing the harmful use of alcohol will contribute to a reduction in NCDs in the Region. A 10% relative reduction in the harmful use of alcohol by 2025 measured against a 2010 baseline has been adopted as a voluntary target both globally and regionally. This was endorsed by the governing bodies and also by the United Nations General Assembly.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi, India, from 14 to 17 July 2014 reviewed the attached working paper and made the following recommendations:

**Actions by Member States**

1. A national/sub-national alcohol policy framework to reduce the harmful use of alcohol should be developed or strengthened, as appropriate, taking into consideration the Global strategy to reduce the harmful use of alcohol.
(2) Linkages between the implementation of the Global strategy to reduce the harmful use of alcohol and efforts on NCD prevention and control need to be promoted by Member States.

(3) Systems and mechanisms to facilitate the implementation of the WHO Global strategy to reduce the harmful use of alcohol, which may include responsible institutions, human and financial resources, multisectoral collaborating mechanisms, and technical knowledge and information systems could be developed and/or strengthened, as appropriate.

**Actions by the WHO Regional Office**

(1) Support should be provided to develop a regional action plan linked to the NCD multisectoral action plans to be adopted at the country level.

(2) Technical support should be provided and collaboration strengthened to build the capacity of Member States to advance the implementation of the Global strategy to reduce the harmful use of alcohol in accordance with the implementation of the Regional Action Plan and Targets for Prevention and Control of NCDs.

(3) The WHO global network of national counterparts should be strengthened for experience-sharing and development of Region-specific programmes.

The working paper and the HLP recommendations are submitted to the Sixty-seventh Session of the Regional Committee for its consideration.
Introduction

1. Alcohol consumption in the South-East Asia Region is increasing. It is dominated by the consumption of spirits as well as a high degree of unrecorded alcohol consumption. The major problem in the Region is heavy episodic or “binge” drinking. With the influence of global economies and changing cultural norms, more and more young people are experimenting with alcohol at a very early age.

2. The objective of the Global strategy to reduce the harmful use of alcohol is to support and complement public health policies in Member States with the vision of improving health and social outcomes.

3. The impact of the harmful use of alcohol on NCDs is reflected in the Political Declaration of the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases in 2011, where the harmful use of alcohol was included as one of the four major risk factors for NCDs.

4. The WHO Global Action Plan for NCDs 2013–2020 has a specific section on alcohol policy interventions, and recommendations for some effective alcohol policy interventions as the “best buys” to tackle the NCD epidemic. The selection is based on the current and projected burden of disease, cost-effectiveness, fairness and feasibility of implementing the interventions, and political considerations. The package includes actions to raise tax on alcohol, restrict access to retail alcohol and enforce bans on alcohol advertising.

Regional situation

5. Although alcohol consumption has been embedded in many societies in the South-East Asia Region for thousands of years, the Region has witnessed major changes in recent years both in the patterns and determinants of alcohol consumption. Compared to other regions, the South-East Asia Region has a relatively low drinker prevalence (13.5%) and adult per capita consumption (3.4L of ethanol). However, the consumption per drinker in the Region is the world’s highest, at 23.1L of ethanol per drinker.

6. As an emerging market for the alcohol industry, there has been a remarkable increase in the Region in adult per capita consumption, from 2.2L to 3.4L of ethanol between 2005 and 2010, and is forecast to further increase to close to 4L of ethanol in 2025. There has also been a change in the pattern of drinking; the Region has seen an increase in regular drinkers, and a shift from the use of traditional indigenous to metropolitan western-style beverages.

Current response/Progress

7. Following the endorsement of the Global strategy to reduce the harmful use of alcohol, WHO has strengthened its actions and activities to prevent and reduce alcohol-related harm at all levels. Considerable progress has been made by Member States in implementing the Global strategy.

- Bhutan has included alcohol control in its national agenda and developed a strategic framework for alcohol control.
India has developed a draft alcohol control policy, and a national alcohol and drug dependence policy.

Nepal has established a task force to develop an alcohol control policy. The country already has a policy to control drink driving.

Sri Lanka has established a regulatory authority, the National Alcohol and Tobacco Agency (NATA). A health promotion plan that targets alcohol taxation has been approved; an alcohol control policy has also been notified and a regulation to control illicit alcohol established.

Thailand has an endorsed alcohol policy and established an alcohol surveillance system and a monitoring system for alcohol marketing.

The South-East Asia and Western Pacific Regions, in collaboration with WHO headquarters, convened a bi-regional workshop on building capacity for reducing the harmful use of alcohol at country level in coordination with NCD prevention and control to increase the commitment to addressing the harmful use of alcohol as a risk factor for NCDs.

The Global Network of WHO national counterparts was formed in 2011 for effective implementation of the Global strategy to reduce the harmful use of alcohol.

WHO’s Global status report on alcohol and health was published in 2011 and 2014. It reports on the progress made in the area of policy formulation, alcohol-related indicators for the comprehensive global monitoring framework for the prevention and control of NCDs, and presents an overview of the impact of the harmful use of alcohol on public health.

Technical tools on legislation, availability, pricing policies and marketing of alcoholic beverages have been developed for implementation of the Global strategy to reduce the harmful use of alcohol.

Member States were supported in conducting NCD surveillance activities. NCD risk factor surveys that applied the WHO STEPwise approach were implemented and, through these, relevant data were collected on alcohol as a risk factor for NCDs.

**Challenges**

8. Some of the challenges are given below.

- Effective country-specific strategies need to be formulated to address the public health problems caused by the harmful use of alcohol. Most Member States do not have written and endorsed national alcohol policies.

- Inadequate efforts have been made coupled with inadequate resources to confront the enormous public health burden caused by the harmful use of alcohol.

- In terms of public policy to address the harms from alcohol, Member States are faced with the challenges of fragmentation, inconsistency and poor implementation of the alcohol policy.
Most Member States have no alcohol-specific infrastructure, including agency, policy and strategy, law and regulation.

The trade policies, mainly the domestic trade policies do not take into account the harmful use of alcohol and alcohol sale is no different from the sale of any other commodity.

**Way forward**

9. In order to reduce the harmful use of alcohol, Member States need to do the following.

- Effective prevention policies and measures should be developed and implemented based on the best available evidence. This would encompass the development of a Regional strategy and action plan on reducing the harmful use of alcohol.
- A two-pronged strategy should be implemented with a population-based approach, with legislative and managerial measures and an individual risk reduction approach aimed at high-risk settings and hazardous individual behaviours.
- Policies on increasing tax on alcohol, regulating the physical availability of alcohol, taking measures against drunken-driving, regulating alcohol production and distribution, restricting alcohol advertising should be enforced.
- Issues pertaining to alcohol in the Global and Regional Action Plans on NCD Prevention and Control should be addressed in a comprehensive manner, giving particular attention to efforts to achieve the target of 10% reduction in the harmful use of alcohol by 2025.
- The activities of the Global Network of WHO national counterparts should be strengthened for implementation of the Global strategy to reduce the harmful use of alcohol.
- Various resolutions adopted by the governing bodies on alcohol and NCDs should be reviewed. Development of cost-effective interventions for low- and middle-income countries should be explored.
- Advocacy should be conducted for public awareness and support provided for the enforcement and maintenance of restriction on alcohol consumption.
- Multisectoral action should be promoted to achieve the objectives of the Global strategy and the voluntary target of at least 10% relative reduction in the harmful use of alcohol by 2025.