

Towards a global strategy to reduce harmful use of alcohol

*- Discussion paper for regional technical
consultations on harmful use of alcohol*



World Health
Organization

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Department of Mental Health and Substance Abuse
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Context and introduction

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.

The discussion in the Sixty-first World Health Assembly was based on [a report by the Secretariat](#) which set out some main principles and policy options based on previous consultations with Member State. Those policy options are:

1. Raising awareness and political commitment
2. Health-sector response
3. Community action to reduce the harmful use of alcohol
4. Drink-driving policies and countermeasures
5. Addressing the availability of alcohol
6. Addressing marketing of alcohol beverages
7. Pricing policies
8. Harm reduction
9. Reducing the public health impact of illegal and informal alcohol

The discussions in and the resolution of the World Health Assembly pointed to some fundamental directions and principles for strategies and interventions. There was a common understanding that the public health problems caused by the harmful use of alcohol are multidimensional and complex, with significant differences in consumption levels, drinking patterns and drinking contexts between countries and regions. The World Health Assembly stated that priority areas for action should focus on prevention of harmful drinking and should be based on the best available evidence. To be effective, strategies and policy options should address the levels, patterns and context of alcohol consumption through a combination of measures that target not only the population at large but also vulnerable groups, affected individuals and particular problems such as drink-driving. They should take into account major issues such as the strength of evidence, cultural sensitivities, adaptation to local needs and contexts, an intersectoral approach, and provision for adequate monitoring and evaluation.

The World Health Assembly also recognized that many problems related to alcohol have a local or regional base and can only be addressed adequately and solved at the appropriate level. Global efforts are likely to complement and support regional and national initiatives. An action plan is required at country level – and, when appropriate, at subnational and municipal levels – with clear objectives, strategies and targets. Local issues of concern should not be overlooked in the search for global solutions.

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.

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. Two separate round tables with representatives of NGOs and 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.

The development of the strategy will take into consideration, when appropriate and relevant, the outcomes of the consultation process mentioned. For this purpose, the reports and proceedings

of the public hearing and roundtable meetings that have already been held will form a part of the documentation for the regional technical consultations with Member States.

The strategy will incorporate and seek synergies with ongoing work in other relevant areas within WHO, such as the action plan on noncommunicable diseases, violence and injury prevention, mental health, the social determinants for health, HIV/AIDS, and tuberculosis and other communicable diseases. The strategy should also contribute to achieving the Millennium Development Goals.

The draft global strategy to reduce harmful use of alcohol will be developed by the WHO Secretariat in collaboration and consultation with Member States. The preparation of this discussion paper and regional technical consultations with Member States marks the beginning of the development stage of the draft strategy.

Purpose of the regional consultations and this discussion paper

The purpose of the regional technical consultations is to ensure effective collaboration with Member States on developing a draft global strategy to reduce harmful use of alcohol. Member States are invited to provide their views on possible areas for global action and coordination, and on how the strategy can best take national needs and priorities into account. In addition, Member States are encouraged to provide information on ongoing important national and subregional processes which could feed into the strategy development process, as well as examples of best practices with special emphasis on at-risk populations, young people and those affected by the harmful drinking of others.

One of the objectives of the regional consultations is to ensure that the strategy is based on all available evidence and existing best practices in Member States and that the policy options proposed in the strategy take into account different national, religious and cultural contexts (including national public-health problems, needs and priorities), and differences in Member States' resources, capacities and capabilities. The consultations will also focus on the appropriate role of different stakeholders in policy formulation and implementation, and on how social, cultural and economic realities can be adequately and appropriately taken into account in a global strategy to reduce harmful use of alcohol.

The main purpose of this discussion paper is to provide key discussion points on the possible policy options, strategies and interventions available to reduce the harmful use of alcohol. Several of the key areas are already addressed in the report prepared for the Sixty-first World Health Assembly (as described above) but they will be further refined and supplemented in the regional technical consultations.

Proposed structure of the draft strategy

The Secretariat proposes that the draft strategy should be structured around six main areas:

- the background with a situational analysis;
- the scope and aims of a global strategy;
- the basic principles for action;
- the policy options and priority areas;
- implementation considerations and
- follow-up (e.g. assessment and re-examination of the actions taken).

Situational analysis

This part of the strategy will be a description of the size and magnitude of chronic and acute alcohol-attributable health and social harms. It will explore the possible determinants of these harms, synthesize the evidence in order to present a common evidence base, map the existing interventions and best practices, and will present a first analysis of existing gaps in order to identify needs and potential for action.

The analysis will build on the views and information provided by Member States in the regional technical consultations, as well as on the wealth of technical and political information that is already available, namely:

- deliberations and outcomes relating to alcohol of the 58th, 60th and 61st World Health Assemblies;
- deliberations and outcomes of several Regional Committee meetings in the WHO regions;
- outcomes and decisions of WHO governing bodies in other related areas such as the noncommunicable diseases action plan, violence and injury prevention, cancer, mental health, family and community health, social determinants of health, HIV/AIDS;
- results of the Global Burden of Disease project;
- information from the WHO Global Survey on Alcohol and Health, as well as other relevant surveys;
- the second report of the WHO Expert Committee on Problems Related to Alcohol Consumption and other relevant meetings of technical experts convened by the WHO Secretariat and
- outcomes of extensive consultations, face-to-face and over the Internet, with a broad range of stakeholders on issues related to the harmful use of alcohol during the last three years.

Summing up all existing sources of information, it appears that some challenges warrant particular attention at the global level in the development of a global strategy, namely:

- ***Increased alcohol-attributable harm in developing countries.*** Data on the global burden of disease indicate that the relative level of harm is greatest in developed countries or in developing countries with low mortality. However, the low relative weight of alcohol-related problems in some developing countries with high mortality must also be discussed in relation to the absolute level of alcohol-attributable harm in these countries, changes in abstinence rates, and how harmful use of alcohol may hinder social development.
- ***The need for actions in all relevant policy areas.*** The intersectoral nature of alcohol-related problems and the measures to reduce harmful use of alcohol suggest the need for an intersectoral focus. Policies to reduce harmful use of alcohol reach far beyond the realm of health and involve such sectors as development, transport, social policy, fiscal policy, trade, agriculture, consumer policy, education and employment, thus falling within the responsibilities of numerous governmental institutions and organizations. In such an environment, the health sector cannot be the only sector responsible for reducing harmful use of alcohol. These factors also suggest that, increasingly, alcohol-related problems cannot be dealt with only at country level.

QUESTIONS for consultation:

1. What challenges, in addition to those listed above, require global attention and reflection in a draft global strategy?
2. Recognizing the diversity among Member States, how should a global strategy address gaps and barriers at national and regional levels?

Proposed scope, aims, objectives

Recognizing the importance and magnitude of harmful use of alcohol as a broad determinant for health, the ultimate goal for the strategy should be to improve the health and well-being of individuals, communities and societies by reducing harmful use of alcohol and the alcohol-attributable burden of disease.

Policy interventions to reduce alcohol-related harm are first and foremost the responsibility of Member States. At the same time, harmful use of alcohol is increasingly becoming a global health issue that will continue to be on the global agenda in an environment where alcohol beverages are increasingly available as a commodity. As such, there is an expressed need for increased global guidance to support and complement regional and national actions to reduce the harmful use of alcohol. A global strategy should meet this need and provide global leadership and coordination. It should provide an opportunity for political interaction to solve problems that affect more than one state or region and thus cannot be solved only at the national level.

The main aims of the global strategy would be:

- to create political consensus at the global level on the best way forward and the necessary commitment to reduce harmful use of alcohol;
- to support and complement public health policies in Member States by seeking synergies and added value of actions at different levels.

Proposed objectives

In addition to the aims described above it is suggested that the global strategy should also reach a series of objectives or deliverables and should supply a set of guiding principles for implementation. The suggested main objectives of the strategy would be:

- Objective 1. To create support for – and provide guidance on – public-health policies that reduce harmful use of alcohol.
- Objective 2. To develop a set of relevant policy options and interventions that target the general population, vulnerable groups, individuals and specific problems, including a set of proposed measures recommended for Member States to implement at the national level.
- Objective 3. To define the roles of different stakeholders and mobilize them to take appropriate and concerted action to reduce harmful use of alcohol.
- Objective 4. To widen and deepen the knowledge base and secure effective and relevant dissemination of this information.

QUESTION for consultation:

3. Do the suggestions on the scope, aims, and objectives as outlined above reflect adequately the intended scope and aims of a future global strategy?

Basic principles

The multifaceted determinants of alcohol-related harm and the complexity of implementing effective interventions highlight the need for a set of basic principles to guide the formulation and implementation of policies at all levels to reduce harmful use of alcohol. Some suggested basic principles for the strategy are:

- Public health policies which aim at reducing harmful use of alcohol should be formulated by public health interests and based on available evidence and best practices.
- Public health policies to reduce harmful use of alcohol should be intersectoral and comprehensive.
- Interventions that are implemented should take into account, as appropriate, different national, religious and cultural contexts.

- All involved parties have the responsibility to act in ways that do not undermine public health interventions to reduce harmful use of alcohol.
- Children, young people and those who do not drink alcohol should be protected from pressure to drink alcohol.
- Policies and interventions should place a special emphasis on protection of individuals and communities from the harmful effects of drinking by others.
- Effective prevention, treatment and care services should be available and affordable for those affected by harmful use of alcohol.
- Stigmatization and discrimination of groups and individuals should be avoided in order to improve help seeking-behaviour and the provision of needed services.

QUESTION for consultation:

4. Do the suggested basic principles reflect adequately the needed principles for a future global strategy?

Proposed policy options

An array of strategies and policy options are available and can be implemented at various levels according to priorities, problems and needs. Strategies and policies should address levels, patterns and context of alcohol consumption through a combination of measures that target not only the population at large but also vulnerable groups such as young people and pregnant women, affected individuals, and specific problems such as drink-driving and alcohol-related violence. Ten possible target policy areas have been extensively discussed and found relevant for developing a set of proposed measures to reduce harmful use of alcohol within a global strategy. Nine of the policy areas were already identified in the discussions leading to the adoption of resolution WHA61.4. One additional area has been identified from the wealth of technical and political information available.

Proposed target area 1: Raising awareness and political commitment

National and local efforts can produce better results when they are supported by regional and global policies, advocacy efforts and capacity-building. Necessary and sustainable actions must be built on a strong base of awareness and commitment. Political commitment can be described as the willingness on the part of leaders to use their positions, insofar as possible, to support effective action to reduce harmful use of alcohol. This action needs to be based on a solid understanding of the nature of the problem. Relevant leaders include not only political leaders at all levels but also the relevant leaders of civil society, nongovernmental and community organizations, economic operators, leaders of cultural and religious groups, etc.

QUESTION for consultation:

5. How can a global strategy contribute to increased political commitment at all levels?

Proposed target area 2: Health sector response

Early identification and effective treatment in health-care settings of alcohol-use disorders, including in patients with co-morbid conditions, can reduce associated morbidity and mortality and improve the well-being of affected individuals and their families.

Brief advice heads the list of effective evidence-based treatment methods. There is extensive evidence from a variety of health-care settings in different countries for the effectiveness of early identification and brief advice offered in primary care for persons with hazardous and harmful alcohol use in the absence of severe dependence, with evidence that more intensive brief interventions are no more effective than less intensive interventions. For individuals with more severe alcohol dependence and related problems, a wide variety of specialized treatment approaches have been evaluated, with evidence of effect for a number of behavioural and pharmacological therapies.

Health sector response to harmful use of alcohol is most effective when supported by sound policies and health systems and integrated into a broader preventive strategy. As the main providers of health care, the many millions of health workers worldwide can not only address alcohol consumption in their clients, but also contribute substantially to raising awareness and political commitment. The ability of the health sector to effectively reduce alcohol-related problems therefore relies on building strong and durable efforts with a range of other sectors and agencies. At the global and regional levels, identification of and cooperation with other relevant actors are needed.

QUESTION for consultation:

6. How can a global strategy best contribute to a strengthened health sector response at all levels?

Proposed target area 3: Community action

Community action can increase recognition of alcohol-related harm at community level, reduce the acceptability of public drunkenness, bolster other policy measures at community level, enhance partnerships and networks of community institutions and nongovernmental organizations, and provide care and support for affected individuals and their families. It can also mobilize the community against the selling of alcohol to, and consumption of alcohol by under-age drinkers, and against illicit and potentially contaminated alcohol.

An approach to community action in low-income countries has been to encourage communities to address local determinants of increased alcohol consumption and problems. This goes beyond the mobilization of public opinion. Examples of determinants that communities have addressed include the attractiveness of the image of alcohol and drinking, reducing unfair privileges attached to alcohol use, improving recognition by everyone of the nature and magnitude of the health and social consequences of harmful use of alcohol, recognizing and counteracting the influences that encourage increased alcohol consumption, encouraging quitting or reduction of use or change in patterns of consumption, and encouraging the implementation of useful policies, locally and beyond.

QUESTION for consultation:

7. Given that local community action can be perceived as being the opposite of the global action, how can a global strategy support community-based actions?

Proposed target area 4: Drink-driving policies

Strategies that aim to reduce harm associated with drink-driving can be broadly classified as follows:

- deterrence, or direct measures that aim to reduce the likelihood that drink-driving will occur;
- indirect measures that aim to reduce the likelihood of drink-driving by reducing alcohol consumption;
- measures that create a safer driving environment in order to reduce the number and level of severity of consequences associated with impaired driver crashes.

A substantial body of research evidence exists to show that introducing a low limit for blood-alcohol concentration reduces harm. Young drivers are at particular risk of death from alcohol-related traffic accidents, and many countries have lowered this limit for new and/or young drivers.

The success of legislation as a deterrent and the reduction of the incidence of drink-driving and its consequences largely depend on the likelihood and rapid imposition of penalties imposed on those driving. Consistent enforcement by police departments using random, targeted or selective breath-testing is essential and should be supported by sustained publicity and awareness campaigns.

QUESTION for consultation:

8. How can a global strategy on alcohol best address drink-driving policies?

Proposed target area 5: Addressing the availability of alcohol

Regulating production and distribution of alcohol beverages is shown to be an effective strategy for reducing harmful use of alcohol, particularly to protect young people and other vulnerable groups. Many countries have restrictions on the sale and serving of alcohol. These restrictions cover the age of consumers, the type of retail establishments that can sell alcohol beverages, and licensing, with limits on hours and days of sale and regulations on vendors and the density of outlets. However, in some developing countries the informal markets are the main source of alcohol and formal controls on sale may be of less relevance until a better system of control and enforcement is in place. Furthermore, restrictions on availability that are too strict may create an opportunity for a parallel illicit market. In most circumstances this can be managed with enforcement, especially if there is an absence of substantial home or illicit production. A broader set of effective countermeasures should be developed where a larger illicit market exists.

QUESTION for consultation:

9. How can a global strategy deal appropriately with issues related to availability of alcohol?

Proposed target area 6: Addressing the marketing of alcohol beverages

Mandatory and voluntary regulations on marketing such as controls or bans on volume, placement and content of alcohol marketing are considered to be important elements of a comprehensive strategy to reduce the harmful use of alcohol. Much research underlines the need for marketing regulations – particularly to protect adolescents and young people from the pressure to start drinking and from heavy drinking. Marketing that appeals to children and adolescents is seen as a particular policy concern in most countries.

Alcohol is marketed through increasingly sophisticated traditional advertising and promotion techniques, as well as by linking alcohol brands to sports and cultural activities, through sponsorships and product placements, and through direct marketing techniques in new media such as e-mails, podcasting and sms.

The effects of exposure to alcohol marketing seem to be cumulative and may contribute to normalizing drinking in certain contexts and cultures. These effects that marketing may have on young people's behaviour are in keeping with research on young people's smoking and children's food preferences.

QUESTION for consultation:

10. How can a global strategy appropriately deal with issues related to the marketing of alcohol beverages?

Proposed target area 7: Pricing policies

Price, especially when seen in relation to income rates, is an important determinant of alcohol consumption and, in many contexts, of the extent of alcohol-related problems. The response of alcohol consumption to price is largely no different from that of other consumer goods. An increase in price within a country generally leads to a decrease in alcohol consumption, and a decrease in price has usually led to an increase in alcohol consumption. The presence or absence of other alcohol policy measures may influence the size of this change.

Considerable evidence has accumulated to support the use of tax changes as one means of influencing price. The existence of a substantial illicit market for alcohol complicates policy considerations on alcohol taxes; in such circumstances, tax changes must be accompanied by efforts to bring the illicit market under effective government control. However, tax is only one component of the price of alcohol beverages, and tax changes may not always be reflected in

changes in the retail price. Similarly, vendors or manufacturers may attempt to encourage demand by price promotions.

Young people and problem drinkers tend to choose cheaper drinks. Policies that increase alcohol prices have the potential to delay initiation of drinking, to slow young people's progression towards drinking larger amounts, and to reduce young people's heavy drinking and the amount of drinking per occasion. A particular concern emerges when alcohol drinks are cheaper than non-alcohol alternatives.

Changes in alcohol consumption are determined not only by changes in price, but also by changes in income. Therefore, measures that ensure that taxation or pricing increases match or exceed that of rises in personal disposable income can be expected to be more effective.

QUESTION for consultation:

11. How can a global strategy facilitate the use of the price mechanism to protect public health, e.g. as a means to reduce harmful use of alcohol?

Proposed target area 8: Harm reduction

Directly focusing on reducing the negative consequences of drinking and alcohol intoxication can be an effective strategy in certain contexts. A range of interventions has been developed to reduce alcohol-related harm in and around licensed premises. Interventions that focus on changing the night-life environment can reduce the harmful consequences of drinking in and around these settings, without necessarily altering overall consumption levels. The impact of these measures is greatly enhanced when there is active and ongoing enforcement of laws and regulations prohibiting sale of alcohol to intoxicated customers and there is policing of the streets at night.

The relationship between drinking and alcohol-related harm can be both affected and mediated by the physical and social context of drinking and by the succeeding contexts while the drinker is intoxicated. There is some evidence that safety-oriented design of the premises and the employment of security staff, in part to reduce potential violence, can reduce alcohol-related harm. Whilst interventions modifying the behaviour of those serving alcohol and of door and security staff are ineffective on their own, there is some evidence for effectiveness when backed up with enforcement by police or liquor-licence inspectors.

QUESTION for consultation:

12. Given the increasing attention to harm-reduction interventions that can potentially avert harm, including the harm to persons others than the drinker and the consequences of drink-driving and violence, what concrete advice can be given to countries within the scope of a global strategy?

Proposed target area 9: Reducing the public health impact of illegal and informal alcohol

Illicit and/or unrecorded alcohol beverages and surrogate alcohol are in some parts of the world increasingly highlighted as barriers to effective implementation of policies to reduce harmful use of alcohol. Thus there is an urgent need to investigate both the level of additional risk associated with the consumption of uncontrolled alcohol and how such consumption might undermine or interfere with the implementation of evidence-based alcohol control policies and other measures to reduce alcohol-related harm.

From a public health perspective, illegally and informally produced alcohol can create an additional negative health effect if the beverage contains methanol or other contaminants and its production and distribution are under less control than alcohol that is produced and sold legally. Evidence for the effectiveness of measures to counteract the public health impact of the consumption of illegally produced alcohol is weak, but points towards a combination of community mobilization and enforcement and control. Furthermore, the feasibility and effectiveness of countermeasures will be influenced by the fact that the purchasing power of those who buy informally produced alcohol is often extremely low.

Illegally produced and/or traded alcohol can bring a health risk either because of contamination during the production and/or trading process or because of a lower cost than legal alcohol, thus resulting in higher consumption. In countries with effective age control on selling and serving alcohol the illegal market is also a threat to national legislation to prevent under-age children from buying alcohol. There is no conclusive evidence for lowering the price of commercial alcohol as a measure to reduce harmful use of alcohol in areas with high levels of illegally or informally produced alcohol.

QUESTION for consultation:

13. How can a global strategy support and complement national policies and actions to reduce the public health impact of illegal and informal alcohol?

New proposed target area 10: Monitoring and surveillance

In addition to the nine policy element options presented by the Secretariat to the World Health Assembly, a tenth target area is proposed since monitoring, surveillance, information and research are primary cornerstones for evidence-based policy-making. Governments need to have at their disposal accurate information which can enable strategic planning and provide information for advocacy and allocation of resources. A systematic ongoing collection, collation and analysis of data and the timely dissemination of information to feed back to policy-makers and other stakeholders so that needed action can be taken should thus be an integral part of any policies to reduce harmful use of alcohol.

Monitoring and surveillance of alcohol consumption, alcohol-related harm and the policy responses coupled with the improvement of global, regional and national information systems and the development of relevant technical tools and data collection mechanisms, based on comparable data and agreed definitions, should be among the central elements in a global policy on harmful use of alcohol.

Data from monitoring and surveillance are necessary to ensure the success of the other nine policy options. The Global Information System on Alcohol and Health and the Global Burden of Disease Studies are recognized as principal tools for informing policy-making at the global level and should be strengthened and combined with increased efforts at regional and national levels.

QUESTION for consultation:

14. How could monitoring and surveillance best be coordinated and strengthened at all levels to support a global strategy on alcohol?

Implementing the strategy

Regional programmes in WHO define the typical regional components of alcohol action, such as the ways in which national policies in Member States of the region will be supported (whether from regional or subregional levels, or through opportunities for mutual support). Practical support to countries to put a strategy in place is typically a task to be carried out at regional level, while model policies and models for assessing the efficacy of various strategies may be made available through global efforts. Moreover, regional and national work can gain considerably by long-term concerted efforts at the global level to solve problems common to all regions and by a global focus on issues that apply beyond national or regional levels.

In the implementation of a global strategy, a wide range of actors need to be involved with varying roles and responsibilities. The WHO's regional and country offices, in intensive cooperation with the Member States, are ideally placed to form the locus for reinforcing the policies, programmes and activities coming from the local level and moving up and also those coming from the global level in the direction of local communities. In principle, the regional programmes and country offices are the principal providers of support to the Member States in each region, and the global programme in its turn provides support to the regional programme and country offices. At the same time the regional offices will continue to formulate and implement region-specific policies and, together with the country offices, will provide technical support to countries.

The primary interest of governments is to formulate, implement, monitor and evaluate policies which aim at reducing harmful use of alcohol. Sustained political commitment, effective coordination, and the appropriate engagement of subnational government bodies are factors that are essential for success.

Recognizing the role that nongovernmental organizations can play in supporting alcohol policy development and implementation, governments and international bodies could strengthen consultation process and collaboration with NGOs on alcohol policy development and implementation, while keeping in mind a potential conflict of interest that some NGOs may have.

Given their reach, economic operators could be invited to contribute to the reduction of alcohol-related harm in the context of their roles as producers, distributors and marketers of alcohol with appropriate consideration given to the commercial interests involved and their interference with public health objectives.

Within the scope of a global alcohol strategy, WHO's most important role would be to continue to take the lead in coordinating global knowledge and response to the global aspects of alcohol problems, to support the implementation, evaluation and monitoring of alcohol policies at different levels, and to liaise with intergovernmental agencies (such as UNDP, the World Bank, ILO, WTO, and intergovernmental agencies at regional level) to seek the inclusion of alcohol policies in relevant social and development agendas.

QUESTIONS for consultation:

15. What kind of tools could be produced at the global level to facilitate the implementation of the strategy?
16. How can different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities best be taken into account in the implementation of the global strategy?.
17. Who are the key stakeholders and what roles should they play in implementing the strategy and in reducing harmful use of alcohol?

Assessing and re-examining action

Building a long-term commitment that involves all Member States and regions in assessing and re-examining the actions taken within the targeted policy areas, and thus building a global knowledge base on alcohol-related harm and on the most effective methods to reduce it, will probably be the most important success factor in the implementation of the strategy.

The presence of appropriate mechanisms for assessment, reporting and re-examining actions is necessary for monitoring progress at different levels and for strengthening the evidence base on strategies that reduce harmful use of alcohol.

QUESTIONS for consultation:

18. What are the best ways to report the progress of a global strategy at different levels?
19. What could be done to improve collection of relevant data at the national level to meet the reporting requirements?

Notes:

Notes:



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