

At its May 2008 meeting, the World Health Assembly asked the secretariat of the World Health Organization "to prepare a draft global strategy to reduce harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options, taking into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities." The secretariat is currently busy preparing the draft strategy to report back to the World Health Assembly during May 2010.

A background document prepared for the Assembly indicated nine areas that might be considered for inclusion in a global strategy.

1. "Raising awareness and political commitment. The actions needed to reduce harmful use of alcohol call for sustained and determined efforts by all relevant partners, as appropriate. Written alcohol policies or strategies can facilitate and clarify the contributions and division of responsibilities of the different partners who must be involved at different levels. An action plan at country and, when appropriate, sub national and municipal levels with clear objectives, strategies and targets is required. Regular reports on the harmful use of alcohol at international, national, regional and local levels need to be available to policy-makers, stakeholders and a wide public audience. Building a strong base of public awareness and support can also help to secure the necessary continuity and sustainability of alcohol policies.
2. "Health-sector preventive measures against hazardous and harmful alcohol consumption, such as screening and brief interventions, have proven to be effective and cost-effective in reducing alcohol consumption and alcohol-related harm. Early identification and effective treatment in health-care settings of alcohol-use disorders, also in patients with co-morbid conditions, can reduce associated morbidity and mortality and improve the well-being of affected individuals and their families. Treatment is most effective when supported by sound policies and health systems and integrated within a broader preventive strategy. Health-care providers should concentrate on clients' health improvement and satisfaction through evidence-based and cost-effective interventions, and governments, in improving health systems, should take into consideration services for alcohol-use disorders and interventions for hazardous and harmful use of alcohol. As the main providers of health care, the many millions of health workers worldwide can contribute substantially to reducing and preventing harmful use of alcohol."
3. Community action to reduce the harmful use of alcohol. Community-based action, with appropriate engagement of different stakeholders, can effectively reduce the harmful use of alcohol. Community actions are particularly important in settings where unrecorded alcohol consumption is high and/or where social consequences such as public drunkenness, mistreatment of children, violence against intimate partners and sexual violence are prevalent. Community actions can increase recognition of alcohol-related harm at the community level, reduce the acceptability of public 1 These strategies and policy element options were highlighted during the consultation process organized by the Secretariat; the list is not exhaustive and some policy element options might not be applicable in all Member States (that is, those with a total ban on alcohol). A61/13 4 drunkenness, bolster other policy measures at the community level, enhance partnerships and networks of community agencies and nongovernmental organizations, provide care

and support for affected individuals and their families, and mobilize the community against the selling and consumption of illicit and potentially contaminated alcohol.

4. Drink-driving policies and countermeasures. Strategies that aim to reduce the harm associated with drink-driving can be broadly classified as follows: deterrence, or direct measures that aim to reduce the likelihood of drink-driving occurring; indirect measures that aim to reduce the likelihood of drink-driving by reducing alcohol consumption; and measures that create a safer driving environment in order to reduce the consequences and level of severity associated with impaired driver crashes. A substantial body of research evidence exists that introducing a low limit for blood alcohol concentration reduces the harm. Young drivers are at particular risk of death from alcohol-related traffic crashes, and many countries have lowered this limit for new and/or young drivers. The success of legislation as a deterrent, and reducing the incidence of drink-driving and its consequences, largely depends on its enforcement and the severity of penalties imposed on those caught driving over the limit. Consistent enforcement by police departments using random, targeted or selective breath-testing is essential and should be supported by sustained publicity and awareness campaigns.
5. Addressing the availability of alcohol. Regulating production and distribution of alcoholic beverages is an effective strategy to reduce harmful use of alcohol and in particular to protect young people and other vulnerable groups. Many countries have some restrictions on the sale of alcohol. These restrictions cover the age of consumers, the type of retail establishments that can sell alcoholic 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 for controls and enforcement is in place.
6. Addressing marketing of alcoholic beverages. Young people who have chosen to drink alcoholic beverages and who drink regularly are an important market segment for alcohol producers. It is very difficult to target young adult consumers without exposing cohorts of adolescents under the legal age to the same marketing practices. Controls or partial bans on volume, placement and content of alcohol advertising are important parts of a strategy, and research results underline the need for such controls or bans, in particular to protect adolescents and young people from pressure to start drinking. Marketing practices that appeal to children and adolescents could be seen as particular policy concerns.
7. Pricing policies. Price is an important determinant of alcohol consumption and, in many contexts, of the extent of alcohol-related problems. Considerable evidence has accumulated to support the use of tax changes as a means of influencing price. High tax rates may not be the first choice of policy in countries where alcohol-related problems are less important or there is a considerable informal market, and interventions directed at particular subpopulations may be more cost-effective. Even in such countries, decreases in prices of alcoholic beverages or an increase in disposable income without appropriate adjustment in those prices could counteract such policies. A particular concern emerges when alcoholic drinks are cheaper than non-alcoholic alternatives such as bottled water. It is also worth keeping in mind that tax is only one component of the price of alcoholic 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.

8. Harm reduction. Directly focusing on reducing the negative consequences of drinking and alcohol intoxication can be an effective strategy in specific contexts. A range of interventions to reduce alcohol-related harm in and around licensed premises has been developed. 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 policing of the streets at night. The evidence base for harm-reduction approaches, however, is not yet as well established as that for regulating the availability and demand for alcohol beverages.
9. Reducing the public health impact of illegally and informally produced alcohol. 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 legally produced and sold alcohol. 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. The feasibility and effectiveness of countermeasures will be influenced by the fact that the purchasing power of those who buy informally produced alcohol often is extremely low.”