

**Working document for developing a
draft global strategy to reduce
harmful use of alcohol**

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INTRODUCTION TO THE WORKING DOCUMENT

On 24 May 2008, the Sixty-first World Health Assembly adopted resolution WHA61.4 on Strategies to reduce the harmful use of alcohol. The resolution requested the Director-General 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. The draft strategy should be submitted to the Sixty-third World Health Assembly, through the Executive Board.

In the resolution the Health Assembly urged Member States to collaborate with the Director-General in developing a draft global strategy. In addition, it requested the Director-General 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 the resolution, the Secretariat has embarked on extensive consultation and collaboration with Member States and broad and inclusive consultation with a range of other stakeholders. The outcomes of these processes are available on the WHO web site.¹

The consultative process with stakeholders on ways that they could contribute to reduce harmful use of alcohol started with a public, web-based consultation from 3 October to 15 November 2008. The hearing gave Member States and other stakeholders an opportunity to submit proposals on ways to reduce harmful use of alcohol. Two separate round tables, with nongovernmental organizations and health professionals and 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. A consultation with selected intergovernmental organizations is planned for 8 September 2009.

Origin and purpose of the working document

The Secretariat began the strategy development process by preparing a discussion paper for consultations with Member States. Six regional technical consultation meetings were held between February and May 2009, attended by participants from altogether 150 Member States:

- 24–26 February: Region of South-East Asia (Bangkok)
- 3–5 March: African Region (Brazzaville)
- 24–26 March: Region of the Western Pacific (Auckland, New Zealand)
- 6–9 April: Region of the Eastern Mediterranean (Cairo)
- 20–23 April: European Region (Copenhagen)
- 6–8 May: Region of the Americas (São Paulo, Brazil).

¹ www.who.int/substance_abuse/activities/globalstrategy/.

This working document is intended to be the basis for continued collaboration and consultation with Member States during the drafting of the global strategy. Building on various regional initiatives, it reflects the outcomes of the regional consultations with Member States and consultations with other stakeholders. It provides background information, the aims and objectives, and target areas for action by Member States.

Member States' feedback on the content of the working document will help to shape the draft global strategy which will be submitted to the Executive Board at its 126th session in January 2010.

SETTING THE SCENE

1. Alcohol is consumed by almost half the world's population, although there is considerable variation between and within countries, and its consumption is a part of social and cultural practices in many parts of the world. Alcohol is, however, a toxic and psychoactive substance that can lead to dependence, and its harmful use has serious effects on public health.
2. In the context of this strategy, the concept of harmful use of alcohol¹ is broad and encompasses both the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, and the patterns of drinking that are associated with increased risk of detrimental health outcomes. Harmful use of alcohol is one of the main risk factors for poor health globally. It compromises both individual and social development. It can ruin the lives of individuals, devastate families, and damage the fabric of communities.
3. Alcohol is a significant contributor to the global burden of disease and is the fifth leading risk factor for premature deaths and disabilities in the world.² It is estimated that 2.5 million people worldwide died of alcohol-related causes in 2004, including 320 000 young people between 15 and 29 years of age. Alcohol consumption was responsible for 3.8% of all deaths in the world in 2004 and 4.6% of the global burden of disease as measured in disability-adjusted life years lost, even when consideration is given to the modest protective effects, especially on coronary heart disease, of low consumption of alcohol for some people aged 40 years or older.
4. Harmful drinking is a major avoidable risk factor for neuropsychiatric disorders and other noncommunicable diseases such as cardiovascular diseases, cirrhosis of the liver and various cancers. For some diseases there is no evidence of a threshold effect in the relationship between the risk and level of alcohol consumption. A significant proportion of the disease burden attributable to harmful drinking is determined by unintentional and intentional injuries, including those due to road traffic crashes, and suicides. Fatal injuries attributable to alcohol consumption tend to occur in relatively young people. Some vulnerable or at-risk groups and individuals have increased susceptibility to the toxic, psychoactive and dependence-producing properties of alcohol.
5. The main purpose of the draft global strategy is to support global, regional and national efforts to reduce this public health burden.

¹ Given the religious and cultural sensitivities of some Member States to consumption of alcohol, the word "harmful" in this strategy refers only to public-health effects of alcohol consumption, without prejudice to religious beliefs and cultural norms in any way.

² See document A60/14 Add.1 for a global assessment of public-health problems caused by harmful use of alcohol.

6. A substantial knowledge base exists for policy-makers on the efficacy and cost-effectiveness of strategies and interventions to prevent and reduce alcohol-related harm,¹ and, with better increased awareness, there are increased responses at national, regional and global levels. However, these policy responses are often fragmented and do not always correspond to the magnitude of the impact on health and social development. For example, legislative frameworks and mechanisms for the enforcement of existing laws are often insufficient.

CHALLENGES AND OPPORTUNITIES

7. **Global action.** Harmful use of alcohol will continue to be a global health issue as alcoholic beverages are increasingly available commercially. There is a need for increased international collaboration and global guidance to support and complement regional and national actions to prevent and reduce the harmful use of alcohol. The development of a draft global strategy will help WHO to lead a concerted global effort to prevent and reduce harmful use of alcohol.

8. **Intersectoral action.** The diversity of alcohol-related problems and measures necessary to reduce alcohol-related harm points to the need for comprehensive action across numerous sectors. Policies to reduce the harmful use of alcohol must reach beyond the health sector, and engage such sectors as development, transport, justice, social welfare and development, fiscal policy, trade, agriculture, consumer policy, education and employment. The health sector should take the lead in coordinating the broad and inclusive effort needed to prevent and reduce harmful use of alcohol.

9. **Priorities.** Preventing and reducing harmful use of alcohol may have an apparently low priority among decision-makers despite compelling evidence for the serious effects on public health. In addition, there is a clear discrepancy between the increasing availability and affordability of alcohol beverages in many low- and middle-income countries and those countries' capability and capacity to meet the possible additional public health burden that follows. The weakening of traditional regulation of drinking and the spread of drinking practices and norms, in combination with the marketing activities of producers and distributors of alcohol beverages, make this challenge even greater.

10. **Competing interests.** Alcohol production, distribution, marketing and sales create employment and generate considerable income for economic operators and tax revenue for governments at different levels. Public health measures to reduce harmful use of alcohol are sometimes judged to be in conflict with other goals like free trade and consumer choice and can be seen as harming economic interests and reducing government revenues. Policy-makers face the challenge of finding an appropriate balance between the promotion and protection of population health while taking into account these other goals and interests.

11. **Equity.** Population-wide rates of alcohol consumption are markedly lower in poorer societies than in wealthier ones. However, for a given amount of consumption, poorer populations may experience disproportionately higher levels of alcohol-attributable harm. There is a great need to develop and implement effective policies and programmes that address such social disparities and to generate and disseminate new knowledge about the complex relationship between alcohol and social and health inequity, particularly in developing countries.

¹ See, for example: *WHO Expert Committee on problems related to alcohol consumption. Second report.* Geneva, World Health Organization, 2007 (WHO Technical Report Series, No. 944) and Anderson P. et al. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*, 2009; 373: 2234–46.

12. **Context.** Much of the published evidence for effectiveness of alcohol-related policy interventions is from high-income countries, and there are concerns that the effectiveness of these interventions depends on context and is not transferrable to other settings. However, many interventions to reduce harmful use of alcohol have been implemented in a wide variety of cultures and settings, and their results are often consistent and in line with the underpinning theories and evidence base accumulated in other similar public health areas. The focus for those developing and implementing policies should be on appropriate tailoring of effective interventions to accommodate local contexts and on appropriate monitoring and evaluation to provide feedback for further action.

13. **Information.** Systems for collecting, analysing and disseminating data on alcohol consumption, alcohol-related harm and policy responses have been developed by the Secretariat, Member States, and some other stakeholders. There are still substantial gaps in our knowledge and it is important to sharpen the focus on information and knowledge production and dissemination for further developments in this area, especially in low- and middle-income countries. The ongoing development of WHO's Global Information System on Alcohol and Health and integrated regional information systems provides an opportunity to monitor progress achieved in reducing harmful use of alcohol at the global and regional levels.

AIMS AND OBJECTIVES

14. National and local efforts to reduce harmful use of alcohol can produce better results when they are supported by regional and global action within agreed public health policy frameworks. The draft global strategy is intended to support and complement regional and national action to reduce harmful use of alcohol by providing guidance, fostering commitment and facilitating coordination and support for activities at all levels.

15. The draft strategy offers a portfolio of approaches and measures that can be implemented and adjusted as appropriate at the national level, to take into account national circumstances such as religious and cultural contexts, national public health priorities, as well as resources, capacities and capabilities.

16. The vision behind the global strategy is improved health outcomes for individuals, families and communities, with considerably reduced alcohol-attributable morbidity and mortality and their ensuing social consequences, through the promotion and support of local, regional and global actions to reduce harmful use of alcohol.

17. The strategy has five objectives:

- (1) raised global awareness of the magnitude and nature of public health problems caused by harmful use of alcohol, and increased commitment by governments to act to prevent and reduce harmful use of alcohol
- (2) mobilization of all relevant parties to take appropriate and concerted action to prevent and reduce harmful use of alcohol
- (3) support and enhancement of national capacity and capability in order to prevent and reduce harmful use of alcohol, as well as to treat alcohol-use disorders and associated health conditions

(4) strengthened knowledge base on the magnitude and determinants of alcohol-related harm and on effective interventions to reduce and prevent such harm

(5) better systems for monitoring and surveillance at different levels, and securing effective dissemination and appropriate application of this information.

18. Harmful use of alcohol and its related public health problems are influenced by both the general level of alcohol consumption in a population and drinking patterns and contexts. Achieving the five objectives will require global, regional and national actions on the levels, patterns and contexts of alcohol consumption and the wider social determinants for health. Special attention needs to be given to harm to people other than the drinker and to populations that are at particular risk from harmful use of alcohol, such as children, adolescents, women of child-bearing age, pregnant and breastfeeding women, indigenous peoples and other minority groups or groups with low socioeconomic status.

GUIDING PRINCIPLES

19. The protection and preservation of the health of the population by preventing and reducing harmful use of alcohol are a public health priority. The following principles are proposed to underpin the development and implementation of policies at all levels to prevent and reduce harmful use of alcohol. The principles reflect the multifaceted determinants of alcohol-related harm and the complexity of implementing effective interventions.

(1) Public policies and interventions to prevent and reduce alcohol-related harm should be based on clear public health goals, and be formulated by public health entities.

(2) Policies and interventions should be based on the best available evidence, equitable, and supported by sustainable implementation mechanisms.

(3) A precautionary approach that gives priority to public health should be applied in the face of uncertainty or competing interests.

(4) Specific consideration should be given to populations at particular risk from harmful use of alcohol, including the effects of harmful drinking by others, in the development and implementation of policies to prevent and reduce harmful use of alcohol.

(5) Policies and interventions should be sensitive to different national, religious and cultural contexts, and to trends in prevalence and patterns of drinking.

(6) All involved parties have the responsibility to act in ways that do not undermine implemented public policies and interventions to prevent and reduce harmful use of alcohol.

(7) Children, young people and people who choose not to drink alcohol should be supported in their non-drinking behaviour and not experience pressure to drink alcohol.

(8) Effective prevention, treatment and care services should be available, accessible and affordable for those affected by harmful use of alcohol.

- (9) Stigmatization of, and discrimination against, groups and individuals affected by harmful use of alcohol should be avoided and actively discouraged in order to improve help-seeking behaviour and the provision of needed services.

POLICY OPTIONS AND INTERVENTIONS FOR MEMBER STATES

20. Preventing and reducing harmful use of alcohol requires a wide range of public health-oriented strategies for prevention and treatment. All countries will benefit from having a national strategy and appropriate legal framework to reduce harmful use of alcohol, regardless of the level of resources in the country. Knowledge production, capacity building and monitoring and surveillance should be integrated into activities to reduce harmful use of alcohol.

21. Extensive consultation at both global and regional levels has identified a range of policy options and interventions for implementation at the national level, depending on national, religious and cultural contexts, as well as national public health priorities and available resources. Not all the policy options and interventions will be relevant for all Member States and some may be beyond available resources. Successful implementation of many regulatory measures will depend on a country's capacity to monitor compliance and to establish and impose sanctions for non-compliance with adopted laws and regulations.

22. The policy options and interventions are grouped into 10 target areas which were identified during the consultation process. These areas should be seen as supportive and complementary:

- (1) awareness and commitment
- (2) health services' response
- (3) community action
- (4) drink-driving policies and countermeasures
- (5) availability of alcohol
- (6) marketing of alcoholic beverages
- (7) pricing policies
- (8) harm reduction approaches
- (9) reducing the public health impact of illegal and informal alcohol
- (10) monitoring and surveillance.

23. In the following sections, the policy options and interventions listed for each area are based on current scientific knowledge and evidence on efficacy and cost-effectiveness, and experience and good practices that were identified through the consultation process. Capacity building, evaluation and research should be seen as necessary and integral parts of the implementation of any of the listed options. The options that have the most support with regard to their evidence of effectiveness in the scientific literature are highlighted under the key components for each target area.

Target areas for Member States

Awareness and commitment

Rationale

24. Sustainable action requires a strong base of awareness, commitment, involvement and support. Raising awareness about the magnitude of alcohol-related harm and making commitments to respond accordingly are essential first steps for a sustainable effort to prevent and reduce harmful use of alcohol. The commitments should ideally be expressed through a comprehensive and intersectoral national policy that clarifies the contributions and division of responsibility of the different partners involved.

Possible policies and interventions for implementation at the national level

25. These policies and interventions include:

- (1) revisiting or developing comprehensive and adequately funded national and subnational strategies to reduce the harmful use of alcohol
- (2) establishing or appointing a main institution or agency to be responsible for following up national policies, strategies and plans
- (3) coordinating alcohol strategies with other relevant health-sector strategies and plans including those on illicit drugs, noncommunicable diseases, cancer, mental health, injury and violence, and HIV/AIDS
- (4) intersectoral cooperation and coordination between relevant sectors
- (5) ensuring that information is disseminated and knowledge shared among all levels of society about the full range of alcohol-related harm experienced in the country, including the impacts on people around the drinker and about the need for and existence of effective preventive measures
- (6) establishing a dedicated day or week at the national level for raising awareness and for prevention of harmful use of alcohol and related health and social consequences
- (7) publishing regular national reports on alcohol and public health.

Core components

26. Evidence supports the development of a comprehensive national policy to prevent and reduce harmful use of alcohol and, when appropriate, also at subnational and local levels, based on available evidence and tailored to local circumstances, with clear objectives, strategies and targets. The policy should be accompanied by a specific action plan and supported by effective and sustainable implementation mechanisms. Building a strong base of public awareness and support can also help to secure the necessary continuity and sustainability of efforts to reduce harmful use of alcohol.

Measures to support and complement actions at national levels

27. WHO can contribute support to Member States by increasing global awareness and advocacy for effective measures to reduce harmful use of alcohol in order to help build international collaboration and networking; developing tools and providing an international clearinghouse for information on evidence-based interventions to reduce harmful use of alcohol; and raising harmful use of alcohol as a public health issue on the agenda of relevant international and intergovernmental organizations.

Implementation considerations

28. The various cultural, religious and local settings need to be taken into account when developing and implementing national policies and strategies and when creating campaigns to raise awareness. Adequate resources will have to be made available and effectively allocated to ensure sustainability of actions. The involvement and engagement of the civil society are essential.

Health services' response

Rationale

29. Health services are central to tackling harm at the individual level among those already affected, and also for coordinating and contributing expertise to the development of effective policies to reduce alcohol-related harm. Health services should provide prevention and treatment interventions to individuals and their families at risk of or affected by alcohol use disorders and alcohol-attributable diseases and injuries. Another important role of health services and health professionals is to inform societies and their members about the public health and social consequences of harmful use of alcohol, and to advocate for effective societal responses.

Possible policies and interventions for implementation at the national level

30. These policies and interventions include:

- (1) increasing capacity of health and social welfare systems to deliver prevention, treatment and care for alcohol-use disorders and comorbid conditions, including support and treatment for affected families
- (2) establishing and maintaining a system of registration and monitoring of alcohol-attributable morbidity and mortality, with regular reporting mechanisms
- (3) integration of prevention, treatment and care strategies, services and interventions for alcohol-use disorders into those for other mental and behavioural disorders including drug-use disorders, depression and suicides, and their effective coordination
- (4) identification of hazardous and harmful drinking in different settings
- (5) inclusion of serious consideration of the harmful use of alcohol in regular curricula for the training of health and social welfare professionals
- (6) brief intervention with at-risk drinkers, particularly in the primary health care setting

- (7) safe and effective management of, and treatment services for, alcohol withdrawal and alcohol-use and alcohol-induced disorders, including effective pharmacological and psychosocial interventions
- (8) enhanced availability, accessibility and affordability to treatment services for groups of low socioeconomic status
- (9) support for mutual help or self-help activities and programmes
- (10) provision of technical guidance and mobilization of support from other sectors for effective strategies to reduce harmful use of alcohol, and developing collaborations and coordination mechanisms.

Core components

31. Strong evidence supports the utility of early identification of high-risk patterns of alcohol use and brief interventions by health professionals for such drinkers. Some specialized treatment approaches are also effective for individuals with severe alcohol dependence and related problems. Treatment is most effective when supported by sound policies and health systems and integrated within a broader preventive strategy. Health services should also reach out to, mobilize and involve a broad range of players outside of the health sector in order to increase the effectiveness of efforts to reduce harmful use of alcohol.

Measures to support and complement actions at national levels

32. WHO can contribute support to Member States by: documenting and disseminating good models of health service responses to alcohol-related problems; ensuring consistency, scientific soundness and clarity of key messages about preventing and reducing harmful use of alcohol; identifying and cooperating with other relevant actors at the regional and global levels in order to support health services response at the national level.

Implementation considerations

33. Expanding effective interventions, in a sector that is already overstretched, often inadequately funded and some times ill-equipped to meet present and future demands, constitutes a major challenge. Thus, special emphasis must be placed on ensuring that the health services response can be sufficiently strengthened and funded in a way that is commensurate with the magnitude of the public health problems caused by harmful use of alcohol.

Community action

Rationale

34. The impact of harmful use of alcohol on communities can trigger and foster local initiatives and solutions to local problems, provided that communities have the necessary commitment and resources available. Community programmes and local action are important ways of encouraging healthy choices and creating public and political support for effective interventions to prevent and reduce harmful use of alcohol. Community action can increase recognition of alcohol-related harm at the community level, reduce the acceptability of disruptive behaviour due to intoxication, bolster other policy measures at the 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 the production and distribution of illicit, informal and potentially contaminated alcohol. Community action can also influence, inform, and contribute to national and international efforts.

Possible policies and interventions for implementation at the national level

35. These policies and interventions include:

- (1) undertaking rapid assessments in order to identify gaps and priority areas for interventions
- (2) enabling communities to recognize and respond to the local determinants of increased alcohol consumption and related problems
- (3) strengthening local authorities' possibilities to coordinate long-term concerted community action
- (4) providing information about community action programmes to reduce harmful use of alcohol which use evidence-based interventions, and build capacity at community level for their implementation
- (5) supporting and strengthening general programmes for community mobilization
- (6) promoting workplace alcohol policies and programmes
- (7) supporting specific programmes for specific vulnerable subpopulations such as young people, unemployed persons and indigenous populations, and events such as sporting events and town festivals
- (8) developing or supporting alcohol-free environments, especially for youth and other at-risk groups.

Core components

36. Evidence shows that systematic approaches that ensure coordination of community resources to implement effective policies effectively reduce harmful use of alcohol when they are backed up by enforcement measures. Local communities can be empowered to adopt their own measures as appropriate to respond to local needs, and also be informed as to the evidence on the most effective strategies.

Measures to support and complement actions at national levels

37. WHO can contribute support to Member States by: raising awareness in international forums, capacity building and facilitating knowledge exchanges, facilitating international networks for communities that face specific and similar problems (for example specific problems among indigenous or other minority groups or changing youth drinking cultures). Development agencies could consider reducing harmful use of alcohol as a priority area in low- and middle-income countries with a high burden of disease attributable to alcohol.

Implementation considerations

38. Community action seeks to change collective rather than individual behaviour and must be sensitive to cultural norms, beliefs and value systems. Materials developed should be appropriately tailored to local needs and cultural norms, and mindful of minority groups. Funding is required to build capacity and ensure sustainability.

Drink-driving policies and countermeasures

Rationale

39. Intoxication with alcohol seriously affects a person's judgement, coordination and other motor skills. Alcohol-impaired driving is a significant public health problem that affects both the drinker and often innocent parties. There are strong evidence-based interventions available to reduce drinking and driving. Strategies to reduce harm associated with drink-driving should include deterrent measures that aim to reduce the likelihood that a person will drive under the influence of alcohol, and measures that create a safer driving environment in order to reduce both the likelihood and severity of harm associated with alcohol-influenced crashes.

Possible policies and interventions for implementation at the national level

40. These policies and interventions include:

- (1) introducing and enforcing an upper limit for blood alcohol concentration, with a lower limit for professional drivers and young or novice drivers
- (2) promoting sobriety check points and random breath testing
- (3) administrative suspension of driving licences
- (4) graduated licensing for novice drivers with zero-tolerance for drinking and driving
- (5) using ignition interlocks
- (6) mandatory driver-education and treatment programmes for repeat offenders
- (7) encouraging provision of alternative transportation, including public transport until after the closing time for drinking places
- (8) conducting public information campaigns in support of policy in order to increase general deterrence effect
- (9) running carefully planned, high-intensity, well-executed mass media campaigns targeted at a specific audience.

Core components

41. Strong evidence supports a sufficiently low level (0.05%) or lowering of limits for blood alcohol concentration as a central part of any concerted effort to reduce alcohol-related road-traffic

injuries and fatalities. This action should be supplemented by strong enforcement including sobriety check points and random breath-testing. Having lower limits for young or inexperienced drivers has also proven effective in helping to reduce road traffic injuries and fatalities in these groups.

Measures to support and complement actions at national levels

42. WHO can contribute support to Member States by facilitating regional and global networks to support and complement national efforts, with a focus on knowledge production and information exchange, and drawing together engineering and policing expertise with public health expertise to design effective models, especially for low- and middle-income countries.

Implementation considerations

43. The success of legislation as a deterrent and the reduction of the incidence of drink-driving and its consequences largely depend on the ability to change social norms. Consistent enforcement by police departments using random, targeted or selective breath-testing followed by effective sanctions is essential and should be supported by sustained publicity and awareness campaigns. Measures in other areas such as pricing policies, minimum drinking age laws, outlet density and responsible server training programmes can all contribute to reducing alcohol-related road traffic fatalities. Other means of transport like boats and aircraft, as well as operating machinery, should also be targets for interventions to prevent or reduce alcohol-related crashes and injuries. In some countries, traffic-related injuries involving intoxicated pedestrians can be of importance and should be a high priority for intervention.

Availability of alcohol

Rationale

44. Restricting the availability of alcohol is an essential measure to prevent easy access to alcohol by vulnerable and high risk groups. Evidence shows that regulating production and distribution of alcohol beverages, paired with enforcement, is effective in reducing harmful use of alcohol across a wide range of drinking patterns and populations.

Possible policies and interventions for implementation at the national level

45. These policies and interventions include:

- (1) establishing a licensing system to regulate production, wholesaling and serving of alcoholic beverages
- (2) public health-oriented government monopoly of retail sales
- (3) regulating the number and location of on-premise and off-premise alcohol outlets
- (4) regulating days and hours of retail sales
- (5) regulating modes of retail sales of alcohol (e.g. on credit)
- (6) partial or full ban on sales and consumption, according to cultural norms

- (7) regulating retail sales in certain places or during special events (e.g. general elections, major sports events or festivals)
- (8) legal age limits for purchase or consumption of alcoholic beverages
- (9) regulations preventing sales to intoxicated customers
- (10) regulations preventing sales to those suspected of making purchases on behalf of intoxicated persons or those below the legal age limit
- (11) introducing mechanisms for seller and server liability
- (12) addressing informal or illicit production, sale and distribution of alcohol.

Core components

46. Evidence from a range of settings demonstrates the importance of a legal framework for reducing the physical availability of alcohol that encompasses restrictions on both the sale and serving of alcohol. These restrictions should cover the age of consumers, the type of retail establishments that can sell alcoholic beverages, and specific licensing to sell alcoholic beverages, with limits on hours and days of sale and regulations on vendors and the density of outlets. Government monopolies have been shown in some settings to reduce harmful use of alcohol effectively. Regulations need to be adequately enforced with effective sanctioning mechanisms. The most effective focus for enforcement is sellers, who have an interest in retaining the right to sell or serve alcohol.

Measures to support and complement actions at national levels

47. WHO can contribute support to Member States by: facilitating regional and global efforts to examine and, if needed, mitigate the impact that provisions for free movement of goods and services as well as increased travel might have on harmful use of alcohol and which can support and strengthen governments' ability to regulate the availability of alcohol at the national level; developing and sharing expertise in constructing and operating effective national systems of controlling the alcohol market.

Implementation considerations

48. In some low- and middle-income countries, 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 promote the development of a parallel illicit market. In most circumstances, this unintended consequence can be avoided with rigorous enforcement, especially if there is little or no substantial home or illicit production. A broader set of effective countermeasures is needed where a larger illicit market exists. A licensing system with fees that is aimed at achieving public health goals rather than primarily to generate income will reduce the likelihood of unintended consequences such as the development of an illicit market.

Marketing of alcoholic beverages

Rationale

49. Reducing the impact of marketing is an important consideration in reducing harmful use of alcohol. Marketing can influence young people's attitudes towards the use of alcohol, and can promote riskier patterns of drinking by young people. It is very difficult to target young adult consumers without exposing cohorts of adolescents under the legal age to the same marketing. The exposure of children and young people to appealing marketing is of particular concern, as is the targeting of new markets in low- and middle-income countries with a current low prevalence of alcohol consumption or high abstinence rates. The effects of exposure to alcohol marketing seem to be cumulative and can contribute to the normalizing of drinking alcohol and eventually to increased levels of harmful use of alcohol in populations. The transmission of alcohol marketing messages across national borders and jurisdictions via channels such as satellite television, internet and sponsorship of sports and cultural events has emerged as a serious concern in some countries.

Possible policies and interventions for implementation at the national level

50. These policies and interventions include:

- (1) restricting or banning direct or indirect marketing in certain or all media
- (2) restricting or banning sponsorship activities that promote alcoholic beverages
- (3) restricting the volume of marketing
- (4) restricting promotions in connection with activities to which young people are responsive
- (5) regulating new forms of marketing
- (6) developing effective surveillance systems by public agencies or independent bodies of marketing of alcohol products
- (7) setting up effective administrative and deterrence systems for infringements on marketing restrictions.

Core components

51. A regulatory framework, preferably with a legislative basis, with appropriate and timely sanctions is essential for the regulation of marketing and sponsorship of alcoholic beverages, in particular in order to protect youth, children and vulnerable groups. The framework should particularly aim at regulating the exposure to marketing that is targeted at, or that may inadvertently appeal to, these groups.

Measures to support and complement actions at national levels

52. WHO can contribute support to Member States by facilitating international collaboration on strengthening national capacity to avoid or redress the possible negative effects of alcohol marketing

(including cross-border marketing) and exposure to advertising of people in new markets in low- and middle-income countries.

Implementation considerations

53. 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, through direct marketing techniques in new media such as e-mails, SMS and podcasting, social media and other viral marketing techniques. Systematic ongoing surveillance and monitoring by independent experts in commercial communication are an important part of measures to limit the impact of alcohol marketing on harmful use of alcohol.

Pricing policies

Rationale

54. Increasing the price of alcoholic beverages is one of the most effective interventions to reduce harmful use of alcohol. Consumers, including heavy drinkers and young people, are sensitive to changes in the price of drinks. Pricing policies can be used to reduce underage drinking, progression towards drinking large volumes of alcohol and/or episodes of heavy drinking, and to influence consumers' preferences.

Possible policies and interventions for implementation at the national level

55. These policies and interventions include:

- (1) establishing a system for specific alcohol taxation accompanied by an effective enforcement system
- (2) taxing alcohol in proportion to the alcoholic content of the beverage or on the basis of the type of beverage
- (3) regular reviewing of prices in relation to level of inflation and income
- (4) benchmarking of alcohol prices with basic commodities
- (5) banning or restricting the use of price promotions, discount sales, sales below cost and flat rates for unlimited drinking or other types of volume sales
- (6) establishing minimum prices for alcohol
- (7) providing price incentives for non-alcoholic alternatives
- (8) restricting cross-border trade of alcohol
- (9) combating or reducing the sales of illicit alcohol or alcoholic beverages, and ensuring that informal alcoholic drinks are covered by the relevant regulations, as appropriate
- (10) stopping or reducing subsidies to economic operators in the alcohol trade

(11) imposing extra taxes on alcoholic beverages that might have a special appeal to adolescents.

Core components

56. Considerable evidence has accumulated to support the use of tax changes as a means of influencing price and regulating demand for alcoholic products. Setting minimum prices can reduce acute and chronic harm. A key factor for the success of price-related policies in reducing harmful use of alcohol is an effective and efficient system for taxation matched by adequate tax collection and enforcement.

Measures to support and complement actions at national levels

57. WHO can contribute support to Member States by collecting and disseminating information on ways to promote effective alcohol taxation and pricing policies, such as data on the effect of price in reducing alcohol-related harm, and by forecasting scenarios on the effects of taxation on revenue and reduced harm. This information should also include the strengths and weaknesses of different taxation and pricing models and systems, especially in the context of low- and middle-income countries and in countries with substantial sales of non-taxed alcohol.

58. Bilateral, regional and international trade agreements should consider making provision for alcohol's status as a special commodity, in the light of its dependence-producing properties and the public health impact of alcohol-related harm.

Implementation considerations

59. Factors such as consumer preferences and choice, changes in income, alternative sources for alcohol in the country or in neighbouring countries, and the presence or absence of other alcohol policy measures may influence the effect of this policy option. Demand for different beverages may be affected differently. Tax increases can have different impacts on sales, depending on how they affect the price to the consumer.

60. The existence of a substantial illicit market for alcohol complicates policy considerations on taxation in many countries. In such circumstances tax changes must be accompanied by efforts to bring the illicit and informal markets under effective government control.

61. Increased taxation can also meet resistance from consumer groups and economic operators, and taxation policy will benefit from the support of information and awareness-building measures to counter such resistance.

Harm-reduction approaches

Rationale

62. Harm-reduction measures have the potential to prevent and reduce the negative consequences from alcohol consumption without specifically aiming at – nor necessarily reducing – the consumption of alcohol itself. The starting point for this approach is the recognition that people are drinking alcohol, and the focus is on how the potential negative consequences of that drinking can be prevented or reduced. There is a potential large public health gain from successfully reducing the level of, or

health consequences from, intoxication and heavy drinking and changing the drinking context, especially since the behaviours being targeted commonly harm people other than the drinker.

Possible policies and interventions for implementation at the national level

63. For this target area the range of policies and interventions includes:

- (1) regulating the drinking context to minimize violence and disruptive behaviour
- (2) serving alcohol in plastic containers or shatter-proof glass
- (3) enforcing laws against serving to intoxication
- (4) legal liability for consequences of harm resulting from intoxication caused by the serving of alcohol
- (5) management policies relating to responsible serving of beverage on premises
- (6) training staff in relevant sectors how better to manage intoxicated and aggressive drinkers
- (7) reducing the alcoholic strength of different beverage categories
- (8) social welfare care and support programmes
- (9) providing necessary care or shelter for severely intoxicated people
- (10) providing consumer information and labelling alcoholic beverages on the harm related to alcohol
- (11) fortifying alcoholic beverages or food products with vitamins in order to prevent nutritional deficits among heavy drinkers.

Core components

64. Some evidence suggests that safety-oriented design of the premises and the employment of security staff, partly to reduce potential violence, can reduce alcohol-related harm.

Measures to support and complement actions at national levels

65. WHO can contribute support to Member States in strengthening their national actions by generating knowledge and exchanging information and best practices.

Implementation considerations

66. The management of the public drinking context is important, but can only contribute partially to reducing alcohol-related harm, as much occurs outside these contexts. Harm-reduction approaches should be considered as part of a comprehensive set of measures to reduce harmful use of alcohol. Current evidence and good practices favour the complementary use of harm-reduction interventions together with broader strategies to prevent or reduce harmful use of alcohol. In implementing these

harm-reduction approaches to managing the drinking environment or informing consumers, the perception of endorsing or promoting drinking should be avoided.

Reducing the public health impact of illegal¹ or informal alcohol

Rationale

67. Consumption of illegally or informally produced alcohol may have additional negative health and social consequences to the negative effects of ethanol itself. It may also hamper governments' abilities to tax and control legally produced alcohol. Actions to reduce these additional negative effects should be phased according to the prevalence of illegal or informal alcohol consumption and the associated harm. These interventions should complement, not replace, other interventions to reduce harmful use of alcohol.

Possible policies and interventions for implementation at the national level

68. For this target area the range of policies and interventions includes:

- (1) good quality control with regard to production and distribution of alcoholic beverages
- (2) regulating sales of informal alcohol and bringing it into the taxation system
- (3) an efficient control and enforcement system, including tax stamps
- (4) developing or strengthening tracking and tracing systems for illegal alcohol
- (5) ensuring necessary cooperation and exchange of relevant information on combating illegal alcohol among authorities at national and international levels
- (6) issuing relevant public warnings about contaminants and other health threats from informal or illegal alcohol.

Core components

69. Good scientific, technical and institutional capacity should be in place for the planning and implementation of appropriate national, regional and international measures. Good market knowledge and insight into the composition and production of informal or illegal alcohol are also important, coupled with a good legislative framework and active enforcement. Control measures should be combined with awareness raising and community mobilization.

Measures to support and complement actions at national levels

70. Concerted international efforts can benefit national measures aimed at combating illicit trade in alcohol. WHO can contribute support to Member States by working to strengthen multilateral, regional or bilateral arrangements in order to enhance the prevention of harm resulting from

¹ Illegal alcohol in this context means alcoholic products made available as a result of any practice or conduct prohibited by law and which relates to production, shipment, receipt, possession, distribution, sale or purchase of alcohol.

consumption of illegal alcohol, for instance through encouraging the introduction of tax stamps and the establishment of global tracking and tracing systems.

Implementation considerations

71. Production and sale of informal alcohol can be culturally accepted and regulated. Informal alcohol can contain less alcohol without carrying more risks than commercial beverages and may be important sources for income to poor families. Thus countermeasures to combat informal alcohol must be based on knowledge of the harm from such alcohol and be culturally sensitive. Efforts to stimulate alternative sources of income or ways to formalize this type of alcohol are important. The feasibility and effectiveness of countermeasures may be influenced by the fact that the purchasing power of those who buy informally or illegally produced alcohol is often extremely low.

Monitoring and surveillance

Rationale

72. Local, national and international surveillance and monitoring are needed in order to give a clear picture of the size and nature of the harmful use of alcohol and to answer important policy questions, including how to identify effective interventions to prevent and reduce harmful use of alcohol. These activities will include monitoring of levels and patterns of alcohol consumption, the ensuing health and social consequences, and the impact of policies and their implementation. Monitoring and surveillance are essential operational components of organized efforts to reduce the harmful use of alcohol and should be integrated into policy developments. Health equity should be taken into consideration in the collection, analysis and use of data, for example by giving attention to the social aspects of drinking patterns and drinking problems and by taking into consideration age, gender, social class, and ethnicity. Surveillance should also capture the profile of people accessing services and the reason why people most affected are not accessing prevention and treatment services.

Possible policies and interventions for implementation at the national level

73. For this target area the range of policies and interventions includes:

- (1) establishing an effective framework for monitoring and surveillance activities
- (2) defining and tracking a common set of indicators of harmful use of alcohol and of policy responses and interventions to prevent and reduce such use
- (3) commissioning continuous national surveys on alcohol consumption and alcohol-related harm
- (4) establishing or designating an institution or other organizational entity responsible for collecting, analysing and disseminating available data
- (5) providing data in the agreed format to WHO and other relevant international organizations.

Core components

74. Development of sustainable national information systems using indicators, definitions and data collection procedures compatible with WHO's global and regional information systems is an important prerequisite of effective evaluation of national efforts to reduce harmful use of alcohol and for monitoring trends at subregional, regional and global levels. Systematic ongoing collection, collation and analysis of data, timely dissemination of information and feedback to policy-makers and other stakeholders should be an integral part of implementation of any policy and intervention to reduce harmful use of alcohol.

Measures to support and complement actions at national levels

75. Data from monitoring and surveillance create the basis for the success and appropriate delivery of the other nine policy options. WHO's Global Information System on Alcohol and Health and burden of disease studies are recognized as the principal tools for informing policy-making at the global level and should be strengthened and combined with increased efforts at regional and national levels. The international efforts on alcohol research, monitoring and evaluation need to be strengthened, with specific attention to the needs of developing societies. WHO can contribute support to Member States by continuing to develop relevant technical tools and data collection mechanisms and ensure the comparability of data and formulate agreed definitions.

Implementation considerations

76. Collecting, analysing and disseminating information on harmful use of alcohol are resource-intensive activities. Gradually building up national information systems with key indicators should nevertheless be done. Data may be available in other sectors, and good systems for coordination, information exchange and collaboration are necessary.

IMPLEMENTING THE STRATEGY

77. Successful implementation of the strategy will require concerted action by Member States, effective global governance and appropriate engagement of all relevant stakeholders. Actions are proposed to support the achievement of the five objectives. Consideration should be given to developing a more detailed action plan with specific time-bound actions and appropriate resourcing.

Raising global awareness of the magnitude and nature of public health problems caused by harmful use of alcohol and fostering commitment by governments to act to prevent and reduce harmful use of alcohol

78. The Secretariat will report regularly on the global burden of alcohol-related harm, make evidence-based recommendations, and advocate action at all levels to prevent and reduce harmful use of alcohol. It will collaborate with other intergovernmental organizations and, as appropriate, other international bodies representing key stakeholders to ensure that reducing harmful use of alcohol receives appropriate priority and resources.

79. At national level, Member States have primary responsibility for formulating, implementing, monitoring and evaluating public policies to reduce harmful use of alcohol. Sustained political commitment, effective coordination, and appropriate engagement of subnational governments and civil society are essential for success. Health ministries have a crucial role in bringing together the

other ministries and stakeholders needed for effective policy design and implementation. They should also ensure that planning and provision of prevention and treatment strategies and interventions are coordinated with those for other related health conditions with high public health priority such as illicit drug use, mental illness, violence and injuries, cardiovascular diseases, cancer, tuberculosis and HIV/AIDS.

Mobilizing all relevant parties to take appropriate and concerted action to prevent and reduce harmful use of alcohol.

80. WHO will engage with other international intergovernmental organizations and, as appropriate, international bodies representing key stakeholders, to ensure that all relevant actors can contribute to reducing harmful use of alcohol. Relevant partners in the United Nations system and other intergovernmental organizations at global and regional levels are encouraged to take appropriate actions within their mandates that can support and complement the global strategy.

81. Governments and intergovernmental organizations should ensure that strong processes are in place to work with nongovernmental organizations and other civil society groups on alcohol policy development and implementation, taking into consideration any potential conflicts of interest that some nongovernmental organizations may have. Civil society has an important role as an independent voice warning about the impact of harmful use of alcohol on individuals, families and communities and bringing additional commitment and resources for reducing alcohol-related harm.

82. Economic operators can contribute to the reduction of alcohol-related harm in the context of their roles as producers, distributors and marketers of alcohol. Appropriate consideration must be given to the commercial interests involved and their possible conflict with public health objectives. Economic operators are especially encouraged to consider ways to prevent and reduce harmful use of alcohol when developing, producing, distributing, marketing and selling alcoholic products. They could also contribute by making available data on sales and consumption of alcohol beverages.

83. Research institutions and professional associations play a pivotal role in producing evidence for action and disseminating this to health professionals and the wider community. WHO collaborating centres have an important role in supporting the implementation and evaluation of the global strategy. The media play an increasingly important role, not only as a conveyer of news and information but also as a channel for commercial communications, and should be encouraged to support the intentions and activities of the global strategy.

Supporting and enhancing national capacity and capability to prevent and reduce harmful use of alcohol and to treat alcohol-use disorders and associated health conditions

84. Many Member States need increased capacity and capability to create, enforce and sustain the necessary policy and legal frameworks and implementation mechanisms. The Secretariat will provide technical guidance and support for strengthening institutional capacity to respond to public health problems caused by harmful use of alcohol, particularly in low- and middle-income countries with high or increasing alcohol-attributable burden.

85. Capacity development must be a long-term, continuing process. It includes mobilizing necessary resources and stakeholders' participation. Regional and intercountry networks should be developed or strengthened in order to help to share best practices and facilitate capacity building.

86. WHO's regional and country offices are the principal providers of support to Member States in each region, and WHO headquarters in its turn provides support to the regional programmes and country offices. Regional and country offices are ideally placed to support national policies, programmes and activities, for example by facilitating the sharing of best practice and disseminating information and resources to local communities. They can also ensure local concerns are reflected on the regional and global policy agenda.

Promoting and strengthening the knowledge base on the magnitude and determinants of alcohol-related harm and effective interventions to reduce and prevent such harm

87. Extensive evidence exists on the extent of harmful use of alcohol, and the effectiveness and cost-effectiveness of preventive and treatment interventions. This knowledge base should be further consolidated and expanded systematically to support the implementation of the global strategy. Comparative risk assessment of the alcohol-attributable disease burden should continue and epidemiological research in low- and middle-income countries should be strengthened. Comparative effectiveness studies should be undertaken of different policy measures implemented in different cultural and developmental contexts. Operational research to expand effective interventions and research on the relationship between alcohol and social and health inequities are other areas of importance.

Strengthening monitoring and surveillance systems at different levels, and securing effective dissemination and appropriate application of this information

88. Better data on alcohol consumption, including harmful use, and alcohol-related harm need to be generated, collated, analysed and regularly reported through WHO global and regional information systems in order to assist with monitoring progress in reducing harmful use of alcohol worldwide. WHO has prioritized continuous monitoring and the provision of technical support and guidance to monitor trends and evaluate impact of implemented policy measures. WHO will continue its work to develop the Global Information System on Alcohol and Health, providing a reference source of information for global epidemiological surveillance of alcohol use, alcohol-related problems and alcohol policies, and support as appropriate development of national monitoring systems.

LINKS AND INTERFACES WITH OTHER STRATEGIES, PLANS AND PROGRAMMES

89. This working document builds upon regional initiatives such as the Framework for alcohol policy in the WHO European Region (resolution EUR/RC55/R1), the Regional strategy to reduce alcohol-related harm in the Western Pacific Region (resolution WPR/RC57.R5), Alcohol consumption control – policy options in the South-East Asia Region (resolution SEA/RC59/R8), Public health problems of alcohol consumption in the Eastern Mediterranean Region (resolution EM/RC53/R.5) and actions to reduce the harmful use of alcohol in the African Region (document AFR/RC58/3).

90. Harmful use of alcohol is one of the four main risk factors highlighted in the action plan for the global strategy for the prevention and control of noncommunicable diseases (resolution WHA61.14). The alcohol strategy builds on and links to the other risk factors for noncommunicable diseases and the disease-specific programmes, especially through the global strategy on diet, physical activity and health (resolution WHA57.17), tobacco control (resolution WHA56.1), health promotion and healthy lifestyle (resolution WHA57.16) and cancer prevention and control (resolution WHA58.22).

91. The strategy also links and aligns itself with other related activities in WHO, especially the Mental Health Gap Action Programme, including suicide prevention and management of other substance use disorders as well as programmatic activities on violence and health (resolution WHA56.24), road safety and health (resolution WHA57.10), child and adolescent health and development (resolution WHA56.21) and reproductive health (resolution WHA57.12).

92. With emerging evidence, greater attention is being given to the links between alcohol and some infectious diseases and between alcohol drinking and development. The strategy also links in with the WHO HIV/AIDS programme, the Stop TB Strategy, the work to reduce health inequities through action on the social determinants of health (resolution WHA62.14) and WHO's work to achieve the health-related United Nations Millennium Development Goals (resolution WHA58.30).

93. The implementation of a global strategy to reduce harmful use of alcohol provides a supportive framework for the WHO regional offices to formulate, revisit and implement region-specific policies and, together with the country offices, provide technical support to Member States. Emphasis will also be put on coordination within the Secretariat so that all actions relevant to harmful use of alcohol are in line with this strategy.

MONITORING PROGRESS AND REPORTING MECHANISMS

94. For monitoring progress the strategy requires appropriate mechanisms at different levels for assessment, reporting and re-examining action. A framework with an impact-focused perspective is needed for assessing achievement of the strategy's objectives.

95. WHO's Global Survey on Alcohol and Health and the Global Information System on Alcohol and Health are important parts of the reporting and monitoring mechanisms. The data-collecting tools of the latter will be adjusted to include the relevant reporting on the process and outcomes of implementation of the strategy at the national level.

96. Regular meetings of global and regional networks of national counterparts may offer a mechanism for technical discussion of the implementation of the global strategy at different levels. In addition to taking stock of the process, these meetings could include detailed discussions of priority areas and topics relevant to implementation.

97. Reporting on the implementation of the global strategy to Member States will take place as required, including reports to regional committees and the World Health Assembly. Information about implementation and progress should also be presented at regional or international forums including health conferences and appropriate intergovernmental meetings.

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