WHO Expert Committee on Problems Related to Alcohol Consumption  
Geneva, 10–13 October 2006

Recommendations

The Committee's recommendations are built on an evidence base of alcohol policies which is globally relevant, but not necessarily adapted to specific societal circumstances. The Committee recognizes that specific cultural and legal contexts, as well as the local configuration of alcohol problems, must be taken into account in formulating and implementing evidence-based alcohol policy.

1. The Committee recommends that WHO:
   — continue to play a leading role in coordinating a global response to the global nature of alcohol problems;
   — undertake the development of a global action plan to reduce the harmful effects of alcohol consumption;
   — assist countries in the implementation, evaluation and monitoring of alcohol policies, according to their needs, culture and socioeconomic make-up;
   — liaise with intergovernmental agencies such as UNDP, the World Bank, ILO and WTO, and intergovernmental agencies at the regional level, to seek inclusion of alcohol policies in relevant social and development agendas.

2. Within the context of a public health approach to alcohol-related problems, the Committee recommends that WHO support governmental bodies at national and sub-national levels, and in particular in low- and middle-income countries:
   — to give high priority to the prevention of harmful use of alcohol, with an increased investment in the implementation of policies known to be effective;
   — to continue to review the nature and extent of the problems caused by the harmful use of alcohol in their populations, the resources and infrastructures already available for reducing the incidence, prevalence and impact of these problems, and the possible constraints in establishing new policies and programmes;
   — to formulate, develop and implement adequately financed action plans on alcohol with clear objectives, strategies and targets;
   — to establish or reinforce mechanisms and focal points to coordinate the work of public health stakeholders;
   — to implement and evaluate evidence-based policies and programmes, using existing structures where feasible.

3. Based on the substantive evidence base for the effectiveness and cost–effectiveness of alcohol policies and programmes in reducing the negative consequences of harmful use of alcohol, the Committee recommends that WHO support and assist governments, upon request:
   — to regulate the availability of alcohol, including minimum ages for purchasing alcohol, hours of sale and density of outlets;
   — to implement appropriate drink-driving policies based on low legal limits of blood
alcohol concentrations that are strongly enforced;
— to reduce the demand for alcohol through taxation and pricing mechanisms;
— to raise awareness and support for effective policies. (In this regard, it is stressed that many commonly-used education and persuasion measures, for example school education programmes, mass media campaigns and warning labels, show little evidence of effectiveness in reducing alcohol-related harm, and therefore should not be implemented in isolation as alcohol policies).

4. Considering the detrimental effects of alcohol marketing measures on young people, the Committee recommends that WHO support and assist governments:

— to effectively regulate the marketing of alcoholic beverages, including effective regulation or banning of advertising and sponsorship of cultural and sports events, in particular those that have an impact on younger people;
— to designate statutory agencies to be responsible for monitoring and enforcement of marketing regulations;
— to work together to explore establishing a mechanism to regulate the marketing of alcoholic beverages, including effective regulation or banning of advertising and sponsorship, at the global level.

5. The Committee recommends that WHO support and assist governments:

— to ensure that all people with alcohol problems in need of treatment have access to non-stigmatized and confidential evidence-based treatments and community services;
— to increase investments in the widespread implementation of early identification and brief intervention programmes for hazardous and harmful alcohol use in a wide variety of settings, including primary care, social welfare, accident and emergency departments, workplaces, and educational institutions;
— to expand capacity by educating and training professionals in health care, social service, and criminal justice settings, in implementing identification and intervention programmes;
— to give greater attention in treatment policies to the organization, integration and delivery of treatment services at the local, municipal and national levels.

6. In view of the need to provide a sustainable system for monitoring and surveillance of progress in reducing the harmful consequences of alcohol use, the Committee recommends that WHO:

— establish a global information system on alcohol, based on the current WHO Global Alcohol Database, with country-based counterparts, to bring together and analyse alcohol monitoring and surveillance information based on comparable data and agreed definitions;
— support the integration of relevant data from international agencies, such as FAO and the World Bank, into this system to allow continuation of current monitoring efforts, as well as to provide information for countries which have not yet established an alcohol monitoring and surveillance system;
— integrate policies, laws and regulations, and data on the effectiveness of policies and programmes into the information system, to help identify best practices and support Member States in shaping effective programmes;
— fully continue its comparative risk assessment of alcohol-attributable problems within the global burden of disease estimates.

7. In order to take advantage of the large and growing body of knowledge, and to sustain and
implement evidence-based measures to reduce rates of alcohol-related problems, the Committee recommends that WHO:

— consider how its secretariat capacity can be strengthened to provide ongoing support to Member States in the area of developing, implementing and monitoring alcohol policy;
— use its best efforts to communicate with Member States on a regular basis new findings on evidence-based alcohol policy measures and their implementation;
— document, collate and disseminate practical experiences with the implementation of evidence-based alcohol policies in different societal circumstances and at different levels of governance.

8. Recognizing the role that nongovernmental organizations can play in supporting alcohol policy, the Committee recommends that WHO strengthen its processes of consultation and collaboration with nongovernmental organizations which are free of potential conflict of interest with the public health interest.

9. The Committee recommends that WHO continue its practice of no collaboration with the various sectors of the alcohol industry. Any interaction should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion.

10. Recognizing that alcohol is a special commodity in terms of its toxic and dependence-producing properties, with serious implications for public health, and that mechanisms should be developed to protect the public health interest concerning alcohol in trade, industrial and agricultural decisions, the Committee recommends that WHO:

— stimulate a dialogue concerning those international aspects of the alcohol market which impinge on the ability of countries to combat alcohol-related problems within their borders, analysing the feasibility of international mechanisms, including legally binding agreements between countries, to support the implementation of alcohol policies and programmes;
— seek opportunities to provide an active and continuing presence in trade negotiations and dispute adjudications to represent the public health interest in alcohol trade matters;
— develop guidance that can be used by policy-makers and advisers at all levels of government to monitor and reduce the risks to alcohol policy that might be inherent in the process of trade liberalization.