



WHO PUBLIC HEARING ON WAYS OF REDUCING HARMFUL USE OF ALCOHOL

COMMENTS FROM THE WORLD MEDICAL ASSOCIATION

The World Medical Associations (WMA) welcomes the opportunity to contribute to WHO public hearing on ways of reducing use of alcohol and reiterates its genuine willingness to engage in the fight against the harmful use of alcohol worldwide.

The WMA has a long-standing commitment towards the reduction of the harmful impact of alcohol on health and society. In 2005, the Association adopted a **Statement on Reducing the Global Impact of Alcohol on Health and Society**, stressing the causal relationships between alcohol consumption and more than 60 types of disease and injury including traffic fatalities. Alcohol consumption is the leading risk factor for disease burden in low mortality developing countries and the third largest risk factor in developed countries.

The global burden related to alcohol consumption is considerable, contributing to unemployment, crime and violence – in particular domestic violence against women and children –health care costs, fetal alcohol syndrome, traumatic injury and high-risk sexual behaviour leading to sexually transmitted diseases, including HIV.

The WMA denounces the fact that, in recent years, some constraints on the production, mass marketing and patterns of consumption of alcohol have been weakened and have resulted in increased availability and accessibility of alcoholic beverages and changes in drinking patterns across the world. This has created a global health problem that urgently requires governmental, citizen, medical and health care intervention.

The WMA believes that **population-based approaches** affecting the social drinking environment and the availability of alcoholic beverages are more effective than individual approaches (such as education) for preventing alcohol related problems and illness - however not excluding one another. Alcohol policies that affect drinking patterns by limiting access and by discouraging drinking by young people through setting a minimum legal provision age are especially likely to reduce harms. Laws to reduce permitted blood alcohol levels for drivers and to control the number of sales outlets have been effective in lowering alcohol problems.

Recommendations:

The WMA urges National Medical Associations and all physicians to take the following actions to

help reduce the impact of alcohol on health and society:

1. Advocate for **comprehensive national policies** that
 - a. Incorporate measures to educate the public about the dangers of hazardous and unhealthy use of alcohol (from risky amounts through dependence), including, but not limited to, education programs targeted specifically at youth;
 - b. Create legal interventions that focus primarily on treating or provide evidence-based legal sanctions that deter those who place themselves or others at risk, and
 - c. Put in place regulatory and other environmental supports that promote the health of the population as a whole.
2. Promote national and sub-national policies that follow '**best practices**' from the developed countries that with appropriate modification may also be effective in developing nations. These may include setting of a minimum legal age for the provision of alcohol to young people including vigorous enforcement, restricted sales policies, restricting hours or days of sale and the number of sales outlets, increasing alcohol taxes, restrictions on drinking in non-licensed public places and implementing effective countermeasures for alcohol impaired driving (such as lowered blood alcohol concentration limits for driving, active enforcement of traffic safety measures, random breath testing, and legal and medical interventions for repeat intoxicated drivers).
3. Be aware of and counter non-evidence-based alcohol control strategies promoted by the alcohol industry or their social aspect organizations.
4. **Restrict the promotion, advertising and provision of alcohol to youth** so that young people can grow up with fewer social pressures or inducements to consume alcohol. Support the creation of an independent monitoring capability that assures that alcohol advertising conforms to the content and exposure guidelines described in alcohol industry self-regulation codes.
5. **Work collaboratively with national and local medical societies, specialty medical organizations, concerned social, religious and economic groups** (including governmental, scientific, professional, nongovernmental and voluntary bodies, the private sector, and civil society) to:
 - a. Reduce harmful use of alcohol, especially among young people and pregnant women, in the workplace, and when driving;
 - b. Increase the likelihood that everyone will be free of pressures to consume alcohol and free from the harmful and unhealthy effects of drinking by others; and
 - c. Promote evidence-based prevention strategies in schools.
6. Undertake to
 - a. **Screen patients** for alcohol use disorders and at-risk drinking, or arrange to have screening conducted systematically by qualified personnel using evidence-based screening tools that can be used in clinical practice;
 - b. Promote **self-screening/mass screening** with questionnaires that could then select those needing to be seen by a provider for assessment;
 - c. Provide brief interventions to motivate high-risk drinkers to moderate their consumption; and

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- d. Provide **specialized treatment**, including use of evidence-based pharmaceuticals, and rehabilitation for alcohol-dependent individuals and assistance to their families.
 7. Encourage physicians to facilitate **epidemiologic and health service data collection** on the impact of alcohol.
 8. Promote consideration of a **Framework Convention on Alcohol Control similar to that of the WHO Framework Convention on Tobacco Control** that took effect on February 27, 2005.
 9. Furthermore, in order to protect current and future alcohol control measures, advocate for consideration of alcohol as an extra-ordinary commodity and that measures affecting the supply, distribution, sale, advertising, promotion or investment in alcoholic beverages be excluded from international trade agreements.

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