

WMA DECLARATION ON ALCOHOL

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PREAMBLE

- The burden of disease and injury associated with alcohol consumption is a critical challenge to global public health and development. The World Medical Association offers this declaration on alcohol as its commitment to reducing excessive alcohol consumption and as a means to support its members to assist them in promulgating harm-reduction policies and other measures.
- There are significant health, social and economic problems associated with excessive alcohol use. The harmful use of alcohol kills approximately 2.5 million people every year (almost 4% of all deaths worldwide), and is the third leading risk factor for poor health globally, accounting for 5.5% of disability-adjusted life years lost. The WMA Statement on Reducing the Global Impact of Alcohol on Health and Society addresses these problems in more detail.
- Effective alcohol harm-reduction policies and measures will include legal and regulatory measures that target overall alcohol consumption in the population, as well as health and social policy interventions that specifically target high-risk drinkers, vulnerable groups and harms to people affected by those who consume alcohol.
- There are many evidence-based alcohol policies and prevention programmes that are effective in reducing the health, safety and socioeconomic problems attributable to harmful use of alcohol. However many countries have relatively weak alcohol policies and prevention programmes that are ineffective at protecting health and safety, and preventing harm. International public health advocacy and partnerships are needed to strengthen and support the ability of governments and civil society worldwide to commit to, and deliver on, reducing the harmful use of alcohol.

Health professionals have an important role to play in preventing, treating and mitigating alcohol-related harm, using effective preventive and therapeutic interventions.

- The World Medical Association has a leadership role to encourage and support the development and implementation of evidence-based national alcohol policies by promoting and facilitating partnerships, information exchange and health policy capacity building.

OBJECTIVES

In developing policy, the WMA recommends focusing on the following broad objectives:

1. Strengthen health systems to identify and improve a country's capacity to develop policy and lead actions that target excessive alcohol consumption.
2. Promote the development and evaluation in all countries of national alcohol strategies which are comprehensive, evidence-based and include measures to address the supply, distribution, sale, advertising and promotion of alcohol.
3. Through government health departments, accurately measure the health burden associated with alcohol consumption through the collection of sales data, epidemiological data, and per capita consumption figures.
4. Support and promote the role of health and medical professionals in early identification, screening and treatment of harmful alcohol use.
5. Dispel myths and dispute alcohol control strategies that are not evidence-based.
6. Reduce the impact of harmful alcohol consumption in at risk populations.
7. Foster multi-disciplinary collaboration and coordinated intersectoral action.
8. Raise awareness of alcohol-related harm through public education and information campaigns.

PRIORITIES

The following priorities are suggested for WMA members, national medical associations and governments in the development of integrated and comprehensive policy and legislative responses.

Regulate affordability, accessibility and availability

Pricing policies

Increase alcohol prices, through volumetric taxation of products based on their alcohol strength, and other proven pricing mechanisms, to reduce alcohol consumption at the population level, particularly in heavy drinkers and high risk groups.

Accessibility and availability

Regulate access to, and availability of, alcohol by limiting the hours and days of sale, the number and location of alcohol outlets and licensed premises, and the imposition of a minimum legal drinking age. Governments should tax and control the production and consumption of alcohol, with licensing that emphasises public health and safety and empowers licensing authorities to control the total availability of alcohol in their jurisdictions.

Public authorities must strengthen the prohibition of selling to minors and must systematically request proof of age before alcohol can be purchased in shops or bars.

Regulation of non-commercial alcohol

The production and consumption of non-commercial forms of alcohol, such as home brewing, illicit distillation, and illegal diversion alcohol to avoid taxes, should be curtailed.

Reduce harmful alcohol use

Regulation of alcohol marketing

Alcohol marketing should be restricted to prevent the early adoption of drinking by young people and to minimise their alcohol consumption. Regulatory measures range from wholesale bans and restrictions on measures that promote excessive consumption, to restrictions on the placement and content of alcohol advertising that is attractive to young people. There is no evidence that industry self-regulation and voluntary codes are successful at protecting vulnerable populations from exposure to alcohol marketing and promotion.

Increase public awareness of harmful alcohol consumption through product labelling and public awareness campaigns.

In conjunction with other measures, social marketing campaigns should be implemented to educate the public about harmful alcohol use, to support drink driving policies, and to target the behaviour of specific populations at high risks of harm. Public awareness measures can also include health warning labels on alcohol products, mandated by an independent regulatory body.

The role of health and medical services in prevention

Health, medical and social services professionals should be provided with the training, resources and support necessary to prevent harmful use of alcohol and treat people with alcohol dependence, including routinely providing brief advice to motivate high-risk drinkers to moderate their consumption. Health professionals also play a key role in education, advocacy and research. Specialised treatment and rehabilitation services should be available and affordable for alcohol dependent individuals and their families.

Drink driving measures

Key drink-driving deterrents should be implemented, which include a strictly enforced legal maximum blood alcohol concentration for drivers of no more than 50mg/100ml, supported by social marketing campaigns and the power of authorities to impose immediate sanctions.

Respond to the alcohol industry

Limiting the role of the alcohol industry in alcohol policy development

The commercial priorities of the alcohol industry are in direct conflict with the public health objective of reducing overall alcohol consumption. Internationally, the alcohol industry is frequently included in alcohol policy development by national authorities, but the industry is often active in opposing and weakening effective alcohol policies. Ineffective and non-evidence-based alcohol control strategies promoted by the alcohol industry and the social organisations that the industry sponsors should be countered. The role of the alcohol industry in the reduction of alcohol-related harm should be confined to their roles as producers, distributors and marketers of alcohol, and not include alcohol policy development or health promotion.

RESCINDED