



Alcohol policy commitments in different political papers, strategies and action plans

**Nordic Alcohol and Drug Policy Network
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www.nordan.org

The 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

The 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases endorsed by the World Health Assembly in 2008 names alcohol as one of four risk factors with tobacco use, physical inactivity that unhealthy diets that are shared for e 4 noncommunicable diseases — cardiovascular diseases, diabetes, cancers and chronic respiratory diseases.

One (out of six) objective of the action plan is “To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases : tobacco use, unhealthy diets, physical inactivity and **harmful use of alcohol**”.

FACT: Up to 80% of heart disease, stroke, and type 2 diabetes and over a third of cancers could be prevented by eliminating shared risk factors, mainly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.

Purpose of the action plan “is reducing the level of exposure of individuals and populations to the common modifiable risk factors for noncommunicable diseases – namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol – and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health”.

Recommendations:

Member States may wish to:

A. consider the following areas:

- under-age drinking (as defined in the country)
- the harmful use of alcohol by women of reproductive age
- driving or operating machinery while under the influence of alcohol (including all traffic-related injuries involving alcohol)
- drinking to intoxication
- alcohol-use disorders
- the consumption of alcoholic beverages that have been illegally produced and distributed
- the impact of harmful use of alcohol on other health conditions, in particular on cancers, liver and cardiovascular diseases, and injuries.

Goal:

to establish programmes, at national or any other appropriate level, in the framework of the global strategy for the prevention and control of major noncommunicable diseases, and specifically:

...

D. to emphasize the key role of governmental functions – including regulatory functions, when combating noncommunicable diseases, such as development of nutrition policy, control of tobacco products, prevention of alcohol abuse and policies to encourage physical activity;

DOCUMENT link:

http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf

Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016

“As indicated in the global and regional reviews on social determinants, it is important to address the contexts for lifestyles – the “causes of the causes”. In the last decade, global and regional strategies have been adopted to control tobacco use, the harmful use of alcohol, physical inactivity and unhealthy diets.”

Action by Member States:

implementation of commitments made under the European Charter to Counteract Obesity, the European Action Plan for Food and Nutrition Policy for 2007–2012, the Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful use of Alcohol.

Alignment of national policies on agriculture, trade, industry, and transport to promote improved diets, increase physical activity and reduce harmful alcohol use.

Strengthened role of primary health care in NCD prevention and control, particularly in relation to risk factor assessment and management and to brief interventions (for smoking cessation and reduction of the harmful use of alcohol), and with attention paid to population groups and individuals most likely to be vulnerable owing to their social and economic circumstances.

Goal

51. To use fiscal policies and marketing controls to full effect to influence demand for tobacco, alcohol and foods high in saturated fats, trans fats, salt and sugar.

Outcome measures

reduction of harmful use of alcohol – both in terms of the population average and at a faster rate among groups in the population with the highest levels;

Process measures

education in the harmful use of alcohol via increases in alcohol taxes, enforcing advertising bans and restricted access to retailed alcohol;

Rationale

“Alcohol is a risk factor for NCDs, but it is also an important, independent cause of mortality and morbidity through alcohol dependence, violence and injury, and other alcohol-related disorders. A package of interventions on the pricing and marketing of tobacco and alcohol and the control of marketing of foods to children are both mandated by global and regional strategies and resolutions, as well as being part of the package of ‘best buys’ identified.”

Actions

Ban the marketing of tobacco products (not limited to cigarettes), progressively reduce children’s and young people’s exposure to the full range of alcohol marketing,

DOCUMENT link:

http://www.euro.who.int/_data/assets/pdf_file/0003/147729/wd12E_NCDs_111360_revision.pdf

First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control Moscow, 28-29 April 2011 (United Nations)

RATIONALE FOR ACTION

Examples of cost-effective interventions to reduce the risk of NCDs, which are affordable in low-income countries and could prevent millions of premature deaths every year, include measures to control tobacco use, reduce salt intake and reduce the harmful use of alcohol.

We, therefore, commit to act by:

At the Whole of Government level:

Implementing cost-effective policies, such as fiscal policies, regulations and other measures to reduce common risk factors such as tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol;

Implementing effective policies for NCD prevention and control at national and global levels, including those relevant to achieving the goals of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the Global Strategy on Diet, Physical Activity and Health;

At the International level:

Strengthening international support for the full and effective implementation of the WHO FCTC, the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the Global Strategy on Diet, Physical Activity and Health and other relevant international strategies to address NCDs.

DOCUMENT link: http://www.un.org/en/ga/president/65/issues/moscow_declaration_en.pdf

Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (United Nations)

“We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 19 and 20 September 2011, to address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries,

...

8. Note with appreciation the World Health Organization Framework Convention on Tobacco Control, reaffirm all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of non-communicable diseases, and underline the importance for Member States to continue addressing common risk factors for non-communicable diseases through the implementation of the World Health Organization 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases as well as the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol;”

...

20. Recognize that the most prominent non-communicable diseases are linked to common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity;

...

35. Recognize also the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases, namely, tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health;

...

43. Advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common non-communicable disease risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, through the implementation of relevant international agreements and strategies, and education, legislative, regulatory and fiscal measures, without prejudice to the right of sovereign nations to determine and establish their taxation policies and other policies, where appropriate, by involving all relevant sectors, civil society and communities, as appropriate, and by taking the following actions:

...

(e) Promote the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, while recognizing the need to develop appropriate domestic action plans, in consultation with relevant stakeholders, for developing specific policies and programmes, including taking into account the full range of options as identified in the Global Strategy, as well as raise awareness of the problems caused by the harmful use of alcohol, particularly among young people, and call upon the World Health Organization to intensify efforts to assist Member States in this regard;”

DOCUMENT link: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/458/94/PDF/N1145894.pdf?OpenElement>

European action plan to reduce the harmful use of alcohol 2012-2020 (WHO)

The 10 action points

- leadership, awareness and commitment;
- health services' response;
- community and workplace action;
- drink-driving policies and countermeasures;
- availability of alcohol;
- marketing of alcoholic beverages;
- pricing policies;
- reducing the negative consequences of drinking and alcohol intoxication;
- reducing the public health impact of illicit alcohol and informally produced alcohol; and
- monitoring and surveillance.

“Each Member State will need to consider the nature of the alcohol-related problems it faces and to determine which of the possible actions listed would prove to be most applicable and effective in its own circumstances. There is no single model that can be applied across the European Region. What matters most is that Member States take the actions most likely to reduce the harm that is caused by alcohol in their countries.”

DOCUMENT link - http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf

NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases in Northern Dimension Partnership area in 2012-2016

“The UN General Assembly Political Declaration on Noncommunicable Diseases³ highlights the need for integrated action to address common risk factors for NCDs including tobacco use, diet, physical activity and harmful patterns of alcohol consumption NDPHS underlines that WHO has the leading role in coordinating the implementation of the global and regional strategies related to the noncommunicable diseases.”

“NDPHS is following the call for action made by WHO Regional Office for Europe and its Member States at the 61st Regional Committee in September 2011 through the adoption of the Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016, and the European action plan to reduce the harmful use of alcohol 2012-2020. NDPHS seeks to be a strong pro-active partner in the Northern Dimension region to facilitate and strengthen the management of change towards healthier populations.

The leading risk factors causing the vast burden of disease in Europe are known. Those include tobacco and alcohol use as well as nutrition-related risks - including obesity, high blood pressure, high cholesterol and high blood glucose, low fruit and vegetable intake, use of *trans* fats in processed foods and physical inactivity (sedentary lifestyle).”

DOCUMENT link - http://ndphs.org//documents/2874/111121_FINAL_DRAFT_NCD_Action-Statement_&_ANNEX-1_chapters_1-3.pdf

An EU strategy to support Member States in reducing alcohol related harm (European Union)

“The Communication aims at mapping actions which have already been put in place by the Commission and Member States, and identifies on the one hand good practices which have led to positive results, and on the other hand, areas of socio-economic importance and Community relevance where further progress could be made.”

“The European Union has competence and responsibility to address public health problems such as harmful and hazardous alcohol use by complementing national actions in this field, as stated in Article 152 of the EC Treaty.”

“The European Court of Justice has repeatedly confirmed that combating alcohol-related harm is an important and valid public health goal.

In 2001 the Council adopted a Recommendation on the drinking of alcohol by young people, in particular children and adolescents, which invites the Commission to follow-up, assess and monitor developments and the measures taken, and to report back on the need for further actions.

In its Conclusions of 5 June 2001 the Council invited the Commission to put forward proposals for a comprehensive Community strategy aimed at reducing alcohol-related harm to complement national policies. The Council Conclusions on Alcohol and young people of June 2004 reiterated this invitation.”

Five priority themes:

- Protect young people, children and the unborn child;
- Reduce injuries and death from alcohol-related road accidents;
- Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- Develop and maintain a common evidence base at EU level.

“With this Communication, the Commission, in response to the Council’s invitation in 2001, presents a comprehensive strategy to reduce alcohol-related harm in Europe until the end of 2012, and explains what has already been done at national and Community level, what are the priority areas which deserve further action and how the Commission can further contribute to address this major public health concern. The Commission proposes that Member States and stakeholders should take this Communication as a basis to work forward, in particular within the framework of the Alcohol and Health Forum.”

DOCUMENT link - http://eur-lex.europa.eu/LexUriServ/site/en/com/2006/com2006_0625en01.pdf

Nordic alcohol and tobacco policies in a public health perspective (Nordic Council)

Committee Proposal

The Welfare Committee proposes that the Nordic Council recommends to the Nordic Council of Ministers

1. to establish a new working group with representation from all the Nordic countries, the Faroe Islands, Greenland and Åland to prepare a basis document to MR-S with recommendations and initiatives for a new strategy for sustainable alcohol and tobacco policies in the Nordic Region 2014-2020. The working group will look at the relevance of the initiatives which researchers recommend are the most effective for reducing alcohol-related problems.
2. to strengthen evidence-based research in the Nordic Region in tobacco and alcohol use and chronic diseases, cancer and lifestyle diseases;
3. to strengthen evidence-based research in the Nordic Region on children and young people who grow up with one or more caregivers who suffer from serious alcohol abuse;
4. to strengthen evidence-based initiatives in the Nordic countries and the Faroe Islands, Greenland and Åland to reduce alcohol consumption and the harmful effects of alcohol;
5. to consider the introduction of a total ban on advertising and marketing of alcohol aimed at young people in the Nordic countries and the Faroe Islands, Greenland and Åland;
6. to introduce alcolocks for commercial drivers in the Nordic countries, the Faroe Islands, Greenland and Åland, and for people who have been convicted for drunk driving, and investigate the introduction of alcolocks in all types of vehicles as an alcohol policy measure;
7. to encourage an active dialogue with the largest Nordic companies on the information of the costs associated with alcohol and tobacco, and help to strengthen their support of the Nordic model for alcohol policy measures;
8. to investigate how to ensure public access to lobbying activities from the multinational companies in the Nordic countries;
- ...
10. to increase Nordic co-operation with the UN, WHO and EU on Nordic, European and global measures to strengthen public health through prevention of the harmful effects of alcohol and tobacco;
11. to prepare a plan for Nordic measures to contribute to a global alcohol reduction by 10 per cent by 2025, through relevant international organisations, cf. the work of the UN, WHO and the EU;
12. to work for a blood alcohol content limit of 0.2 per mille for the operation of all motor vehicles in the Nordic countries, the Faroe Islands, Greenland and Åland.

DOCUMENT link - <http://www.norden.org/en/nordic-council/cases/a-1566-velferd>

EU Strategy for the Baltic Sea Region (EU)

“Currently the Baltic Sea region is an area of considerable disparities in health and social conditions. It features places where social and economic problems cause high levels of mortality due to non-communicable diseases, violence, alcohol and drug abuse and the spread of infectious diseases. Social exclusion and poverty are not unheard-of problems either. Further, the growing cross-border movement of people needs to be paralleled by actions addressing inequalities in health status and in the level of health protection.”

“The main challenges are demographic changes, the lack of services in certain areas and the big regional differences in health issues (in terms of access to and quality of health services, as well as disparities in morbidity and mortality related to alcohol, drugs and tobacco, communicable diseases such as HIV/AIDS and tuberculosis).”

“As to the individual risk factors, the harmful use of alcohol is the third leading risk factor for diseases and premature deaths globally. The WHO’s European Region has the highest per capita consumption, and the Baltic Sea region has in addition a high prevalence of excessive drinking. Further, tobacco use continues to be the leading global cause of preventable death. Drug use is relatively stable, but signs of stability with some of the more established drugs are offset by new threats, developments in the synthetic drugs market, the rapid appearance of new substances and widespread polydrug use.”

“Last but not least, the complexity of the HIV-AIDS-tuberculosis situation – including the connection to the harmful use of alcohol and drugs – needs to be properly addressed by new approaches.”

“**Action:** Prevent lifestyle-related non-communicable diseases and ensure good social and work environments

By developing comprehensive policies and activities throughout the entire macro-region aimed at preventing and reducing the negative consequences of alcohol and drug use to the society, and particularly among children, youth, women of child-bearing age and pregnant women. Actions will contribute to the implementation of the Global Strategy to reduce the harmful use of alcohol, Framework Convention on Tobacco Control, the UN 2011 Declaration on Prevention and Control of Non-communicable Diseases, the regional strategy and action plan for the prevention and control of NCDs and Health 2020, and the ‘Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) Strategy on Health at Work’

Flagship projects

Alcohol and drug prevention among youth. Project aims to reduce hazardous and harmful alcohol use and alcohol and substance use in general among young people. Lead: Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) and its Partner Countries. Deadline: October 2013.

...

Implementation and further development of a standardized, comparative methodology for population survey of drinking habits and alcohol related harm in BSR/ND countries. Project aiming at implementation and further development of the Standardized Measurement of Alcohol Related Troubles (SMART) methodology in the BSR/ND countries for a more informed and evidence based policy making in the field of reduction of the harmful use of alcohol. Project will also assist the BSR/ND countries to develop common approaches to alcohol data gathering in order to enable EU-wide monitoring and cross-country comparison. Lead: Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) and its Partner Countries. Deadline for progress review: to be determined.