

Global Alcohol Policy Conference
“From Local and National Action to Global Change”
Seoul, Korea, 7-9 October, 2013

DECLARATION

PREAMBLE

We, the participants of the third Global Alcohol Policy Conference "From Local and National Action to Global Change", gathered in Seoul, Korea on 7-9 October 2013,

Reaffirm that the WHO Global Strategy to Reduce the Harmful Use of Alcohol endorsed by the World Health Assembly in May 2010 is the main policy framework in setting forth principles and priority areas for action at global level and providing a portfolio of policy options and measures that should be considered for implementation at local and national levels, in accordance with World Health Assembly resolution 63.13;

Reaffirm the overarching principles of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 adopted at the World Health Assembly in May 2013, particularly the importance of empowerment of peoples and communities, evidence-based strategies and “best buys,” multisectoral action, and the management of real, perceived or potential conflicts of interest; as well as the need to reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments;

Express the need to measure this achievement through a target of achieving at least a 10% decline in total (recorded and unrecorded) per capita consumption (aged 15+ years old) within a calendar year in litres of pure alcohol;

Recall and reaffirm the Statement of Concern signed by more than 500 individuals and organizations from around the world, calling on alcohol companies to refrain from further lobbying against effective public health measures and engagement in health-related prevention, treatment, and traffic safety activities; express deep concern regarding commercial interests that seek to subvert effective alcohol policies, and call on national governments and intergovernmental agencies to resist these efforts actively;

Express good will and strong commitment to support the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol at all levels, recognizing that the Strategy provides the opportunity for sustained action in implementation of effective and evidence-based strategies to reduce the alcohol-related health and social burden throughout the world;

Note that the Conference has mobilised representatives of governmental sectors, non-governmental organisations, researchers and community leaders from all over the world to promote and support action to continue to fulfil the Global Strategy’s vision of improved health, social, and economic outcomes for individuals, families, communities and societies at large by reducing alcohol-related harm.

RATIONALE FOR ACTION

Globally, alcohol consumption is among the five leading risk factors for death and disability, and the leading cause of death and disability for males aged 15 to 24 in every region of the world except the Eastern Mediterranean, and for females in the Americas and the high-income countries. While alcohol's burden is greater in better-resourced countries, it is also clear that use of alcohol and related consequences tend to rise with national incomes and national development and thus developing strong alcohol control policies is an essential task in low- and middle-income countries.

More than half of the deaths attributable to alcohol use occur from noncommunicable diseases, including cancers, cardiovascular diseases, liver cirrhosis, and alcohol dependence. The Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases recognized the critical importance of reducing the harmful use of alcohol as part of the global response to noncommunicable diseases.

Alcohol-related injuries, including those resulting from road traffic crashes and interpersonal violence, cause a significant public health burden. In addition, evidence continues to mount documenting the role of alcohol in infectious diseases such as HIV and TB. There is a growing world-wide concern and urgent need for action regarding the increasing culture of drinking and heavy episodic drinking among young people, as well as women of childbearing age. Fetal alcohol spectrum disorder is also a growing and significant concern.

Alcohol is a psychoactive substance with a potential for harm comparable to that of other dependence-producing substances under international control, and its consumption may lead to a range of negative health effects, including life-threatening intoxication, teratogenic effects and alcohol dependence. Alcohol is increasingly recognized as a commodity that requires appropriate consideration by parties in international, regional and bilateral trade negotiations to account for public health concerns.

Alcohol use leads to an increased burden on populations, including impoverishment of women and men from treatment and care costs, loss of productivity and household income, loss of decent work and employment, thus making alcohol use a contributing factor in poverty and hunger, which may have a direct impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals.

Evidence-based and cost-effective interventions exist to reduce alcohol-related harm at global, national and local levels. These interventions, when implemented and enforced, could have profound health, social and economic benefits throughout the world. Examples of cost-effective interventions to reduce alcohol-related harm, which are affordable in low-income countries, include measures to raise prices on alcohol; restrict access to retailed alcohol; reduce drink-driving through implementation of random breath-testing and lower blood alcohol concentration limits; and enforce bans and restrictions on alcohol advertising and marketing.

Particular attention should be paid to pricing policies and the potential to increase taxation on alcohol: these reduce consumption, prevent ill-health and increase the resources governments can specifically designate for health and prevention and treatment of alcohol use disorders.

CALL TO ACTION

We, therefore, call on intergovernmental agencies, NGO networks, national and local governments, academia, civil society, professional organizations, communities, and individuals, at all levels to take action by:

At the local and national levels:

1. Supporting, strengthening and integrating into national development agendas the evidence-based interventions outlined in the Global Strategy, and especially the three “best buys” – reducing physical availability, restricting or banning alcohol advertising and promotion, and raising the price of alcohol – in order to make our communities safer and individuals healthier, and protect those at risk from harms caused by the drinking of others.
2. Increasing, prioritizing and supporting budgetary allocations for reducing alcohol-related harm at the local and national levels, and exploring the provision of adequate, predictable and sustained financial resources through domestic innovative financing mechanisms, including raising alcohol taxes or establishing an additional surcharge on alcoholic beverages to fund a health promotion agency free from commercial interests and mandated to carry out research and public health advocacy in support of cost effective interventions to reduce alcohol-related harm and to assist those affected by it.
3. Establishing the strongest possible statutory restrictions on alcohol marketing of all kinds, in recognition of the growing body of literature linking youth exposure to alcohol marketing with increased likelihood of early initiation of alcohol use and greater likelihood of adverse consequences of alcohol use including injury and dependence, and the right of young people to grow up without pressure to drink.
4. Strengthening efforts of civil society groups and organizations to reduce alcohol-related harm, implement the Global Strategy, and promote other evidence-based policies at the local and national level. Civil society organisations that are independent from the alcoholic beverage industry and free from conflict of interest have an important role to play in engaging with governments and advocating for effective alcohol control policies.
5. Establishing and strengthening country-level surveillance and monitoring systems using indicators, definitions and data-collection procedures compatible with WHO information systems on alcohol and health, including periodic national surveys that are integrated into existing national health information systems and include measures of alcohol consumption and alcohol-related harm such as adult per capita alcohol consumption, recognizing that such systems and measures are critical for advocacy, policy development and evaluation purposes. Governments should make provision for the independent evaluation of policies, protect the independence of science from commercial and other vested interests, and make results of monitoring and evaluation available to the general public in order to sustain and advance public health agendas on reducing alcohol-related harm at local and national levels.

At the international level:

6. Exploring the provision of adequate, predictable and sustained resources for implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol at the global level through bilateral and multilateral channels, including traditional and voluntary innovative financing mechanisms.

7. Ensuring appropriate resourcing of WHO, as the lead United Nations specialized agency for health, to enable collaboration with WHO Member States and non-governmental organizations in scaling up implementation of the Global Strategy at all levels and strengthening national efforts to reduce alcohol-related harm, as well as in assessing and monitoring progress made.

8. Developing effective global governance for reducing alcohol-related harm at all levels, taking into consideration current experience in addressing other risk factors for noncommunicable diseases including tobacco use, unhealthy diet and physical inactivity, and taking action to protect effective policies from commercial and other vested interests of the alcohol and related industries.

9. Ensuring, through the actions of national signatories as well as international governmental and non-governmental organizations, that bi-lateral, and multi-lateral trade and investment agreements do not undercut, invalidate or in other ways limit national and sub-national efforts to establish and enforce evidence-based policies to reduce alcohol-related harm, including government monopolies on alcohol distribution, minimum pricing and health-oriented taxation, and restrictions on physical availability and marketing;

10. Supporting development of a platform for science-based discussions about how, at global, national and sub-national levels, to create and implement policies that support the rights of children to grow up around the world free from commercial pressures to drink alcohol.

11. Mobilizing global social movements and support of civil society groups and organizations bringing together alcohol policy activists, youth and youth related agencies, professionals, scientists, consumers, persons with personal experience of alcohol-related harm, faith communities, gender-based organizations, and others for joint advocacy activities in support of effective alcohol control policies and implementation of the Global Strategy to reduce the harmful use of alcohol.

12. Calling upon the Global Alcohol Policy Alliance (GAPA) and its regional affiliates, as well as other relevant international associations and organizations, to strengthen the networking, information sharing and collaboration among civil society and professional organizations for reducing alcohol-related harm in line with the aims, objectives and the guiding principles of the Global Strategy.

13. Acknowledging the contribution of international cooperation and assistance in reducing alcohol-related harm and, in this regard, encouraging the inclusion of the goal of reducing alcohol-related harm in development cooperation agendas and initiatives, including initiatives to fight poverty, build democratic societies, halt and reverse the spread of HIV and TB, empower women, reduce crime and violence, grow national capacities, address noncommunicable diseases, and improve road safety.

14. Including prevention and control of noncommunicable diseases and their risk factors, including alcohol-related harm, in discussions of the substantive process that will lead to the definition of a United Nations development agenda post-2015 and revision of the Millenium Development Goals.
