

First WHO Forum on alcohol, drugs & addictive behaviours provokes discussion, illuminates challenges & opportunities

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Langue Anglais

The first World Health Organization [Forum on Alcohol, Drugs and Addictive Behaviours](#) [1] was held at WHO Headquarters in Geneva from 26-28 June 2017. The Forum focused on enhancing public health actions on alcohol, drugs and addictive behaviours to achieve health targets for the 2030 Agenda for Sustainable Development. Lucy Westerman, Policy and Communications Officer with the NCD Alliance, shares an overview of the Forum's alcohol themed discussions, which reinforced why lessening alcohol use is crucial to reducing the burden of noncommunicable diseases (NCDs).

Around 250 people attended the Forum on Alcohol, Drugs & Addictive Behaviours, from across civil society including NGOs, academic and research institutions, professional associations, intergovernmental organisations, as well as some Member States. The Forum, organised by the [WHO Department of Mental Health and Substance Abuse](#) [2], received significant interest, and exceeded expectations for attendance, signaling the interest and commitment to addressing the issue of harmful use of alcohol. It is envisaged, and hoped by participants, that the Forum might be held on at least a biennial basis in the future.

NCDs and harmful use of alcohol

The NCD Alliance is committed to addressing NCD risk factors in order to reduce the burden of NCDs through prevention. Of the [3.3 million annual deaths attributable to alcohol](#) [3] use, more than half are from NCDs, particularly cancers and cardiovascular diseases. Lowering alcohol consumption across populations is critical to reducing NCD burden and achieving sustainable development goals (SDGs).

Reducing alcohol use to *ensure healthy lives and promote well-being* (SDG 3) has been specifically integrated into SDG 3.5: “*Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.*” Reducing alcohol use is also directly relevant to SDG 3.4 – reducing premature mortality from NCDs through prevention. In addition to SDG 3 on health, alcohol use is an obstacle to achieving [12 other SDGs](#) [4].

The need to tackle harmful alcohol use as a priority for NCD prevention is reflected in the inclusion of a target in

the [Global Monitoring Framework for NCDs](#) [5]: “to reduce harmful use of alcohol by at least 10%” by 2025. These targets and goals set a strong mandate for global action.

Despite the 10% reduction target adopted in 2013, comparable data from 2010 and 2015 on the indicator for harmful use of alcohol ([per capita consumption of pure alcohol](#) [6] for persons over 15 years of age), reveals that globally, alcohol use has remained around 6.4 litres per person annually. Alcohol attributable burden has been shown to be increasing, although patterns of use and harm vary across the world.

There was extensive discussion throughout the Forum around the health impacts of alcohol, from moderate to harmful use, and as a risk factor and effect modifier of other risk factors. Evidence indisputably confirms that alcohol is implicated in significant health and social harms, including as a risk factor for NCDs. It was emphasised that given the extent of alcohol attributable NCDs, injury and infectious diseases, no possible health benefits justify promoting alcohol use. In terms of cancer prevention, there is no known safe level of alcohol use, that is, all use could be defined as potentially harmful.

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Policy progress on alcohol control – uneven and insufficient

Presenters elucidated that while there has been some progress since 2010 in terms of development and implementation of national alcohol policies (two thirds of all countries up from approximately half), [many countries do not have national alcohol strategies](#) [7] or policies.

Adoption of effective and cost effective recommendations to reduce harmful alcohol use that were outlined in the *2010 Global strategy to reduce the harmful use of alcohol* and the *Global action plan for the prevention and control of NCDs* has been largely uneven, and insufficient.

Based on WHO's [assessments of progress](#) [8], Member States are not on track for the WHO and SDG alcohol and NCD indicators and targets; on the current trajectory and with 'business as usual', there are no signs that the global target to reduce harmful alcohol use by 10% by 2025 will be achieved.

Challenges to implementation of alcohol control policies

Challenges to implementation of effective alcohol control policies were extensively discussed, including:

- The need for better surveillance, and more up to date and accurate data relating to alcohol use and harm;
- Interference from the alcohol industry in policy development (through partnerships and investment in social and development campaigns in countries with resource needs but lacking resources), and obfuscation of evidence;
- Lack of political leadership, policy coherence, resourcing and prioritisation of alcohol harm reduction measures across different government departments, and insufficient multisectoral collaboration;
- A poor perception among many policy makers and NCD focal points and specialists, of alcohol consumption as a health, social and development problem, and of the considerable potential of evidence based policies for addressing social ills.

NCD Alliance statement on alcohol and NCDs

Several civil society representatives made [statements](#) [9] specifically focused on alcohol use and harm including [IOGT International](#) [10], [Global Alcohol Policy Alliance \(GAPA\)](#) [11], and the World Medical Association (WMA). The NCD Alliance made two statements, pivoting around its focus on reducing the burden of NCDs through prevention and control, the Global NCD Action Plan, Global Monitoring Framework targets including that for reduction of harmful alcohol use, and SDG 3.4. We highlighted the value of collaboration across disease groups, NCD risk factors, and areas where alcohol affects development. The main statement made by NCD Alliance is [HERE](#) [12].

NCDA noted the similarities that harmful use of alcohol shares with other NCD risk factors - particularly unhealthy diets, and tobacco use - in terms of intervention options, political response, and industry opposition. For each of these NCD risk factors, the NCD Global Action Plan's [Appendix III](#) [13] of 'best buys' lists evidence based policy options relating to marketing, labelling and fiscal policies that have been deemed effective for curbing consumption of health harming commodities.

However, these most effective population level options also encounter considerable challenges in terms of policy development and implementation given they require application to commercial determinants of health (CDOH).

Policies that address health behaviours relating to unhealthy commodities such as sugary drinks, tobacco and alcohol are also those most likely to provoke opposition from their industries. In our statements we emphasised that strong leadership is needed from Member States to ensure industry interference does not undermine development and implementation of policies that can effectively reduce NCD burden.

NCDA also recalled requests from Member States at recent World Health Assemblies (WHA) for WHO to convene an expert working group to look at alcohol in the context of NCDs, explore the necessity and feasibility of an internationally binding legally international instrument on harmful alcohol use, through consultation with civil society and academia, and coordinate a review of the 2010 Global Alcohol Strategy.

We urged Member States to take the lead on taking forward these WHA requests, and raise the priority of alcohol at a forthcoming Executive Board meeting. These calls were supported and reiterated by several Forum participants from civil society.

Opportunities for civil society to move the alcohol control agenda forward

While the Forum was convened by WHO, opportunities to drive forward alcohol control efforts do not rest with WHO alone. Civil society is active in this space, but could be more effective in terms of coordination and collaboration across other harm and similar health determinant communities.

Increasingly NCD civil society networks at country level have been looking for guidance and support on alcohol use and harm in the context of NCDs. We welcomed the opportunity availed by this Forum to engage with global civil society colleagues, including representatives from alcohol policy alliances based in Africa, Europe and the Caribbean who have been collaborating with NCD alliances in these regions.

Key next steps for alcohol and other NCD and development communities include strengthening the capacity of NCD civil society at country level, collaborating on cross cutting issues and opportunities for action, and more effectively coordinating advocacy for evidence based policies which accelerate progress and benefits to health and development.

NCDA has been developing a policy brief to support our network with advocacy, with input from a civil society working group focused on alcohol and NCDs, that will be published in coming months. Concurrently, Vital Strategies is developing a messaging document to simplify how to talk about alcohol in the context of NCD prevention and control with evidence-based messaging.

The 2018 UN High-level Meeting on NCDs is fast approaching, and progress across NCD prevention and control targets are dangerously off-track. Throughout preparatory processes and meetings in the lead up to the HLM, NCDA will emphasise the importance of NCD risk factor literacy and coherence across governments, and advocating for comprehensive implementation of Appendix III interventions to strengthen NCD prevention strategies.

Read more:

Find out more about the *2017 Forum on Alcohol, Drugs and Addictive Behaviours* at the WHO website [HERE](#) [1]. The page includes a useful report on progress on implementing alcohol policies globally since the Global Alcohol Strategy ([HERE](#) [7]), Funding mechanisms for the prevention and treatment of alcohol and substance use disorders ([HERE](#) [14]), as well as background information and reports from WHO and regions.

About the Author

Lucy Westerman ([@lewest](#) [15]) is NCD Alliance's Policy and Communications Officer. Lucy leads NCDA's social media presence and engagement, and in addition to broader communications contributions, is curator of the NCD Alliance blog. She holds a Master of Public Health, as well as degrees in health promotion, nutrition and sociology. While committed to all aspects of reducing the burden of NCDs on people and society, her policy passion is NCD prevention, evident in her focus on physical activity, alcohol and collaboration across risk factors within NCDA's advocacy work on NCD risk factors.



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- [10] http://iogt.org/wp-content/uploads/2015/04/Offical-Statement_WHO-FADAB_IOGTdocx.pdf
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