

# WMA DECLARATION ON ALCOHOL

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## **PREAMBLE**

1. The burden of disease and injury associated with alcohol consumption is a critical challenge to global public health and development around the world. 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 in promulgating harm-reduction policies and other measures.

2. There are significant health, social and economic problems associated with excessive alcohol use. Overall, there are causal relationships between alcohol consumption and more than 200 types of disease and injury including traffic fatalities. The harmful use of alcohol kills approximately 3.3 million people every year (5.9 % of all deaths worldwide), and is the third leading risk factor for poor health globally, accounting for 5.1 % of disability-adjusted life years lost. Beyond the numerous chronic and acute health effects, alcohol use is associated with widespread social, mental and emotional consequences. The problem has a special magnitude among young people and adolescents who are beginning to consume alcohol at earlier ages, and the risk to their physical, mental and social health is of concern.

3. Although alcohol consumption is deeply rooted in many societies, alcohol cannot be considered an ordinary beverage or consumer commodity. It is a substance that causes extensive medical, psychological and social harm by means of physical toxicity, intoxication and dependence.

There is increasing evidence that genetic vulnerability to alcohol dependence is a risk factor for some individuals. Foetal alcohol syndrome and foetal alcohol effects, preventable causes of intellectual disability, result from alcohol consumption during pregnancy.

Adolescence is a stage of significant vulnerability because the neurological development is not complete and alcohol has a negative impact on it. Growing scientific evidence has demonstrated the harmful effects of consumption prior to adulthood on the brains, mental, cognitive and social functioning of youth and increased likelihood of adult alcohol dependence and alcohol related problems among those who drink before full physiological maturity. Regular alcohol consumption and binge drinking in adolescents can negatively affect school performance, increase participation in crime and adversely affect sexual performance and behaviour.

4. 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, e.g. domestic violence.

When developing policies it should be taken into account that the majority of alcohol-related problems in a population are associated with harmful or hazardous drinking by non-dependent 'social' drinkers, particularly when intoxicated. This is particularly a problem of young people in many regions of the world who drink with the intent of becoming intoxicated.

5. 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. 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 through effective interventions, including action on social determinants of health.

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

The World Medical Association encourages and supports the development and implementation of evidence-based national alcohol policies by promoting and facilitating partnerships, information exchange and health policy capacity building.

## **POLICY OBJECTIVES**

In developing alcohol policies, the WMA recommends the following broad objectives:

6. Strengthen health systems to identify and improve a country's capacity to develop policy and lead actions that target excessive alcohol consumption.

7. 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,

sponsorship and promotion of alcohol. The WHO 'best buys' cost effective policies should be particularly promoted, such as (i) increasing alcoholic beverage taxes, (ii) regulating the availability of alcoholic beverages, (iii) restricting marketing of alcoholic beverages and (iv) drink-driving countermeasures. Strategies should be routinely reviewed and updated.

8. 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.

9. Support and promote the role of health and medical professionals in early identification, screening and treatment of harmful alcohol use.

10. Dispel myths and dispute alcohol control strategies that are not evidence-based.

11. Reduce the impact of harmful alcohol consumption in at risk populations.

12. Foster multi-disciplinary collaboration and coordinated inter-sectoral action.

13. Raise awareness of alcohol-related harm through public education and information campaigns.

14. Promote social determinants of health approach in fighting harmful alcohol consumption.

## **RECOMMENDATIONS**

The following priorities are suggested for WMA members, National Medical Associations and governments when developing integrated and comprehensive policy and legislative responses.

### **15. Regulate affordability, accessibility and availability**

#### 15.1 Pricing policies

Evidence from epidemiological and other research demonstrates a clear link between the price of alcohol and levels of consumption, especially amongst young drinkers and those who are heavy alcohol users.

Therefore, action is needed to increase alcohol prices, through volumetric taxation of products based on their alcohol strength, and other proven pricing mechanisms, to reduce alcohol consumption, particularly in heavy drinkers and high risk groups.

Setting a minimum unit price at a level that will reduce alcohol consumption is a strong public health measure, which will both reduce average alcohol consumption throughout the population and be especially effective in heavy drinkers and young drinkers.

#### 15.2 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. Governments should also control importation and sale of illegal alcohol across borders.

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

### **16. 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 using appropriate taxing and pricing mechanisms.

### **17. 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 and sponsorship that are attractive to young people. There is evidence that industry self-regulation and voluntary codes are ineffective at protecting vulnerable populations from exposure to alcohol marketing and promotion.

Increase public awareness of harmful alcohol consumption through mandatory product labelling that clearly states alcoholic content in units, advice on recommended drinking levels and a health warning, supported by public awareness campaigns.

In conjunction with other measures, social marketing campaigns should be implemented together with the media to educate the public about harmful alcohol use, to adopt driving while intoxicated policies, and to target the behaviour of specific populations at high risks of harm.

### **18. 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 interventions 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 in due time and affordable for alcohol dependent individuals and their families.

Together 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) physicians and other health and social professionals can work to:

18.1 Reduce harmful use of alcohol, especially among young people and pregnant women, in the workplace, and when driving;

18.2 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;

18.3 Promote evidence-based prevention strategies in schools and communities;

18.4 Assist in informing the public of alcohol related harm and demystifying the myth of health enhancing properties of alcohol.

Physicians have an important role in facilitating epidemiologic and health service data collection on the impact of alcohol with the aim of prevention and promotion of public health. Data collection must respect the confidentiality of health data of individual patients.

### **19. Driving while intoxicated measures**

Key deterrents should be implemented for driving while intoxicated, 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.

These measures should also include active enforcement of traffic safety measures, random breath testing, and legal and medical interventions for repeat intoxicated drivers.

### **20. Limit 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.

### **21. Convention on Alcohol Control**

Promote consideration of a Framework Convention on Alcohol Control similar to that of the WHO Framework Convention on Tobacco Control.

### **22. Exclude alcohol from trade agreements**

Furthermore, in order to protect current and future alcohol control measures, advocate for alcohol to be classified as an extra-ordinary commodity and that measures affecting the supply, distribution, sale, advertising, sponsorship, promotion of or investment in alcoholic beverages be excluded from international trade agreements.

### **23. Action against positive media messaging**

It is important to act on the impact of media messages on beliefs, intentions, attitudes and social norms. Well-designed media campaigns can have direct effects on behavior. The media also influence the social conception of a problem, and indirectly influence political decision-making on measures for intervention on alcohol.