

## Global Alcohol Policy Conference (GAPC) 2012

The Global Alcohol Policy Conference was held in Bangkok, Thailand on the 13<sup>th</sup> – 15<sup>th</sup> February 2012.

The conference was jointly organised by the Thai Ministry of Public Health, the World Health Organisation (WHO), the Global Alcohol Policy Alliance and the Thai Health Promotion Foundation.

The conference marked an important milestone for alcohol control efforts in global history, being the first of its kind since the launch of the Global Alcohol Policy Alliance at its inaugural conference in Syracuse, USA in 2000.



*From left to right: Dr Vladimir Poznyak (Coordinator of Management of Substance Abuse, WHO), Asst. Prof. Supreda Adulyanon (Deputy CEO of Thai Health Promotion Foundation), Prof. Sally Casswell (Director of SHORE and Whariki Research Centre, Massey University, NZ), and Ms. Veenarat Laohapakakul (Master of Ceremonies) speaking during a plenary session at the conference.*

The Alcohol Healthwatch Trust Board, recognising the importance of this event, supported three staff members to attend. The team had a very positive and motivating

experience at the conference, and we have begun to put our learning into practice, through sharing with others and running a refreshed global lens over our planning.

The conference, with its central theme “**From the Global Alcohol Strategy to National and Local Action**”, was attended by more than 1100 participants from 59 countries and included 78 sessions.

The daily themes were: Day 1: Alcohol-related harm: Harm to others and Harm to all; Day 2: Context, Community Capacity and Collaboration: Local and global on the same wavelength; Day 3: Alcohol policy and interventions: Focusing on the ones that deliver.

The following is our summary of the key themes of the conference.

### WE HAVE THE EVIDENCE

Throughout the conference it was reiterated time and again that we have the evidence. From a public health perspective our evidence-base is sound and strong, and we can have the confidence to use it more effectively.

We have the evidence to counter industry arguments, we have the evidence to dispel the myths, we have the evidence to create new truths about alcohol and most importantly we have the evidence to ACT! And we need to ACT NOW!

Presenters articulated evidence on the growing global burden of alcohol-related disease, including the harm caused to those other than the drinker, the relationship between alcohol and communicable diseases and alcohol and non-communicable diseases, as well as

alcohol's role in injuries, crime, violence and assault.

Some of the more notable points include:

- More than half of the world's population abstain from drinking. This calls Western norms of drinking into question,
- Alcohol is one of the four main risk factors for Non-Communicable Diseases (NCDs) the others being tobacco use, physical inactivity and unhealthy diet,
- It is estimated that alcohol consumption increases the risk of TB, HIV/AIDS and pneumonia by 15%,
- It is estimated that 57% of alcohol-related disease burden is from NCDs including cancer, cardiovascular disease, liver disease and diabetes,
- The demographics of NCDs and alcoholism are spreading from rich to poor, urban to rural, men to women and elder to younger,
- Approximately 40% of the global alcohol-related disease burden in the year 2000, was due to unintentional and intentional injuries
- The second hand effects of tobacco are one-quarter of the magnitude than that to the smoker. In contrast, the magnitude of harm to others from alcohol is the same as the magnitude of harm to the drinker.

### **THE GROWING ALCOHOL BURDEN**

More than one-third of global alcohol consumption goes unrecorded, and the global burden of harm from alcohol is hugely underestimated. New estimates of the global burden of alcohol-related harm are due to be released soon by WHO (they were due in March 2012). These results are also expected to be underestimated for various reasons.

WHO is also currently undertaking a global Fetal Alcohol Spectrum Disorder Prevalence Study.

As the alcohol industry targets developing economies, the burden of harm can be expected to grow exponentially. Many of

these developing nations have significant populations and tend to have fewer restrictions and controls in place.

### **CONFLICT OF INTEREST**

There are inherent conflicts of interest at play. Those with commercial interests are highly motivated, well co-ordinated and resourced to protect those interests. In public health circles, we need to be more aware of the threats that these present for our work to reduce the burden of harm related to alcohol.

Free Trade Agreements (FTAs) are a serious cause of concern. Potentially, under a FTA, foreign investors could sue a government for breaching their rights under the agreement, for example by implementing laws that affect their expected profits or share value. A current example of this is Phillip Morris Tobacco suing the Australian Government for planning to legislate plain packaging for cigarettes.

New Zealand is one of 9 countries, including the USA, currently negotiating a FTA called the Trans Pacific Partnership Agreement (TPPA).

It was acknowledged how rich and powerful the alcohol industry is, and how they use this influence to undermine the most effective measures for reducing harmful drinking.

Public health and its partners will need to step up their efforts to expose the role of the alcohol industry and the BINGOs (Business Interested NGOs) and "social aspect" organisations that are established to present a benevolent front for the industry.

These organisations continue to promulgate the myths that alcohol is only a problem of a small minority and all that is required is personal responsibility and educational approaches.

## MARKETING

A number of presentations covered the issue of alcohol marketing.

The increasing use of social media has huge implications for public health. It has become a key vector of the alcohol epidemic and is being heavily exploited by the alcohol industry to peddle their wares, particularly to young people.

A new term “prosumer” has been coined to explain the practice of the alcohol industry using their consumers to also promote their brands for example, by ‘liking’ them on Facebook.

## FIELD TRIPS

On the afternoon of the second day of the conference we were privileged to visit some real life Thai examples of alcohol health promotion in action.

We attended the “Khlong Lad Mayom”: Floating Market of Merit and Goodness, which is a weekend market where local merchants sell their wares. Uncle Chuan, the community leader of the market, has banned sales of liquor, beer and cigarettes at the market. The marketplace is also a permanent alcohol and smoke free area.



*“Khlong Lad Mayom”: Floating Market of Merit and Goodness*

Other delegates visited the small community of Samrae in the Thonburi District, Bangkok.

We saw how alcohol had impacted on the lives of 4 community members, talking with them in their homes. We heard how collaborative community action had addressed the issues and supported those affected.

The experience was extraordinary, and the generosity of our hosts in sharing their lives and hospitality was humbling.

## THE CALL TO ACTION

A Conference Declaration was drafted in the lead up to the conference and affirmed during the conference by participants.

The declaration reaffirmed *the Global Strategy to Reduce the Harmful Use of Alcohol* as the main policy framework in setting priority areas for action at the global level, and providing a portfolio of policy options and measures that could be considered for implementation at national and local levels.

The Declaration calls for all intergovernmental agencies, NGO networks, national and local governments, academia, civil society, communities, and individuals, at all levels to take action.

A range of strategies to action the Global Strategy were identified and discussed.

The importance of **collaboration and coalitions**, both internationally and nationally, and inter -and cross-sectoral was emphasised to ensure that the sector speaks with ‘one-voice,’ and to strengthen our messages.

**Leadership** will be needed to achieve the implementation of evidence-based alcohol policy. Leadership must be developed from within and outside of the sector. Political champions will be essential. And we must

support the World Health Organisation's global work on alcohol.

**Building capacity** both within the public health sector and externally is an ongoing strategy to achieve effective alcohol policy and local action. Knowledge, understanding and skills need to be continually built to increase capacity. The Thai Health Promotion Foundation shared a successful strategy for solving difficult social problems called the "Triangle that moves mountains". This involves simultaneously strengthening in 3 interrelated sectors: (1) creation of knowledge; (2) social movement; (3) political involvement.

**Figure: The Triangle that moves mountains**

**1. Creation of relevant knowledge**



**2. Social movement**

**3. Political involvement**

**Reframing the debate** was a key strategy that was utilised effectively in Scotland to gain traction politically for alcohol policy. This involved counteracting alcohol industry myths with a strong public health argument, using consumption data and other evidence to present the truths about alcohol.

**The "best buys" for alcohol policy;** that is policies that are both the most effective and cost-effective, were strongly endorsed throughout the conference. These are: increasing the tax, banning alcohol advertising and restricting access to retailed alcohol.

**EXPOSE, EXPOSE, EXPOSE!**

This was the key message from the international speakers in order to move the alcohol debate forward.

We need to expose the industry lies, expose the evidence and continue to raise awareness, and define and expose conflicts of interest.



*AHW delegates on the closing day at the Global Alcohol Policy conference: (from left to right) Amy Robinson, Raj Singh and Rebecca Williams.*

**THE FINAL POINT OF INTEREST**

The Thai Health Promotion Foundation is funded by a 2% 'sin tax' which is collected from the producers and importers of alcohol and tobacco. What a clever funding model!

The next **Global Alcohol Policy Conference** will be held in Seoul Korea on the 7-9<sup>th</sup> October, 2013.

Find out more at <http://www.gapc2011.com>



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