Alcohol Healthwatch
Whakatūpato Waipiro

News & Views

Special Edition – December 2013

Global Alcohol Policy Conference (GAPC) 2013

The Global Alcohol Policy Conference was held in Seoul, South Korea on the 7th – 9th October 2013.

The conference was co-hosted by the Global Alcohol Policy Alliance, Ministry of Health & Welfare (South Korea), Seoul Metropolitan Government and Sahmyook University.

"Alcohol, Civil Society and Public Health: From Local and National Action to Global Change" was the central theme of the conference. More than 850 people from 55 countries attended the conference which included over 120 presentations in 32 plenary and concurrent sessions.

The Alcohol Healthwatch team made two oral and two poster presentations at the conference which were well received.

Alcohol Healthwatch poster presentations

The following is a summary of the highlights and key themes of the conference.

Day 1 - New evidence on alcohol-related harm and policy responses.

The opening plenary sessions set the scene by re-affirming key themes from the 2012 Conference. Firstly, that we have a good understanding of alcohol-related harm and a growing body of evidence showing the extent of harm to those other than the drinker.

Secondly, that we have a strong evidence base supporting policies and strategies that will be most effective at reducing the burden of harm.

Dr. Dag Rekve World Health Organisation (WHO) discussed efforts to implement the Global Strategy to Reduce the Harmful Use of Alcohol, and said 'we have the instruments and there is no excuse for inaction anymore'.

Some of the key highlights from the concurrent sessions include:

Dr Cheryl Cherpitel presented findings from a study of alcohol and injury in emergency departments conducted across 25 countries. One of the key findings of the study was that the dose-response relationship of relative risk of injury is steeper for females (more so for 18-30 year olds) than for males. Risk was greater for violence-related injury than for those from other causes. Researchers noted that stronger alcohol control policies were associated with lower rates of alcohol-related injury.

We heard about a number of community advocacy success stories.

The "PhuzaWize" campaign successfully engaged the media to include the community health perspective into the debate on the alcohol advertising ban in South Africa. Part of the campaign focused on providing material and training for editors and journalists, and for community fieldworkers. The campaign highlighted the importance of sharing the evidence with policy makers, the media, the public and public health stakeholders differently, based on their differing needs, roles and expertise.

In North East England a community campaign successfully generated public debate and discussion on Minimum Unit Price (MUP). The campaign resulted in 322 media articles, almost 15,000 postcard submissions and 70 organisational responses to the consultation process.

A number of training resources have been developed to support community capacity building to promote evidence-based policies.

One of these is a User's Manual for *Alcohol: No Ordinary Commodity,* the well known alcohol policy book by Babor et al. This is expected to be available in 2014.

Another example is the alcohol module of a non-communicable diseases training workshop used in cross sector training in the Pacific Region. The alcohol module was piloted in Fiji, and covers the effectiveness of strategies to reduce alcohol-related harm, community action, and the actions of the alcohol industry and the implications of free trade agreements. The module is available online for members of Asia Pacific Alcohol Policy Alliance (APAPA).

Dr. Anne-Marie Laslett presented estimates of alcohol-related child abuse and neglect in Australia based on a population survey and child protection services data. Findings included; one in five families reported that their children had been affected by others' drinking in the past year and 3% reported substantial effects; 9% reported verbal abuse, 3% reported exposure to domestic violence, 3% to neglect, and 1% were physically hurt. Alcohol-related harms to children were prevalent across the socio-economic groups. The study concluded that alcohol-related harms to children are not just a problem for a marginalised or disadvantaged populations, and that both universal and targeted interventions are needed to reduce alcohol-related harm experienced by children.

Day 2 - Global, national and local successes and challenges.

Prof. Thomas Babor spoke about the growing tensions between public health and the alcohol industry. He used the term 'corporate induced disease' to describe alcohol-related harm. He used a set of commitments to implement the Global Alcohol Strategy made by the global alcohol industry as examples of their efforts to undermine public health efforts and position themselves as 'part of the solution'. He called on the public health sector to mobilise our organisations, form coalitions and alliances to work together to reframe the debate.

Professor Thomas Babor

Prof. Babor also highlighted the dysfunctional nature of alcohol industry self-regulation, describing it as 'spectacularly ineffective'.

Dr Evelyn Gillan shared Scotland's journey towards achieving minimum unit pricing and the challenges they are facing. The Scottish Government's decision to implement a minimum pricing regime has been subject to ongoing legal challenge by the Scottish Whiskey Association.

Prof Charles Parry charted South Africa's journey towards imposing a ban on alcohol advertising. The Control of Marketing of Alcoholic Beverages Bill was approved by Cabinet in September 2013. It is currently progressing through public consultation, and will be tabled in Parliament for a vote following this. His presentation also discussed alcohol industry arguments against the proposed ban. These mainly focussed on job losses and the loss of funding to sports/arts organisations if the bill became law. In response to these the Department of Health have said that they will look into addressing

the concerns of job losses and Treasury is looking into alternative ways of funding sports and arts.

We also heard about some of the challenges faced by countries with existing bans on alcohol advertising, including Cambodia, Thailand, Sweden, Bhutan and India. The alcohol industry use prizes, scholarships, free venue hire, surrogate advertising and product placements in films, billboards and concerts to get around advertising restrictions.

A wide range of topics were covered in the concurrent sessions on the second day, all illustrating how evidence is put into action to reduce alcohol-related harm. Examples include:

"AdShame" – A digital advocacy campaign in Australia that aims to highlight the problems with advertising self-regulation in Australia, particularly as they relate to the advertising of alcohol and unhealthy food to kids. www.adshame.org.au

"See What Sam Sees" - This video clip shows a young person taking photographs of alcohol images surrounding him. It was promoted virally online, by press and outdoor advertising, and used to support a NGO's campaign in North East England calling for greater regulation of alcohol marketing. The campaign generated over 800 news items and 6,000 people signed a petition calling for marketing restrictions.
http://youtube/KZQ9OrJW1JM)

"Health First" – Is the UK's independent alcohol strategy. It was produced by Alcohol Health Alliance UK, British Liver Trust and University of Stirling and is endorsed by more than 70 organisations. It puts forward 10 evidence-based recommendations and can be used as an advocacy tool in campaigns for effective alcohol policy. http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf

We learnt from research in the United States that rates of STDs decreased after the 2009 increase in alcohol excise tax in Illinois, and that while higher alcohol taxes do result in fewer jobs in the alcohol industry, these reductions are more than offset by job gains in other sectors. The research found that price increases of 5, 10, and 25 cents per drink were overwhelmingly paid for by excessive drinkers, those employed, and those in higher income brackets.

Three states in the Unites States have managed to increase alcohol tax. Success was primarily achieved through political will, public health evidence, media advocacy and coalitions working together. Tough economic times proved to be leverage, with decision makers favouring a tax increase.

A study that investigated the profits from underage drinking using the 2011 National Survey on Drug Use and Health in the US, found that in 2011 alone, the alcohol industry made profits of almost 11.1 billion US$ from underage drinking.

Day 3 - From local and national action to global change.

We heard a refreshing take on "Alcohol in All Policies" (AiAP). This highlighted the importance of connecting with sectors outside the traditional alcohol harm reduction sphere. These include global development, (e.g. the Millenium Development Goals), non-communicable disease, Children's and Human Rights sectors. Presenter Maik Dünnbier from Sweden invited us to explore this idea and find ways to engage with others.

The role of the alcohol industry, both in influencing and opposing evidence-based alcohol policies and in promoting their products, particularly to children and women was a recurring theme throughout the conference.

Countries are at varying stages of addressing alcohol-related harm. Some have developed or are in the process of developing National Alcohol Policies and/or strategies.

The importance and power of coalitions and alliances was demonstrated throughout the conference. A number of alliances already exist including the Global Alcohol Policy Alliance, East African Alcohol Alliance, Asia Pacific Alcohol Alliance, U.S Alcohol Alliance and others. A number of presenters mentioned the need for more communication and support to enable public health interests to move forward as one.

In the closing plenary session Prof. Sally Casswell from New Zealand discussed an ideal national alcohol policy. This was a useful summary of best practice and provided a challenge to us all.

THE CALL TO ACTION

A Conference Declaration was drafted in the lead up to the conference, and opportunities were provided for participants to comment before and during the conference. It was adopted in the final plenary session.

Conference Declaration being adopted

The Declaration calls on intergovernmental agencies, NGO networks, national and local governments, academia, civil society, professional organisations, communities, and individuals, at all levels to take action to reduce alcohol-related harm.

The ***Global Strategy to Reduce the Harmful Use of Alcohol*** and ***the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020*** provide the main policy frameworks for this action, with particular attention paid to the three 'best buys': controlling physical availability, restricting advertising and raising the price of alcohol.

The declaration calls for better national surveillance and monitoring systems that are compatible with the WHO data collection systems.

New Zealand had a strong presence at the conference with leading alcohol researchers Prof Sally Casswell, Dr. Jennie Connor, Dr. Taisia Huckle attending, along with representatives from SHORE/Whariki, Alcohol Action New Zealand, Auckland Regional Public Health Service, the National Public Health Alcohol Working Group and Alcohol Healthwatch.

The next **Global Alcohol Policy Conference** will be held in Scotland in 2015.

Dr Evelyn Gillan, Alcohol Focus Scotland, accepting the flag as host of the next GAPC Conference in 2015

For more information about the conference and to view the conference declaration visit www.gapc2013.com

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