

Greetings and Welcome to this meeting.

I particularly welcome you here today as we seek to progress some important work for the Pacific as a follow-up to the SPC/WHO Meeting in Noumea on Alcohol and Health in the Pacific in 2004.

In global terms alcohol causes 1.8 million of around 55 million deaths a year. However, the disability adjusted life years (DALY's) account for 4% of global deaths, equivalent to that of tobacco. It is likely that within the Pacific a similar population based percent of deaths and disability would emerge.

This meeting will seek to draft a Pacific Regional Plan of Action on Alcohol, an ambitious but appropriate response. Since the meeting in Noumea a further important step has been taken by WHO in introducing the WHA 58.26 and passing the resolution to support further country activity. This mandate from the World Health Assembly builds on our previous actions and gives increased relevance to the importance of what we are to undertake, and I would like to acknowledge the importance that I give to these recent actions, and the presence of Dr Xiangdong Wang, the Regional Adviser in Mental Health. This mandate seeks to give practical focus to our work at global, national and community level. The latter is important and I hope that while we are to look at a Pacific Regional Plan of Action and to do so being very cognisant of some early plans for the greater Western Pacific Draft Regional Plan of Action, I would be most pleased if our plans give practical action points to countries on key issues that could be effectively implemented, enforced and sustained at community and national levels.

Further, in the important meeting at SHORE that took place in September 2004 on a Plan of Action for Alcohol Policy in Asia/Pacific some key action points were discussed. In particular one section focussed on free trade agreements and their impact on population health, particularly pertaining to alcohol. I can report to you that on the 27th of May in Nadi, Fiji the Forum Trade Ministers Meeting did decide to

continue the exclusion of alcohol and tobacco from the Pacific Island Countries Trade Agreement (PICTA) for a further two years pending some further impact studies and the consideration of the Narsey and SPC review of this topic. SPC will continue to follow this process with due regard to it's importance.

The needs are there. In the last few weeks, I've visited Guam, Federated States of Micronesia, the Republic of the Marshall Islands and I've seen and heard first hand some of the issues.

Alcohol use in Guam is not as high as some other areas, but the needs are there and I met young people in treatment for their problems in an institution called Sanctuary.

In FSM alcohol has only in recent years emerged from prohibition and in some islands it is a particular problem in relation to Yap and Chuuk, both of which exhibit significant and emerging alcohol caused problems.

Before I left New Caledonia, a note in the paper indicated that last year 100 people each week (5000 for the year) in a town of 70,000 population were taken for sobering up at the local police station and Dr Christian Michel will be able to inform us more fully. This is an immense amount of resources for a small community. T

In the Wallis and Futuna Islands there has recently been significant alcohol caused unrest. The King's grandson driving home drunk hit and killed a person. After being charged and convicted recently the young man sought refuge in his grandfather's palace and was not permitted to be removed and committed to prison with some consequent disruption to law and order in the country. It is a royalty of honour and several other royal families have sought to remove the aging king from the throne. I've just returned from the Republic of the Marshall Islands where the main island of Majuro is the only place for legal sales of alcohol. The problem of youth alcohol use is rising particularly as the young people leave the islands where prohibition still exists in relation to packaged alcohol, and head to Majuro where there are virtually no restrictions and where the social constraints of the village no longer exist. While I was there, six young people attending a church camp ended up in jail as a result of alcohol use, with their name church badges/patches still intact. It is of note that all of

the islands banning alcohol use local toddy, and it would be useful to have data on the relative impact of this alternative alcohol product.

In bringing this meeting to effect, SPC is particularly grateful for the support and participation of a number of agencies. The Ministry of Health NZ has been an enthusiastic support and the work of Sally Liggins and Ashley Bloomfield in particular has greatly assisted. Ross Bell from the New Zealand Drug Foundation has been the organisational support to the meeting. We are grateful for the participation of WHO. SHORE, particularly Professor Sally Casswell has provided guidance and technical input and other agencies such as GAPA provided some good advice on the technical papers we can review. Thank you to all of your efforts.

But this is just the beginning. In terms of our work, I would suggest that we be mindful of three things:

1. That we be acutely aware of the large differences between countries and sensitive to the country needs, especially with the personnel we have here. In that context we have arranged for one on one translation with Dr Christian Michel from New Caledonia. Please disregard that little 'hum' in the background.
2. That we focus on key strategies that are both effective and can be achieved or implemented within the diverse countries of the South Pacific, and if there needs to be variance in the way in which different countries are addressed, that needs to be kept in mind.
3. That as we develop the plan of action and the action points for countries and communities, that we also consider the key issues of available resources both external and internal that can give effect to our work and that might be mobilised for meeting these needs. This is critical otherwise we are creating false expectations. On that point, it would be useful to agencies such as SPC and I'm sure WHO if some thought were given to ways of ensuring good project design and support as I've already received several requests for funding. The wisdom of experience from Australia

and New Zealand in dealing with such issues, particularly in indigenous or cultural settings, would be very useful.

This is no small task. It will require some hard work from all of us over the next few days and particularly sensitivity to complex issues. This meeting is about personal and public health and leadership, about lives, about the way in which people treat each other in communities. Thank you for being here and I look forward to working with you all.