

D1: A Call for a Framework Convention on Alcohol Control

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Alcohol's Global Burden of Disease and Social Harm

Alcohol use is deeply embedded in many societies and contributes considerably to global morbidity, mortality and social harms. The total global burden of disease for alcohol (4.0%) and tobacco (4.1%) are on a par.¹ Overall, there are causal relationships between alcohol consumption and more than 60 types of disease, disability, and injury, including traffic fatalities.

~~There is increasing evidence that genetic vulnerability to alcohol dependence is a risk factor to some individuals.~~ Fetal alcohol syndrome and fetal alcohol effects, preventable causes of mental retardation, may result from alcohol consumption during pregnancy. 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. Moreover there is increasing evidence that genetic vulnerability to alcohol dependence is a risk factor for some individuals.²

~~Regular alcohol consumption in adolescents, especially and binge drinking, in adolescents can negatively affect school performance, increases participation in crime and leads to risky and adversely affect sexual performance and behavior.~~ Beyond the numerous chronic and acute health effects, alcohol use is associated with an equal burden of widespread social, mental and emotional consequences. Alcohol-related problems are the result of a complex interplay between individual use of alcoholic beverages, and the surrounding cultural, economic, physical environment, political and social contexts.

1 Alcohol-related social harms include violence, vandalism, public disorder, family
2 problems, other interpersonal financial and work-related problems and educational
3 difficulties. Heavy drinkers and those with alcohol-related problems or alcohol dependence
4 cause a significant share of the problems resulting from consumption. However, in most
5 countries, the majority of alcohol-related problems in a population are associated with
6 harmful or hazardous drinking by non-dependent 'social' drinkers, particularly when
7 intoxicated. This is particularly a problem of young people in many regions of the world
8 who drink with the intent of becoming intoxicated. ^{3,3}

9 Worldwide, the scope of the damage makes alcohol consumption a major public health
10 problem, ~~of the first order.~~ ^{4,5} Alcohol cannot be considered an ordinary beverage or
11 consumer commodity since it is a drug that causes substantial medical, psychological and
12 social harm by means of physical toxicity, intoxication and dependence. ^{2,4}

13 Problems related to alcohol exist in almost every country and region, with the highest
14 rates in Europe. Alcohol consumption is the leading risk factor for disease burden in low
15 mortality developing countries and the third largest risk factor in developed countries.
16 Alcohol is the foremost risk to health in low-mortality developing countries with the
17 highest economic growth where it is responsible for 6.2% of disability-adjusted years lost. ¹
18 In the Americas, alcohol has been found to be the most important single risk factor
19 contributing to the burden of disease, surpassing smoking, obesity, and high blood
20 pressure. ⁶

21 In recent years some constraints on the production, mass marketing and patterns of
22 consumption of alcohol have been weakened and have resulted in increased availability and

1 | accessibility of alcoholic beverages (to include indigenous sources) and changes in
2 | drinking patterns across the world.⁷ Continued global economic advancement together
3 | with the erosion of public health policies create the “perfect storm” for alcohol related
4 | problems particularly in developing countries.⁸ This has created a global health problem
5 | which urgently requires governmental, citizen, medical and health care intervention.
6 |

7 | **Lessons for Alcohol Control from the Tobacco Movement**

8 | Similarly, the tobacco control movement faces an international problem with 70 % of
9 | deaths from tobacco consumption taking place in developing countries by 2030. The
10 | tobacco industry is a global industry which is stepping up its activities in developing
11 | countries in search of new markets. Tobacco advocates considered “intergovernmental
12 | resolutions” insufficient as an isolated strategy to slow the growth of tobacco
13 | consumption.⁹ Use of an “intergovernmental code of conduct”, calling on governments to
14 | implement that code through enacting national legislation, and asking industries to
15 | voluntarily comply with the code, was not a sufficient strategy to address tobacco control.
16 | International action was needed to deal with the trans-boundary issues of global marketing
17 | campaigns and smuggling of cigarettes.¹⁰ In response, the World Health Organization
18 | adopted a Framework Convention on Tobacco Control which entered into force on
19 | February 27, 2005.¹¹

20 | **Rationale for a International Treaty on Alcohol**

21 | In light of the growing problem of unhealthy alcohol consumption and significant
22 | global marketing campaigns, alcohol control requires an international coordinating

1 mechanism similar to the Framework Convention on Tobacco Control (FCTC). There is no
2 pre-existing international convention or framework within which alcohol control could fit.
3 However, the World Health Organization (WHO) has the competence as the "directing and
4 coordinating authority on international health work" to undertake the creation of
5 international instruments relevant to health. The WHO has powers under article 19 of its
6 Constitution to develop a legally binding international convention on alcohol. ¹²

7 Key elements such as trade, transnational ownership of alcohol production, sales,
8 promotion and advertising, distribution and smuggling hinder the management and
9 reduction of these problems and transcend national boundaries. Alcohol problems have
10 proven difficult or impossible to mitigate by countries acting in isolation. There is illicit
11 transnational trade in some regions and pressure by trading partners to reduce alcohol
12 control measures which are often characterized as barriers to trade. ^{4,12} Adjudications of
13 trade disputes and negotiations of trade agreements have constrained the abilities of
14 national and sub-national governments to restrict the alcohol market.

15
16 A binding public alcohol control agreement is becoming more necessary to counter
17 such developments. An international Framework Convention on Alcohol Control (FCAC),
18 in the interests of public health, could usefully counter developments in trade agreements
19 which seek to expand alcohol markets, reduce prices and weaken national and local
20 regulation of alcohol. ^{4,13,13}

21
22 A Framework Convention on alcohol could serve as a counterweight and an alternative
23 to trade agreements which threaten domestic policies and provisions and could provide

1 more latitude for countries to protect health than without the treaty. Moreover, a FCAC
2 may be able to take advantage of the Technical Barriers of Trade Agreement which permits
3 countries to enact technical regulations to protect human health provided that international
4 standards exist now or soon will be adopted. A FCAC could establish a body to set
5 minimum standards without serving as a ceiling. ¹³

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7 **A FCAC could further international alcohol control**

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9 While an alcohol convention could seek international action on trade and cross broader
10 problems, the principle effect would likely be at the national and sub-national level by
11 setting new norms and practices of alcohol control. Based on experience of the FCTC, in
12 addition to specific obligations and principles contained within a framework convention,
13 the process of negotiating the treaty would strengthen alcohol control efforts within
14 countries by giving governments greater access to scientific research and examples of best
15 practice and motivating national leaders to rethink priorities as they respond to an ongoing
16 international process. The process would engage powerful ministries, such as finance and
17 foreign affairs along with health ministries, more deeply in alcohol control and raise public
18 awareness about the strategies and tactics employed by the multinational alcohol
19 companies. The international collaboration would mobilize technical and financial support
20 for alcohol control at both national and international levels and make it politically easier for
21 developing countries to resist the alcohol industry opposition to effective measures, for
22 example, raising taxes and other restrictions on advertising. The convention would help
23 mobilize non-governmental organizations (NGOs) and other members of civil society in

1 support of stronger alcohol control.¹⁰ Moreover, it would create a sense of obligation in
2 States that are acting in good faith and wish to comply with their treaty commitments. It
3 would serve to deter violations. ~~since States ordinarily do not wish to gain a reputation as a~~
4 ~~lawbreakers and therefore will be reluctant to commit violations.~~ Even without
5 enforcement mechanisms, an alcohol treaty could bring about positive changes in how
6 States, and ultimately individuals, behave.^{13,14}

7

8 **Funding for a FCAC**

9 The mechanism for funding the tobacco convention, as outlined in Article 26, could be
10 applied to an alcohol convention. The FCTC has each party provide financial support in
11 respect to its national activities intended to achieve the objectives of the Convention.
12 Moreover, the WHO Secretariat shall advise developing countries on available resources.
13 The Parties shall review existing and potential resources and determine the necessity of a
14 voluntary global fund to channel resources to developing nations, including from
15 international organizations and agencies, and from nongovernmental and governmental
16 sources.^{15, 16}

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18 **Climate Favoring a Framework Convention on Alcohol Control**

19 A FCAC is a viable concept at a time when international organizations are considering
20 global public health policy issues related to alcohol. In 2005, the WHO adopted a
21 resolution, "Public Health Problems Caused by Harmful Use of Alcohol". The resolution
22 called for a report to the 60th World Health Assembly in May 2007 which would include
23 evidence-based strategies and interventions to reduce alcohol-related harms.¹⁷ The report

1 is expected to discuss the option of a Framework Convention on Alcohol Control.
2 Moreover, the World Medical Association, in October 2005 adopted a "Statement on
3 Reducing the Global Impact of Alcohol on Health and Society" which urges national
4 medical associations and all physicians to take action to help reduce the impact of alcohol
5 including promoting "consideration of a Framework Convention on Alcohol Control"
6 similar to the WHO tobacco treaty.³

7
8 Lastly, the APHA has a precedent with previous resolutions to support an international
9 tobacco control policy¹⁷ and a global financing mechanism to assist developing countries
10 in strengthening their tobacco control programs pursuant to the WHO Framework
11 Convention on Tobacco Control.¹⁸

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13 Therefore, the American Public Health Association:

- 14 1. Cealls on the World Health Organization to adopt and implement a binding
15 international treaty, a Framework Convention on Alcohol Control, modeled after
16 the Framework Convention on Tobacco Control;
- 17 2. Urges national public health organizations and other non-governmental
18 organizations to support development of a Framework Convention on Alcohol
19 Control; and
- 20 3. Ssolicits the U.S. government to support consideration of and planning for such
21 Convention.

22 Submitted by
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