

SPC/WHO¹ First Meeting on Alcohol² and Health in the Pacific
SPC Headquarters, Noumea, New Caledonia, 28-30th September 2004

Meeting recommendations

PREAMBLE

The official representatives of 17 of the Pacific Island Countries and Territories³,

1. *Recognising* that the harm done by alcohol is a problem with serious consequences for public health and social and economic welfare in the Pacific that calls for international cooperation and the participation of all Pacific Island Countries and Territories in an effective response,
2. *Recognising* that alcohol consumption is one of the most important risk factors in the Pacific Region for ill-health and premature death,
3. *Recognising* that alcohol is particularly important in its role in violent deaths, including drink driving fatalities, homicide and suicide, and in violence within the family and to other people,
4. *Recognising* that economic, social and cultural changes, including urbanization exacerbate the harm done by alcohol,
5. *Concerned* about the increase in the use of alcohol, binge drinking and the harm done by intoxication amongst young people,
6. *Recalling* the 2003 Tonga Commitment of the Ministers of Health to reduce non-communicable diseases across the region, and recognising that effective action against non-communicable diseases requires an effective focus on alcohol,

¹ In addition to the SPC/WHO collaboration, support for the meeting was provided by the New Zealand Ministry of Health.

² Alcohol includes commercially produced, non-commercially produced, home brew and illicit alcohol.

³ Cook Islands, Federated States of Micronesia, Fiji, Polynesie Francaise, Guam, Kiribati, Marshall Islands, Nauru, Niue, Nouvelle Caledonie, Palau, Papua New Guinea, Soloman Islands, Tokelau, Tuvalu, and Wallis et Futuna.

7. *Recalling* Resolution WHA57.16 (2004) of the World Health Organization, which urges Member States to promote strategies to reduce the adverse physical, mental and social consequences of harmful use of alcohol,
8. *Recognising* that taxation is an effective strategy to reduce the harm done by alcohol, and that effective country based taxation and other policies to reduce the harm done by alcohol can be affected by alcohol's inclusion in regional and global trade agreements,
9. *Recognising* that the scientific evidence is clear that a range of cost effective approaches are available to reduce the harm done by alcohol, and that these can be implemented in socially and culturally appropriate ways,
10. *Emphasising* the special contribution that nongovernmental and community organisations can make to alcohol policies and programmes and the vital importance of their participation in local, national and international alcohol policy and programme efforts,
11. *Recognising* that strong political commitment is necessary to support coordinated responses, taking into consideration the need to take measures:
 - a. to protect all persons from the harm done by other people's drinking, such as traffic accidents and violence;
 - b. to reduce the harm done by alcohol, and to promote and support reductions in hazardous and harmful alcohol consumption and dependence on alcohol;
 - c. to promote the participation of traditional leaders and communities in the development, implementation and evaluation of alcohol policy programmes; and
 - d. to address youth and gender-specific risks when developing alcohol policy strategies,
12. *Recognising* that international and regional cooperation, capacity building and financial assistance is needed to establish and implement effective alcohol policies and programmes,

13. *Recognising* that policies and programmes to reduce the harm done by alcohol require sustainable funding,
14. *Recognising* the benefits to participating countries which have resulted from the Pacific Action for Health Project, and
15. *Recognising* the technical assistance and support provided by the Secretariat of the Pacific Community and the Regional and Headquarters Offices of the World Health Organization,

Recommend the following:

1. The Technical Report of the meeting is circulated to governments, relevant organisations in the countries, donor organisations and relevant regional and international organisations;
2. A working group comprising interested members of the 2004 SPC/WHO meeting on alcohol and health in the Pacific with input from representatives from key non-governmental organisations, is convened by the SPC in collaboration with the Western Pacific Regional Office of the WHO during **the first quarter of 2005 to enable follow up to this meeting and to develop a draft Regional Action Plan** to reduce the harm done by alcohol, within the context of existing regional activities, including the Tonga Commitment and the Healthy Islands initiative;
3. Following the working group meeting, a broader meeting should be convened of the Pacific Island Countries and Territories, the SPC, the WHO, donors, regional organisations and relevant non-governmental organisations to further the development of the draft, and to prepare a coordinated plan for donor cooperation prior to wider consultation with and consideration by Pacific Island Countries and Territories;

4. Where these are not already in place, Pacific Island Countries and Territories are urged to convene inter-agency coalitions and partnerships, including representatives of governmental and non-governmental organisations, public health, health, law enforcement, social welfare, women's and youth groups to receive the report of the meeting and to strengthen national efforts through the development of appropriate national plans of action;
5. The country coalitions should consider the feasibility of increased and sustainable funding for alcohol policies and programmes through the establishment of a national health foundation or similar organisation, where such foundations or organisations are not in place, which could be funded through a proportion of tax on alcohol;
6. Mechanisms should be encouraged at the country level to enhance the efficient planning, coordination and management of alcohol related projects and programmes;
7. The SPC and the WHO are requested to provide technical assistance and capacity building to the Pacific Island Countries and Territories to support their efforts to reduce the harm done by alcohol, including efforts to establish health foundations or similar organisations;
8. The SPC and the WHO are requested to work with the Pacific Island Countries and Territories to increase the availability and analysis of data on alcohol use, its health and social consequences and its economic costs, also linked to the broader context of NCD prevention and surveillance;
9. Donors are invited to consider expansion of the Pacific Action for Health project to as many Pacific Island Countries and Territories as possible, including reviews on existing alcohol policies;

10. The Pacific Island Countries and Territories and regional organisations should work to ensure that regional and global trade agreements such as the Pacific Islands Countries Trade Agreement (PICTA) do not limit the capacity of signatory countries to utilize taxation or other policy measures to prevent the public health and social disorder consequences of alcohol;
11. A network of representatives of Pacific Island Countries and Territories on alcohol policies and strategies should be established and supported by SPC in collaboration with the Western Pacific Regional Office of the World Health Organization and in partnership with the Global Alcohol Policy Alliance; and
12. The Western Pacific Regional Office of the World Health Organization is invited to include alcohol as a technical topic in its September 2005 Regional meeting. Further, Member States are invited to raise the issue of the prevention of the harm done by alcohol at the Pacific Islands Forum and at forthcoming regional meetings of ministers of health, trade and youth.

30/09/04