

1. INTRODUCTION

There is growing recognition that alcohol consumption is one of the major risk factors to public health. Thus, alcohol use and abuse requires greater attention from the public health experts than it is currently receiving.

In 2002, World Health Organization (WHO) estimated in its World Health Report (WHO, 2002) that there were about 2 billion people worldwide who consume alcoholic beverages, of whom 76.3 million suffered from alcohol use disorders. Globally, alcohol use causes 3.2% of all deaths (1.8 million deaths) and 4% of Disability-Adjusted Life Years (DALYs) (58.3 million). These proportions are much higher in males (5.6% deaths and 6.5% of DALYs) than females (0.6% deaths and 1.3% DALYs) (WHO, 2002).

Recognizing the importance of public health problems caused by the harmful use of alcohol alongwith other substance abuse, the Regional Committee in September 2001 adopted a resolution — SEA/RC54/R2, urging Member States to further strengthen the development of national policies and programmes on mental health, drug and alcohol-related problems. The South-East Asia Regional Office (SEARO) organized a consultation on prevention of harm from alcohol abuse in Bali, Indonesia, in June 2002 (WHO, 2002a).

In 2004, WHO released two documents (WHO, 2004; WHO, 2004a), on the global evaluation of alcohol consumption patterns and status of national alcohol control policies. The Fifty-eighth World Health Assembly in May 2005 reviewed the global situation and adopted a resolution (WHA58.26), on — *“Public Health Problems Caused by Harmful Use of Alcohol”*. The resolution urged Member States to develop, implement and evaluate effective strategies and programmes for reducing the negative health and social consequences of harmful use of alcohol. The resolution also stated that harmful use of alcohol referred to the public health effects of alcohol consumption, without prejudice to religious beliefs and cultural norms in anyway.

Countries comprising the South-East Asia Region (SEAR) of WHO, with traditionally low levels of alcohol consumption, are steadily moving towards a higher level of alcohol use. It is well established that an increase in alcohol consumption by a community or a nation leads to a higher proportion of persons with alcohol use disorders, including harmful use (or abuse) and dependence (or addiction). Harmful use of

There is growing recognition that alcohol consumption is one of the major risk factors to public health.

WHO estimated that there are 76.3 million people worldwide who suffer from alcohol use disorders. Globally, alcohol use causes 1.8 million deaths.

Harmful use of alcohol adversely affects the lives of the users and their families, along with widespread health and socio-economic impact and burden on communities.

This report summarizes the status of existing alcohol control policies in the SEAR Member States.

alcohol has a significantly adverse impact on the lives of affected persons and their families, most notably in health aspects. Simultaneously, there is a substantial socio-economic impact and burden on communities. Thus, policy-makers in nations facing increasing alcohol use should pay urgent attention to alcohol control policies.

The issues related to alcohol control policies discussed in this document will serve as a resource for Member States who are seeking ways to formulate and implement evidence-based and cost-effective measures that are culturally appropriate, to reduce the burden associated with alcohol consumption. Countries and communities should search for policies that protect and promote health, prevent harm and address the many social problems associated with alcohol use. Ideally, scientific evidence should be the basis of both policy-making and public debate. One of the issues to debate is the extent to which successful public health measures are transferable between different cultures, and the different situations in developed and developing countries.

The Alcohol Control Policies Project is a joint project between the Department of Mental Health and Substance Abuse of WHO, Geneva and the Department of Non-communicable Diseases and Mental Health of WHO Regional Office for South-East Asia (SEARO). It is one of the activities in response to the World Health Assembly Resolution 58.26.

This report summarizes the status of existing alcohol control policies in the SEAR Member States. It provides a baseline for monitoring future progress. It may also be useful as an advocacy tool for identifying existing gaps and raising awareness about the need for alcohol control policies.