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Symposium on Reducing Harm from Alcohol Use in the Community

Bali, Indonesia, 4-6 October 2007

World Health
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Regional Office for South-East Asia

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New Delhi, January 2008

Contents

Page

1. Introduction 1
2. Objectives of the symposium 3
3. Summary of proceedings.. 4
4. Recommendations... 25

Annexes

1. Address by Dr Samlee Plianbangchang,
   Regional Director, WHO South-East Asia Region 30
2. Agenda.. 34
3. Programme 36
4. Topics for group work.. 40
5. List of participants 42

1. Introduction

In its Global Status Report on Alcohol 2004, WHO estimated that there are about 2 billion people worldwide who consume alcoholic beverages, and 76.4 million with disorders arising out of harmful use of alcohol. In the South-East Asia Region, studies have indicated that the health, social and economic harms of alcohol are widespread. Use of alcohol has been increasing in the Region, posing numerous challenges to policy makers, professionals and civil society. The growing evidence of the harmful effect and impact of alcohol on individuals, families and society as a whole has created a dilemma in the area of public health. This is well documented by the Regional Office for South-East Asia, WHO (SEARO), in its series of publications on alcohol. The issue of controlling and minimizing the harm from alcohol is beyond the purview of the health sector alone. In addition to health, it covers issues related to finance and economics, trade and commerce, law and enforcement, education and research. Therefore, a sustained and coordinated approach addressing all these spheres is needed to address harm from alcohol use. Hence, there is an urgent need to bring together multiple stakeholders to discuss the contribution different disciplines can make to address the issue of alcohol use and related harm.

In 2002, WHO SEARO conducted an intercountry meeting in Bali to develop proposals for community-based projects for prevention of harm from alcohol. As an outcome of this meeting, evidence-based technical guidelines were developed to carry out interventions on alcohol-related harm in communities.

Subsequently, WHO SEARO pilot tested these guidelines in Sri Lanka.

In 2003, in order to deal with the policy level issues for reducing harm related to alcohol use, the Ministers of Health of countries in the South-East Asia Region at their 21st Meeting held in September 2003 in New Delhi, discussed and endorsed the need for a Regional alcohol action plan. The 58th World Health Assembly in May 2005 debated the public health problems caused by alcohol and adopted a resolution WHA58.26, requesting the Director-General to collaborate with Member countries, intergovernmental organizations, health professionals, nongovernmental organizations and other relevant stakeholders, to promote the implementation of effective policies and programmes to reduce harmful alcohol consumption. The 59th session of the WHO Regional Committee for South-East Asia held at Dhaka, Bangladesh in September 2006, debated various policy options on reducing harm from alcohol use, leading to the adoption of a resolution - SEA/RC59/R8. This resolution, recalling World Health Assembly resolutions WHA 32.40; WHA36.12, WHA36.12, WHA42.20, WHA55.10, WHA57.10, WHA57.16, WHA58.26 and its own resolution SEA/RC34//R2 on public health problems caused by alcohol, requested the Regional Director, among other measures, to hold a biennial regional forum of key partners from Member countries and other international partners to share progress, experiences and lessons on alcohol control programmes.

During the past few years, WHO/SEARO has been strengthening the information base on alcohol-related issues in the Region. Several documents have been published and distributed, such as “Burden and socio-economic impact of alcohol: The Bangalore Study”; “Public health problems caused by

harmful use of alcohol: Gaining less or losing more?"; "Alcohol control policies in the South-East Asia Region: Selected issues"; "Alcohol use and abuse: What you should know", and "Reducing harm from use of alcohol: Community Responses". WHO SEARO also developed and distributed an interactive CD on harmful use of alcohol, aimed at adolescents. Currently, WHO/SEARO is in the process of developing and implementing a community-based assessment of the use and harm from alcohol in five countries, providing both technical and financial assistance to countries to implement it. Following the analysis and interpretation of the data from these projects, community interventions to reduce harm from alcohol use will be designed and implemented in these countries under WHO's technical guidance.

Alcohol is a cross-cutting issue among many sectors. Finance, trade, health, education, justice and enforcement are some examples. Each sector has a role to play in reducing alcohol-related harm. Unless this is handled in a systematic and coordinated manner the initiatives will be fragmented and become less effective. This process should involve cooperation between stakeholders which include the government and civil society.

An intercountry symposium of stakeholders from diverse disciplines presenting their ideas and experiences on alcohol-related harm and evidence-based interventions, was held to provide insight, success stories and guidance for WHO to design and implement strategies and programmes to minimize alcohol-related harm in a sustained manner throughout the Region.

2. Objectives of the symposium

General objective

Discuss with stakeholders from diverse disciplines their ideas and experiences on alcohol-related harm and evidence-based interventions appropriate to the Region to reduce such harm.

Specific objectives

(1) Discuss technical issues related to alcohol in diverse sectors: health, social welfare, economics, commerce, research, law, education and media.

(2) Develop recommendations to implement evidence-based interventions appropriate to the Region to reduce harm from use of alcohol.

3. Summary of proceedings

Opening session

The Symposium was inaugurated by Dr Rachmi Untoro, Adviser to the Minister on Medico-legal issues, on behalf of Her Excellency Dr Siti Fadilah Supari, Minister for Health, Republic of Indonesia.

The address of Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, was delivered on his behalf by Dr Poonam Khetrapal Singh, Deputy Regional Director. The full text of the address is in Annex 1.

Dr. Rajat Ray was elected Chairman and Dr Supreda Adulyanon as Deputy Chairman. The rapporteur for Day 1 was Dr

Varuni De Silva for, Day 2 Ms Divya Prasad and for Day 3 Dr Yot Teerawattananon.

Technical presentations

Day 1 Session 1: Regional and global situation on harm from alcohol

The Regional situation on harm from alcohol was presented by Dr Vijay Chandra, Regional Adviser, Mental Health and Substance Abuse, WHO Regional Office for South-East Asia.

According to available data, the prevalence of alcohol use in Nepal was 67% for males between 15 and 60 years of age. In Sri Lanka, it was 53.1% of males and 6.4% for women above 15 years, in Thailand it was 56% of males and 10% of females and in India, it was 20-30% of adult males and 5% of adult females.

There are many unique features relating to alcohol use and related harm in this Region, which need addressing. Traditionally, alcohol is used by men, but now its use by women is increasing. Though there are significant numbers of life-time abstainers among men, the proportion of dependent users is large. The number of drinking occasions is fewer, but the amount consumed at these occasions is large. Frequent use of small quantities of alcohol is not the predominant pattern of use as is common in Europe. Issues of concern include pay-day drinking, violence including domestic violence, alcohol's contribution to poverty and illicit and home-brewed alcohol.

The successful evidence-based interventions to address alcohol-related harm and measures that have limited or no effectiveness were outlined. Initiatives carried out by SEARO so

far include publication of a series of documents on addressing harm related to alcohol, appointing a consultant to support the programme, inclusion of the subject in high-profile meetings such as the Regional Committee, Regional Parliamentarians meeting and organizing this symposium bringing together multiple stakeholders and advocacy/support for evidence-based community interventions. SEARO's future plans include advocacy with governments and civil society on prevention of harm from alcohol, assessment of use and harm in the community, promoting evidence-based interventions and specifically addressing issues unique to the Region.

The global situation on Alcohol Consumption and Alcohol-related Harm: was presented by Dr Vladimir Poznyak, Coordinator, Management of Substance Abuse, World Health Organization, Geneva.

It is estimated that 2.3 million people die worldwide from alcohol-related causes. This is 3.7% of all deaths - 6.1% of deaths among men and 1.1% among women. Also, 64 975 000 disability-adjusted life years (DALYs) were lost due to alcohol-related causes. This was 4.4% of all DALYs - 7.1% of all DALYs among men and 1.4% among women. The percentage of suicides committed under the influence of alcohol ranged from 10% to 69% in some countries. In Russia, 80% of homicides are committed under the influence of alcohol. One-third of divorces in UK were alcohol-related. Nearly 5% to 14% of parents abusing their children in Japan have alcohol-use disorders or drinking problems. The estimated global cost of harmful use of alcohol is US$ 210,000 - 665,000 million. This is 0.6-2.0% of the global GDP. These figures include the cost of illnesses, premature mortality, consequences of drunk-driving, absenteeism, unemployment, criminal justice costs and criminal damage. In

2000, there were 76.4 million people worldwide with alcohol-use disorders – 63.7 million men and 2.7 million women. Activities of WHO Regional Offices following the World Health Assembly resolution in 2005 on the subject were outlined. Alcohol policy options for the WHO Regions were discussed.

Day 1 Session 2: Health and social impact of alcohol

Facilitator – Dr Robert Reverger, Psychiatrist, Wangaya General Hospital, Representative of NGO Kanaivasu, Bali, Indonesia.

Discussion Leader – Mr Sirichai Phantana, Medical Scientist, Bureau of Noncommunicable Disease, Ministry of Public Health, Thailand.

Technical Presentation 1: Alcohol and health – Prof Rajat Ray, Chief, Centre for Behavioural Sciences, Dept. of Psychiatry and National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, India.

Prolonged and excess alcohol use is associated with several adverse health consequences. Broadly they can be of two types: acute short-term or long-term health hazards. Long-term health hazards involve various systems and symptoms are linked with organ involvement. Commonly observed conditions are: alcoholic hepatitis, cirrhosis, acute/chronic gastritis, anaemia, hypertension, CHD and cancer involving several areas of the body. Involvement of the central nervous system is reflected by the presence of syndromes like Wernicke-Korsacoff's, dementia, cerebellar degeneration and neuropathy. A large number of women alcohol consumers are likely to show foetal alcohol syndrome if drink continuously during pregnancy. It is evident from various research reports that women are more at risk to

develop more severe health consequences than their male counterparts. Another vulnerable group is adolescents who are likely to show binge drinking patterns. Several laboratory tests have been developed for early detection and quantification of the degree of organ damage. Efforts to develop new markers are in progress. It was stated that interventions for health damage would need screening at various levels and initiating early treatment and that abstinence remains the most effective method to treat and reverse alcohol-induced health damage.

Technical presentation 2: Alcohol and mental health: Dr.Phunnapa Kittirattanapaiboon, Department of Mental Health, Ministry of Public Health Thailand.

There is a close relationship between alcohol problems and mental health. Alcohol-use disorders are recognized and classified as mental disorders. Comorbid disorder interaction models were discussed. Of those having alcohol-use disorders, 37% have psychiatric disorders. Statistics of comorbidty on antisocial personality disorder, schizophrenia, mood disorder and anxiety disorder were presented. Alcohol-induced mental disorders were listed and discussed. The relationships between alcohol and depression, suicide, schizophrenia, anxiety and stress, violence and family violence were outlined. Health promotion and prevention, early identification and intervention, education and training, collaborative partnerships, identification of specific population groups at risk and preparation of guidelines were highlighted as needs to be addressed on the issue of mental health problems related to alcohol.

Technical Presentation 3: Social impact of alcohol – Ms V. Thirumagal, T.T. Ranganathan Clinical Research Foundation, Chennai, India.

Alcohol use not only has a negative impact on health, it also affects other areas such as the family, workplace and the larger community. Excessive drinking was reported as a contributing factor in 11% – 25% of divorce petitions in EU countries. A link between alcohol use and domestic violence has also been established. A study of army personnel showed that heavy drinkers were 66% more likely to be spouse abusers than abstainers. When compared to non-drinkers, moderate to heavy drinkers were thrice as likely and light drinkers twice as likely to have been under the influence of alcohol at the time of the abuse event. Children who grow up in such families are likely to be dysfunctional, experience various forms of neglect, feel abandoned and witness and receive verbal or physical abuse. Alcohol use among employees even at moderate levels can affect quality of work, jeopardize safety, and lead to accidents, absenteeism, injury and loss of jobs. It is estimated that 6% – 16% of governments' expenditure across the globe is spent to handle crime attributable to alcohol and the cost amounts to $ 30 – 85 billion internationally. It is well known that prevalence of heavy and hazardous drinking is higher among the poorer classes compounding their poverty. The weaknesses in the response of the social sector to alcohol-related harm were highlighted and suggestions were made to improve the response.

Session discussion

The increased vulnerability of females to alcohol-related violence and the reasons were discussed. It was noted that it is difficult to define a 'safe limit' for alcohol consumption. Each society and each individual may have a different threshold for harm. It was also stated that population-based risk factors cannot be applied

to individuals. The forum also agreed that economic and other types of harm also need to be considered in deciding how much alcohol is 'safe' to drink.

Day 1 Session 3: Trade, Economics and alcohol

Facilitator – Dr Derek Rutherford, Executive Director, Institute of Alcohol Studies, IOGT International, United Kingdom.

Discussion Leader – Dr Samarn Futrakul, Chief – Tobacco and Alcohol Control, Department of Disease Control, Ministry of Public Health, Thailand.

Technical Presentation 1: Burden and socio-economic impact of alcohol – Dr Girish N Rao, National Institute of Mental Health and Neurosciences, Bangalore, India.

The costing effort presented, with due limitations, is the first systematic effort from India and has raised important questions for policy makers and even for the Indian public. The study, although based on limited data, has estimated that while gains in terms of revenue from alcohol sales are Rs. 216 billion every year, losses from adverse effects of alcohol are estimated to be Rs. 244 billion, apart from the immeasurable losses due to multiple and rollover effects of alcohol use. The available estimates may be the tip of the iceberg. The seeming gain from the existing alcohol policies i.e. the revenue from excise taxes ends up being spent to counter the effects of alcohol use in the medium-and long-term. Similarly, short-term gains of economic development such as establishing new breweries end up with social mal-development; which, coupled with inefficient enforcement of rules and regulations, leads to substantial revenue loss. The urgent need for a comprehensive approach

instead of a piece-meal strategy, and evolving long-term commitments by implementing a public health agenda to address this issue was highlighted.

Technical Presentation 2: Economics of alcohol - Dr Yot Teerawattananon, Leader of Health Intervention and Technology Assessment Programme (HITAP), Department of Health, Ministry of Public Health, Thailand.

Alcohol imposes a high economic burden on both individual drinkers and the rest of society. The estimates of the aggregate costs of alcohol can be used to promote public awareness on the negative consequences of alcohol, and assist decision makers to appropriately target specific problems and policies. The Concept and methodologies for estimating the economic costs of alcohol were discussed. Preliminary results of a costing study from Thailand were outlined. The potential uses of economic studies and the challenges were discussed. The presentation emphasized the need for greater efforts to provide better evidence of the economic costs of alcohol, especially in developing country settings where there was very little information for use by policy makers to reduce alcohol consumption and mitigate the social and economic impact.

Technical Presentation 3: Trade, commerce and alcohol: Dr Thaksaphon Thamarangsi, Research Fellow, International Health Policy Programme, Ministry of Public Health, Thailand.

The situation with regard to alcohol demand and supply in the South-East Asia Region had changed significantly in recent years. Apart from an increase in consumption volume, the shift from indigenous beverages to cosmopolitan beverages, western-style beverages in particular, had been witnessed. On the supply

side, globalization of alcohol manufacturers, as well as an aggressive marketing strategy had played a major role in the changing consumption volume and pattern. The impact of trade treaties on alcohol policy were described. Options available to mitigate the adverse impact of the economic treaties, including domestic alcohol policy strengthening, developing of supra-national alcohol-control modalities and excluding alcoholic beverages and alcohol policy from the implications of trade agreement modality were outlined. Case studies on trade agreements and its impacts on alcohol were also discussed.

Session discussion

Ways of combating the increase in alcohol consumption resulting from increased GDP and resulting affluence was discussed. It was noted that the issue of passive smoking was used successfully in combating tobacco-related harm, and that the same principle could be applied to alcohol as non-users are harmed when alcohol is consumed.

The impact of trade treaties and bilateral agreements on alcohol consumption was discussed. Emerging economies of the Region are targeted by multinational companies which results in the availability of cheap alcohol and heavy promotion. Sports sponsorship can cut across national advertising bans. Therefore there is a need to devise effective ways of dealing with these situations. Governments too see alcohol as a major source of revenue. There is a conflict of interest where increased consumption by the population will increase revenue for the government, but this also increases alcohol-related harm. Governments need to recognize that price increases from tax increase can result in increased revenue as well as reduction in consumption. The French government’s efforts to deal with the

legal problems resulting from differential tax structure for grape-based and grain-based alcohol were also discussed.

Day 2 Session 1: Policies to address alcohol-related harm

Facilitator – Dr Neil Fernando, National Authority on Tobacco and Alcohol, Sri Lanka.

Discussion Leader – Dr Girish N. Rao, Assistant Professor of Epidemiology, National Institute of Mental Health and Neurosciences, Bangalore, India.

Technical Presentation 1: Global challenges in alcohol policy development – Dr Derek Rutherford, Executive Director, Institute of Alcohol Studies, IOGT International, United Kingdom.

The global fight against alcohol intoxication and dependence for the economic, health and material well-being of people has its roots in the first world temperance convention held in London in 1846. Medical and civil society groups and NGOs saw the need for international collaboration and networking from the outset. After the establishment of the League of Nations in 1920, alcohol policy advocates lobbied the League of Nations to address the problems related to alcohol consumption and bilateral trade. In today's trade climate health policies on alcohol at country and global levels need to be explicit to justify restrictions on country and global trade. In developing alcohol policies, the complex inter-relationship between political pragmatism, economic awareness and cultural sensitivity must be taken into account. Dealing effectively with alcohol to reduce harm will increase economic growth and competitiveness. The developing world's population of 1.3 billion

young people are being targeted by the alcohol industry resulting in increased exposure to a wide array of health risks. The marketing strategies of the industry and how they are contributing towards creating a global culture of intoxication was illustrated. The role that the NGOs play was described. Specific reference was made to a number of local and regional initiatives that are effective and that have relevance to alcohol policy development.

Technical Presentation 2: Policy options for reducing harm from alcohol – Dr Thaksaphon Thamarangsi, Research Fellow, International Health Policy Programme, Ministry of Public Health, Thailand.

An optimum alcohol policy framework should consist of a comprehensive policy mix based on three balances; balance between policy targets, balance among intermediate policy mechanisms and balance between policy levels. Both the general and the at-risk population must be aimed at in the policy framework, which employs three intermediate mechanisms: consumption reduction; harm deterrence; and rehabilitation. These elements are not a substitute for others. Consistent policy at different jurisdictional levels, from the global to local, is needed to tackle the globalized alcohol-related problems. Although various alcohol policy interventions are available, the development of an alcohol policy framework must include effectiveness, cost-effectiveness, spill over, and context relevancy. It was emphasised that evidence in cost effectiveness of alcohol policy interventions allows policy makers to spend their limited resources wisely. Technical capacity building is urgently required to support effective and appropriate alcohol policy development in the Region.

Session discussion

Following the presentations, the presenters and participants exchanged their interests and experiences on the use of religion or culture-specific contexts to promote some alcohol policies such as 'Stop Drink during the Buddhist lent campaign' in Thailand.

Day 2 Session 2: Law and enforcement in addressing alcohol-related harm

Facilitator - Mr Johnson J. Edayaranmula, Director, Alcohol and Drug Information Centre (ADIC-India), Trivandrum, India.

Discussion Leader - Dr Vladimir Poznyak, Coordinator, Management of Substance Abuse (MSB) World Health Organization, Geneva.

Technical Presentation 1: Alcohol consumption control legislation in Thailand: Dr Samarn Futrakul, Chief, Tobacco and Alcohol Control, Department of Disease Control, Ministry of Public Health, Thailand.

There are several laws relating to alcoholic beverages under various Acts i.e., the Liquor Act B.E. 2493, the Land Traffic Act B.E. 2522, the Land Transportation Act B.E. 2535, the Child Protection Act 2546, and the Establishments for Service Act B.E. 2546. However, these laws do not have the objectives to reduce the consumption of alcoholic beverage. In order to protect people's health and reduce the social dilemmas originating from the consumption of alcoholic beverages, a new law was developed. This draft law and its clause were described in detail.

Technical Presentation 2: National Authority on Tobacco and Alcohol Act: Mrs. A.R. Ahamed, Legal Officer, Ministry of Healthcare and Nutrition, Sri Lanka.

This Act was implemented in Sri Lanka in 2006. It mainly deals with two issues. Firstly, advertisements of tobacco and alcohol products are prohibited including any sport or entertainment sponsorship. Secondly, the sale/promotion of alcohol or tobacco is limited to any person under the age of 21 years. The clauses and the implementation of this Act were described.

Technical Presentation 2: Enforcement issues related to alcohol – Mr. Mahinda Balasuriya, Senior Deputy Inspector General of Police, Sri Lanka.

The Police Department and the Excise Department are the enforcement agencies responsible for alcohol-related enforcement in Sri Lanka. Law enforcement related to alcohol covers two main areas: enforcement with regard to traffic offences and enforcement with regard to crime / vice control. There are many reasons for ineffective enforcement relating to alcohol. interference by politicians, higher officers, peers, elite persons in society, corrupt enforcement officers, lack of trained enforcement officers, lack of technical knowledge in operating devices, lack of legal knowledge on prevention and prosecution procedures are some of them. Also, enforcement of a demerit point system and suspension or cancellation of driving licenses following conviction is not carried out. A special drive to reduce alcohol-related harm in the community is being conducted by the police and the excise department under the direction of the President of Sri Lanka. Figures on homicide committed under the influence of alcohol, accidents due to the influence of alcohol

and detection of drunk driving under the influence of alcohol were presented. The reasons as to why drunk driving was dangerous were discussed. The methods of detection were outlined. Recommendations for reducing harm from alcohol through effective law enforcement were provided.

Technical presentation 3: The strategic management of road safety in Thailand: A case study of law enforcement on drunk driver control: Pol. Lt.Col. Songkhram Sa-ngiampak, Deputy Superintendent of Sub-division 5, Traffic Police Division, Bangkok, Thailand.

The vision for this initiative is efficient law enforcement on drunk drivers as a key strategy for sustainable reduction of road accidents. The mission is to develop appropriate strategies for Thai society to effectively enforce the law on drunk drivers. The operative and administrative strategies were discussed. Setting up the 4 Ms required – Man (functionary – trained traffic policemen), Money (budget), Material (provision of and regular calibration of breathalyzers) and Management (planning the operation all year round) were described. The special alcohol check points – the Bangkok metropolitan model, the provincial models and the mobile alcohol checkpoints were described. Development of the laws and their components were detailed. The pay system, and the roles of raising public awareness, knowledge strengthening, drunk drivers ride services, road safety organizations and research and evaluation was presented. The need for a comprehensive approach that includes the use of appropriate technology for detecting alcohol concentrations in blood, increasing the punishment of drunk drivers, providing both knowledge and financial incentives for responsible officers, a clear plan, strategies and evaluation procedures to effectively address the issue was emphasized.

Session discussion

Participants discussed the most important factors for the success of law enforcement in alcohol policy. Participants from Indonesia commented that the lack of a significant alcohol policy making by the government in the last decade had resulted in alcohol issues not receiving enough public attention.

Day 2 Session 3: Addressing alcohol-related harm through schools

Facilitator – Ms Sonam Peldon, Programme Officer, Comprehensive School Health Programme, Ministry of Health, Bhutan.

Discussion Leader – Mr Jadet Chouwilai, Manager, Friends of Women Foundation, Bangkok, Thailand.

Technical Presentation 1: Addressing alcohol-related issues in schools – Ms Usha Ram, Chairperson, National Progressive Schools' Conference and Principal, Laxman Public School, New Delhi.

Adolescence is an extremely enthusiastic, energetic, joyous and fun-loving period. The power to think intellectually, perform skilfully, handle things meticulously and manage daily affairs tactfully develops during adolescence. This vulnerable and impressionable stage makes adolescents prey to unscrupulous elements of society, apart from inflicting pain, turbulence and stress in their lives. Peer group influence, cultural stereotypes, and family interventions play an important part in an adolescent's life. Factors influencing alcohol use and abuse

among school children were outlined and the need for including issues related to alcohol in school curricula was emphasised.

Technical Presentation 2: Measuring progress of interventions on alcohol in schools: Mrs Divya S. Prasad, Academic Coordinator Expressions India and Vidyasagar Institute of Mental Health and Neurosciences, New Delhi, India.

There is growing evidence that behaviour and lifestyle-related issues such as use of alcohol, tobacco and other drugs pose tremendous health risks. It is well established that use of alcohol and tobacco usually begins during adolescence and the use of gateway substances significantly increases the risk of illicit drugs. During the past decade, the field of substance abuse prevention has substantially improved its understanding of key causal factors that influence alcohol, tobacco and drug use patterns and problems associated with their use. In turn, an increased understanding of the epidemiology of substance-related problems have led to improvements in the development and testing of effective, evidence-based prevention strategies. The presentation highlighted the characteristics of successful intervention programmes. It also focussed on process and outcome evaluation and how the same can be operationalized in evaluating school-based preventive programmes targeting reduction in harm from alcohol use.

Technical Presentation 3: Dr Supreda Adulyanon, Director, Health Promotion and Primary Risk Reduction, Thai Health Promotion Foundation, Thailand.

The presentation highlighted the use of the mass media and public education programmes in the fight against alcohol use among youth. The programme aims to raise awareness on alcohol-related problems and to change the perceived norms on

alcohol use among youth and the public as a whole. Several examples of how Thai Health and its allies made use of the mass media and public education programmes to support their work were provided. It was emphasized that though public education alone is not effective, it can be useful when incorporated with other effective measures, particularly in supporting the policy process. Such initiatives need to be comprehensively organized, monitored and evaluated.

Day 2 Session 4: Media and alcohol

Facilitator – Mr Boonyou Khorpornprasert, Lecturer, Mass Communication, Dhurakit Bundit University, Bangkok, Thailand.

Discussion Leader – Ms Thirumagal, T.T. Ranganathan Clinical Research Foundation, Chennai, India.

Technical Presentation 1: Portrayal of alcohol in media – Ms Adite Chatterjee, Strategic MediaWorks, New Delhi

The global alcoholic beverages industry was valued at $980 billion in 2005. As western markets mature and alcohol consumption declines in the West, liquor multinationals are looking at the developing countries for sales growth. The Asia-Pacific region has emerged as a key market for global alcohol companies, contributing nearly 49% of all spirits sales in volume terms. Changing lifestyles, rapid urbanisation and the decline in joint families are the other societal factors that have led to adolescents experimenting with alcohol. As a result, media is being used aggressively by liquor companies to portray alcohol beverages as ‘cool’ and drinking as a habit of successful, young achievers. Tobacco companies have been using a similar strategy

to promote tobacco use among youth. The presentation looked at the efforts of WHO's Tobacco Free Initiative (TFI) – particularly a study that quantified the incidence of smoking in Bollywood films – to initiate a public campaign against portrayal of smoking in mainstream Indian movies. Drawing lessons from TFI, it was suggested that measures could be undertaken to educate young audiences and engage with them in creating awareness about the harm caused by alcohol through the use of appropriate media.

Technical Presentation 2: Responding to media portrayals of alcohol, Ms Kumari Welagedera, Alcohol and Drug Information Centre, Sri Lanka.

Speculation on whether the media influences behaviour of the people can only be answered by looking at what the media teaches young people. The content analysis of the Sri Lankan media finds that 60% of the Tele series (or soap operas) carry alcohol glamourizing content. It was also clear that media provides the appropriate dose comprising of the content, frequency and duration which leads to change in behaviour or change in attitudes of young people. A majority of alcohol-related dialogues, visuals or a combination of both have an impact as they contribute not to the science but to the mythology of alcohol. Responding to the media is necessary and the responsibility lies with all parties including governments, civil society and the media itself. NGOs, as civil society representatives have multiple tasks to perform. NGOs can advocate appropriate policy formulation, facilitate effective policy implementation, pressurize and educate the media and provide media education for the public. The most effective intervention in this regard is media education or media literacy programmes.

Work undertaken in this respect in Sri Lanka and the impact it has had were presented.

Day 3 Session 1: Community interventions to address alcohol-related harm

Facilitator – Ms Areekul Puangsuwan, Project Manager, International Collaborating Centre of the StopDrink Network, Bangkok, Thailand.

Discussion Leader – Ms Usha Ram, Chairperson, National Progressive Schools' Conference and Principal, Laxman Public School, New Delhi, India.

Technical Presentation 1: Evidence-based community interventions to address harm from alcohol use – Dr Varuni de Silva, Department of Psychological Medicine, Faculty of Medicine, Colombo, Sri Lanka.

Community-based interventions can be highly effective in reducing alcohol-related harm. However, they are more difficult to implement than individual interventions. Theoretical models of such interventions need to present the determinants that communities must address to reduce alcohol-related problems. Important determinants that need to be addressed in any prevention programme are: the attractiveness of the image of alcohol, inadequate recognition of the real harm from alcohol use, easy availability, unfair privileges attached to alcohol use, understanding of forces that promote increased consumption and 'alcoholization' of all social events and activities. A comprehensive strategy which addresses most of the determinants is more likely to succeed than one that addresses

only one or two. Results of work carried out on these principals were outlined. How monitoring and evaluation should be carried out was discussed. Barriers to effective community interventions such as interventions which simply attempt to 'educate' communities about the harm of alcohol use without addressing determinants of use, lack of clear strategy, haphazard planning and poor technical competency in those carrying out the interventions and failure to maintain motivation were described.

Technical Presentation 2: Role Of NGOs and civil society in addressing alcohol-related harm - Dr. Manoj Fernando, Executive Director, Sri Lanka Sumithrayo Drug Demand Reduction Programme, Colombo, Sri Lanka.

Civil society plays a leading role in addressing alcohol-related issues. Ideally, the role of civil society should be comprehensive in addressing alcohol-related issues. A comprehensive approach by NGOs and civil society should encompass areas of advocacy, community change, networking, capacity building and provision of service for those in need. Advocacy with government and other relevant bodies is one of the foremost activities of civil society. Effective and sustained advocacy should be tailored to the context, individuals and the institutions being addressed. NGOs are generally strong in creating community changes. They can create community change independently as well as complement clinical interventions by adding a community component. Community interventions should target both non-users and users which include occasional users, regular users and dependent users. Several examples of community changes leading to significant impact were illustrated. People may prefer to seek help from nongovernmental organizations rather than the health sector due

to stigma. NGOs are able to offer far more than hospitals which often limit their role to detoxifying alcohol dependent patients. How nongovernmental organizations can contribute by carrying out capacity building was discussed. The importance of networking with the government sector was emphasized. The value of the monitoring and evaluation was emphasized. Practical examples of activities relating to the above and their impact were illustrated.

Technical Presentation 3: Evidence-based community interventions to address harm from alcohol use, Mr Johnson J. Edayaranmula, Director, Alcohol & Drug Information Centre (ADIC-India), Trivandrum, India.

There is sufficient evidence at global, national and local levels about the public health problems and social consequences of the harmful use of alcohol. Experiences have proved that evidence-based community interventions are the most successful strategy in addressing the harm from alcohol use. In the presentation the experiences and lessons learned from four different community-based interventions in the State of Kerala in South India were shared. These included community interventions based on religious, social and cultural values, social climate and people's movements, local level interventions based on public health and social harm supported by sustainable rehabilitation programmes, and interventions among specific target groups through a holistic approach, partnerships and sustainable policies. Analysis and outcome evaluation of the different strategies were provided. It was concluded that interventions that succeed in ensuring community partnerships were based on the needs and priorities of the respective

communities, and these were the most successful and sustainable community intervention strategies.

Session discussion

The discussion leader requested the delegates from Bhutan, Indonesia and Thailand to share their experiences in the role of NGOs in community interventions. The research on community interventions in Bali was limited and had started after the two bombings. Direct intervention work with teenagers was carried out with the help of psychiatrists but follow-up data were not available due to resource constraints. In Bhutan, use of alcohol was observed to be a part of cremation ceremonies and also offered to the guests in place of water. Community work with the district uses advocacy to stop the policy of serving alcohol during cremation.

4. Recommendations

Primary responsibility of WHO (in collaboration with other relevant sectors)

(1) Information systems and operational research

- SEARO should provide technical assistance to Member States to implement community-based assessment of alcohol use (including the socio-cultural factors influencing use), harm from alcohol use and suggestions from the community on prevention of harm from alcohol.

- WHO (HQ and SEARO) should assist Member States to design a uniform information system for collecting and analysing data that should include:
  - Magnitude of alcohol use, harmful use and depefndence
  - Consumption patterns
  - Alcohol problems encountered
  - Alcohol policy options appropriate for the country
- SEARO should provide technical support to Member States to review the existing literature related to various aspects of alcohol use, based on which country-specific areas for future research can be identified.

(2) Illegal and home-brewed alcohol

SEARO should assist Member States in developing a database on illegal and home-brewed alcohol, unrecorded consumption, its impact on the community and how to address related issues. This is a difficult issue to assess and will require an innovative approach which is being developed by the Unit of Mental Health and Substance Abuse.

(3) Evidence-based interventions

WHO/HQ and SEARO should facilitate exchange of experiences of countries at the global level on prevention of harm from alcohol use. Appropriate evidence-based intervention strategies focusing on adolescents and the community should be developed and shared. Technical

support in adaptation of these strategies should be provided.

(4) Cross-border issues

Regional coordination to address cross-border issues such as impact of trade treaties, advertising and illicit trade in alcohol products should be supported.

Primary responsibility of other sectors (in collaboration with WHO)

(1) Economic issues

Relevant agencies (in collaboration with WHO), should strengthen knowledge on taxation mechanisms, and how a percentage of the tax revenue can be utilized to reduce alcohol-related harm.

Member States may consider conducting an economic evaluation of the net impact of the revenue gained vs. the economic loss considering the entire spectrum of harm from alcohol use.

(2) Law and enforcement

Relevant agencies (in collaboration with WHO), should assist in a review of the existing legislation in Member States with regard to law and enforcement issues related to alcohol, and best practices in addressing illegal alcohol production and control.

(3) Media

Relevant agencies (in collaboration with WHO), should provide technical assistance to Member States to monitor

media content related to alcohol and its impact on promoting use. Policies and interventions to minimize the adverse impact of portrayal of alcohol in the media should be developed.

(4) Civil Society

Relevant agencies (in collaboration with WHO), should work with and provide support for improving technical capacity of NGOs on reducing alcohol-related harm.

(5) Education sector

Relevant agencies (in collaboration with WHO) should provide technical support to improve school-based interventions to reduce alcohol-related harm, within a framework of a comprehensive alcohol control policy.

Activities to follow-up on recommendations.

(1) Community assessment of use and harm from alcohol use: This assessment is currently being conducted in three countries – Nepal, Myanmar and Sri Lanka. Government clearance is awaited from Bhutan and Indonesia. Thailand has conducted a national survey and data will be made available to SEARO. Further technical support will be provided to these studies to finalize the results.

(2) Based on the findings of the community assessment of the use and harm from alcohol use, SEARO will provide technical support to Member States to develop and pilot test interventions for the reduction of harm from alcohol use.

(3) SEARO will assist WHO/HQ to update information on global alcohol-related issues. This will be carried out through a

standardized instrument that is being developed by HQ. SEARO has provided feedback on the draft instrument in order to include issues unique to the Region to be reflected in the data base.

Annex 1

Address by Dr Samlee Plianbangchang,

Regional Director, WHO South-East Asia Region

It is with great pleasure that I welcome you all to the Symposium on Reducing Harm from Alcohol Use in the Community. This symposium, I am sure, will be of great help as we embark on a programme to reduce harm from alcohol.

In recent years, awareness about harm from alcohol use has increased, not only with regard to the user but also harm to the family, the community and the entire nation. Traditionally alcohol use has been considered a matter of personal choice and only harm has been seen as a matter to be addressed by the individual and the family. In our Region, community action against harm from alcohol use has been limited to sporadic confrontations between alcohol suppliers and women's groups. However, we now realize that a coordinated multisectoral approach is needed to address the complex issues of prevention of harm from alcohol use.

Before suggesting some points for your consideration, I would like to highlight the current situation of harm from alcohol use in the community.

WHO has estimated in its Global Status Report on Alcohol 2004, that there are about 2 billion people worldwide who consume alcoholic beverages, and 76.3 million with disorders arising out of harmful use of alcohol. A causal relationship between alcohol use and over 60 types of diseases and injury have been documented. Unintentional injuries

account for around one-third of the 1.8 million deaths due to alcohol. These data clearly point to a huge burden of harm.

Moreover, in the South-East Asia Region, studies have indicated that health, social and economic harm from alcohol is widespread. On average, use of alcohol has been on the increase in the Region, imposing numerous challenges on policy-makers, professionals, civil society and public health. This is well documented by WHO/SEARO in its series of publications on alcohol use, which have been provided to you.

The Fifty-eighth World Health Assembly in May 2005 adopted resolution WHA58.26, requesting the Director-General, among others, to collaborate with Member States, intergovernmental organizations, health professionals, nongovernmental organizations and other relevant stakeholders to promote the implementation of effective policies and programmes to reduce harmful alcohol consumption. The Fifty-ninth session of the WHO Regional Committee for South-East Asia held at Dhaka, Bangladesh in September 2006, debated various policy options on reducing harm from alcohol use. It adopted resolution SEA/RC59/R8, which requested the Regional Director, among other measures, to hold a biennial regional forum of key partners from Members States and other international partners to share progress, experiences and lessons on alcohol control programmes.

Socio-cultural, political, geographic and religious diversity are the hallmark of the South-East Asia Region. Such diversity leads to many different behaviour patterns and perceptions related to the use of alcohol, not only between countries but also within countries. For example, communities with similar religious beliefs may have different levels of use and harm from alcohol use.

There are also many unique features of alcohol consumption in the Region. For example, there are large abstinent populations in many

countries, and consumption among women is quite low. But among alcohol users, the number of people abusing alcohol is substantial. Also, there are many patterns of alcohol use that are very deleterious, for example, binge drinking, pay-day drinking, driving while drunk, consuming illicit alcohol, home brewing of alcohol and domestic violence linked to alcohol. The relationship between alcohol and poverty is a major concern in our Region.

Though there is a large body of information related to alcohol use, policies and interventions around the world, it should not be assumed that transplanting measures found to be successful elsewhere, under completely different circumstances, is appropriate for our Region. This is because culture plays an important role in alcohol use. Whatever programmes are developed should be culturally appropriate.

To address the issues of harm from alcohol use community empowerment is essential. Unless communities own the interventions, their sustainability cannot be guaranteed. We are very well aware that controlling and minimizing harm from alcohol is beyond the capacity of the health sector alone. In addition to health, issues related to economics, trade, commerce, legislation, law, enforcement, education and research are included. Therefore, a sustained and coordinated approach addressing all these spheres is needed to address harm from alcohol. This symposium is bringing together multiple stakeholders to discuss the contribution different disciplines can make. But please remember, we not only need new ideas, we also need to operationalize them.

I look forward to new and innovative ideas emerging from this symposium. Any new idea, however, needs to be assessed for its appropriateness and impact. So, as you proceed, please build into your programmes the element of impact evaluation. Appropriate measures of

impact should be developed so that the burden of suffering in the community can be reduced. This is our ultimate goal.

I hope this symposium will further strengthen WHO's initiative to assist Member States in the area of prevention of harm from alcohol use in the community.

Annex 2

Agenda

(1) Opening

- Address by High Official of the Ministry of Health
- Address by Regional Director, WHO Regional Office for South-East Asia

(2) Presentations on Global and Regional situations on harm from alcohol use

(3) Technical presentations focusing on the association of the following issues to alcohol and the responses required

- Health
- Social Services
- Economics
- Trade and commerce
- Policy options
- Law and enforcement
- Education
- Media / Communication
- Community interventions

(4) Group discussions to address issues unique to the Region covering all the technical areas selected

- Recommendations on policy options
- Recommendations on community interventions

(5) Finalization of recommendations on reducing harm from alcohol use in the community

(6) Closure

Annex 3

Programme

4 October, Day 1

0800 – 0900	Registration
0900 – 0930	Opening Session: Dr Vijay Chandra ➢ Welcome Address by High Official from the Ministry of Health ➢ Opening Address by the Regional Director
0930 – 1015	Introduction of participants: Dr Chandra Appointment of Office Bearers
1015 – 1030	Tea/Coffee Break
1030 – 1130	Regional and global situation on harm from alcohol use: Facilitator: Chairperson ➢ Regional situation – Dr Chandra – WHO SEARO ➢ Global situation – Dr Poznyak WHO HQ ➢ Discussion
1130 – 1300	Technical presentations: Facilitator – Dr Reverger ➢ Alcohol and health – Dr Ray and Dr Phunnapa ➢ Social impact of alcohol – Ms V Thirumagal Discussion leader – Mr Sirichai
1300 – 1400	Lunch
1400 – 1530	Technical presentations: Facilitator – Dr Rutherford ➢ Economics of alcohol – Regional perspective – Dr Yot ➢ Burden and socio-economic impact of alcohol – Dr

Girish

1530 – 1600 Tea/Coffee Break

1600 – 1700
- Trade, commerce and alcohol – Regional perspective – Dr Thaksaphon
- Discussion (economics and trade) leader – Dr Samarn

1700 – 1715 Wrap up day 1

5 October, Day 2

09 00 – 10.30 Technical presentations – Facilitator – Dr Neil Fernando

- Global challenges in alcohol policy development – Dr Rutherford
- Policy options for reducing harm from alcohol – Dr Thaksaphon

Discussion leader – Dr Girish

1030 – 1100 Tea/Coffee Break

1100 – 1300 Technical presentations – Facilitator – Mr Edayaranmula

- Laws for reducing harm from alcohol – Dr Samarn
- Enforcement issues related to alcohol – Mr Balasooriya and
  Mr Songkhram

Discussion leader – Dr Poznyak

1300 – 1400 Lunch

1400 – 1530 Technical presentations – Facilitator – Ms Peldon

- Addressing alcohol-related issues in schools – Ms Ram
- Measuring progress of interventions on alcohol in educational settings Ms Prasad and Dr Supreda

Discussion leader – Mr Jadet

1530 – 1600 Tea/Coffee break

1600 – 1700 Technical presentations – Facilitator – Mr Boonyou

- Responding to media portrayals of alcohol – Ms Chatterjee and Ms Welagedera

Discussion leader – Ms Thirumagal

1700 – 1715 Wrap up day 2

6 October, Day 3

0830 – 1030	Technical presentations – Facilitator – Ms Areekul ➢ Role of NGOs and civil society in addressing alcohol related harm – Dr Manoj Fernando ➢ Evidence based community interventions to address harm from alcohol use– Dr de Silva and Mr Edayaranmula Discussion leader – Ms Ram
1030 – 1100	Tea/Coffee break
1100 – 1300	Group work
1300 – 1400	Lunch
1400 – 1530	Presentation and synthesis of group recommendations
1530 – 1600	Tea/Coffee break
1600 – 1700	Finalization of recommendations
1700	Closing session

Annex 4

Topics for group work

Overall objective

Recommendations to reduce harm from alcohol use in the community, focussing on Regional issues of concern

Strategies

(1) Policy options

(2) Evidence-based interventions

Topics for discussion

(1) Financing mechanisms:
Policy: tax, cost, use of tax – sin tax, switch to lower quality alcohol
Interventions: enforcement of laws

(2) Alcohol use by adolescents

(3) Illegal/home brew

(4) Social issues: poverty, family violence

(5) Injuries: RTA, workplace, agricultural, fights

(6) Role of civil society/NGOs

(7) Media

(8) Community interventions

Annex 5

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