

Meeting Report

Regional Forum on Protecting Young People from the Harmful Use of Alcohol



29–30 April 2016
Hong Kong SAR (CHINA)



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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

REGIONAL FORUM ON PROTECTING YOUNG PEOPLE FROM THE HARMFUL USE
OF ALCOHOL

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Convened by:

WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants of the Regional Forum on Protecting Young People from the Harmful Use of Alcohol and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Regional Forum on Protecting Young People from the Harmful Use of Alcohol in Hong Kong SAR (China) from 29 to 30 April 2016.

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Keywords

Adolescents/ Alcohol related disorders/ Alcoholism/ Alcohol drinking- adverse effect

SUMMARY

A Regional Forum on Protecting Young People from the Harmful Use of Alcohol took place in Hong Kong Special Administrative Region (SAR), China from 29 to 30 April 2016. The forum was organized by the World Health Organization (WHO) Regional Office for the Western Pacific in cooperation with the Department of Health, Hong Kong SAR, China.

On the first day of the forum, experts on alcohol control discussed the need for youth-oriented action, the current situation of alcohol consumption and alcohol control policy in the Region, and cost-effective strategies to protect young people from harmful drinking. On the second day, youth champions from across the Region and youth representatives from Hong Kong SAR participated in the forum. Special attention was given to exploring opportunities for engaging young people in advocacy and to showcasing social media campaigns in Cambodia, China and Mongolia. Two new publications by the WHO Regional Office for the Western Pacific – *Young people and alcohol: a resource book* and a brochure entitled *How alcohol harms young people and what you can do about it* – were also launched. In the afternoon, the youth participants drafted a statement calling for further action on the issue. The forum concluded with a press conference. There are compelling reasons to protect young people from alcohol-related harm. Young people are especially vulnerable to alcohol-related road traffic injuries, risky sexual behaviour and self-harm or suicide. The general advice for young people is “later is better and less is better”. However, one out of three current drinkers aged 15–19 years in the Region has engaged in excessive drinking.

There is good evidence to support cost-effective interventions to reduce alcohol consumption. Increasing the price of alcoholic beverages (through taxation) or setting minimum purchase prices has an almost immediate effect on consumption levels. Increased revenue from alcohol taxation in turn can be used to support health promotion programmes.

Another effective strategy is to limit the physical availability of alcoholic beverages. Legislation and enforcement of minimum purchase age protect young people specifically. Enforcement of appropriate licensing schemes restricts the number of outlets where alcohol can be purchased. Bans on the sale of alcohol at youth-oriented events, such as sporting or cultural events, is another way to limit availability. Banning drinking in public places may be a good option for local governments to deal with the burden of excessive drinking.

Regulation or banning of the marketing of alcoholic beverages is another effective strategy to protect young people. Currently, there is a constant bombardment of positive images of drinking through advertising, merchandising, product placement, brand extension, sponsoring of sporting and cultural events, celebrity endorsement and digital marketing through internet and social media. Voluntary codes of marketing conduct by the industry are not effective in exerting substantial positive change in marketing practices. The increasing use of Internet-based activities by the alcohol industry and its marketers is a worrying trend – as it appeals in particular to young people. Marketing not only encourages drinking, but also simultaneously creates a hostile climate for any action to curb drinking. Internet and social media are crucial areas of further action given their popularity among young people. There are some good examples of work in this area such as WHO’s work with university students on tobacco control in China and websites such as *Hello Sunday Morning* in Australia. At the forum, a Facebook page called *Young and Alcohol Free* was launched to document the event and serve as a platform for continued advocacy.

Public information and education campaigns are popular ways of supporting alcohol control. They can increase awareness about the problem and motivate stakeholders to act. Their effectiveness is increased if they are carried out simultaneously with other measures to reduce alcohol-related harm such as those discussed in the earlier sections.

The growth of e-commerce, including online marketing and trade across national boundaries, and the consequences of international trade agreements decrease opportunities for governments to regulate the availability and pricing of alcohol. Alcohol control advocates and stakeholders should seriously consider pursuing an international agreement, similar to the WHO Framework Convention on Tobacco Control (FCTC), to address these increasingly complex issues.

Many groups have a special interest in the subject: parents; personnel of emergency departments and first responders who deal with acute intoxication and/or violence; and of course young people themselves. Engaging young people may need some guidance and support, but their action can support progress in otherwise difficult areas of work. For example, young people may be more receptive to messages from their peers. They can also serve as effective advocates to policy-makers who have a special interest in health and youth issues. There is certainly no lack of motivation among young people, which was illustrated so well in this forum. Youth champions and representatives worked enthusiastically on a youth statement on alcohol harm prevention, which reflected their views on the issue and called on governments and other stakeholders to take action. The statement is attached to this report as an annex.

Barriers to strengthening alcohol control policy were identified to be: lack of knowledge on the subject among the general population and policy-makers; lack of interest within the health sector; lack of country data on the prevalence of alcohol consumption among young people and the effectiveness of proposed measures; insufficient measures to control availability (including illicit and home-brew production); insufficient measures to control marketing; continuous interference by the alcohol industry; and absence of a strong international framework for national policies.

International support can be of great help to move the agenda forward. Support from WHO is critical to keep the momentum going. This support is now indicated in particular through programmes and initiatives in countries. Essential elements are: assistance in advocacy and in policy development and legislation; support for initiating and maintaining international networks (for young people's organizations, for key officials, for medical and research institutions); and support for information and surveillance activities.

Developments in alcohol control indicate that there is widespread interest and concern among Member States over this public health issue. Australia, Cambodia and New Zealand have shown particular initiative, with governments actively involved in alcohol control. In Mongolia, the President has declared addressing alcohol-related problems a priority. It is critical to monitor and encourage these developments.

1. INTRODUCTION

A Regional Forum on Protecting Young People from the Harmful Use of Alcohol took place in Hong Kong SAR, China from 29 to 30 April 2016. The meeting was organized by the World Health Organization (WHO) Regional Office for the Western Pacific in close collaboration with the Department of Health, Hong Kong SAR (China). Representatives from 12 countries and areas, 4 WHO temporary advisers and 6 observers from Hong Kong SAR attended the meeting. On Day 1, there were 16 representatives (Annex 1) and on Day 2, there were 23 participants including those from youth organizations (Annex 2). Four members of the WHO Secretariat were present on both days of the forum.

1.1 Background

Over recent decades, great advances have been made in understanding the effects of alcohol consumption on health – which are far greater than previously assumed – and identifying ways to reduce these effects. Consequently, WHO has accorded high priority to reducing alcohol-related harm.

Stepped-up action to reduce alcohol-related harm follows the endorsement by the Regional Committee for the Western Pacific, in September 2006, of the *Regional strategy to reduce alcohol-related harm* (WPR/RC757.R5) and the May 2010 World Health Assembly resolution on the *Global strategy to reduce harmful use of alcohol* (WHA63.13). The work is also in line with the political declaration adopted at the United Nations high-level meeting on noncommunicable diseases (NCDs) in September 2001, and the ensuing WHO *Global Action Plan for the Prevention and Control of NCDs 2013–2020* – in which one of the nine targets specifically refers to the reduction of harmful use of alcohol. The global action plan was endorsed at the World Health Assembly in May 2013.

It has become increasingly clear that the consumption of alcohol by young people deserves special attention. Specific biological, neurological, social and psychological factors make them particularly vulnerable. For male deaths in the 15–29-year-old age category, alcohol is the leading risk factor. Alcohol-attributable mortality and morbidity in youth have a pronounced effect on measuring disability adjusted life years (DALYs), and thus have a great impact on the burden of disease and injury in young people. The age of dinking initiation is declining in many countries and areas, while binge drinking is on the rise. Given the interest of the alcohol industry to expand its market in the Western Pacific Region, specifically targeting its very young population, young people's health and welfare are at serious risk from alcohol-related harm.

The subject of young people and alcohol was previously addressed in an Expert Consultation on Adolescents and Substance Use in the Western Pacific Region, Manila, Philippines, on 23–25 March 2011 (RS/2011/GE/19(PHL)), which confirmed the need to give urgent attention to the issue of drinking among young people in the Region.

Against this background, the WHO Regional Office for the Western Pacific, with the support of the Government of Hong Kong SAR, China, organized a Regional Meeting on Addressing the Harmful Use of Alcohol by Young People in Hong Kong SAR, 12–14 November 2013. Following this meeting, a number of special activities were mounted such as the publication of *Young people and alcohol: a resource book* and a brochure entitled *How alcohol harms young people and what you can do about it*. Other advocacy materials such as a video and webpage on the subject have also been produced. In addition, these materials were translated into Chinese, Khmer, Lao, Mongolian and Vietnamese.

There is evidence of the effectiveness of various policy measures to reduce harm associated with alcohol consumption. Among the most effective measures are: increasing the price through taxation or setting a minimum price for alcohol products; strict regulation of marketing; and restricting the physical availability of alcoholic beverages. Measures that reduce alcohol consumption and alcohol-related harm specifically among young people are: setting legal minimum drinking ages; regulating access to settings and events that young people frequent; and screening of problematic use and early interventions.

It is clear that more proactive advocacy to policy-makers and the public is indicated, to raise awareness and promote action, and encourage the use of available publications and resources. The Region's Member States can be supported through public campaigns, technical support, capacity-building and other activities that enable political action, increase competence and develop tools for effective policies and programmes.

1.2 Objectives

The objectives of the meeting were:

- 1) to discuss the current national and regional situation of harmful alcohol use among young people;
- 2) to review and share evidence-based interventions and good practices to prevent and control alcohol use among young people; and
- 3) to identify country-specific and region-wide critical challenges and priority actions to prevent and control alcohol use among young people.

1.3 Opening remarks

Opening remarks were delivered by Dr Susan Mercado, Director of the Division on NCD and Health through the Life-Course, on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific Region, and by Dr Constance Chan, Director of Health, Hong Kong SAR (China).

The Regional Director expressed his commitment to protecting young people from the harmful use of alcohol and thanked the Department of Health, Hong Kong SAR, for its support in connection with the current forum and previous regional meetings that were also held in Hong Kong SAR.

He emphasized the fact that young people are especially vulnerable to the harmful effects of alcohol. This is significant considering that a large proportion of young people globally live in the Western Pacific Region. Unfortunately, one out of three current drinkers aged 15-19 years in the Western Pacific has engaged in excessive drinking. Alcohol abuse is associated with depression and anxiety. Excessive drinking is closely linked to intoxication, self-harm and suicide. Other outcomes such as increased risk for anti-social behaviour, drink-driving, violence and risky sexual behaviour can have a negative effect on others. Fortunately there are effective measures to control harmful drinking, including: regulating access to and physical availability of alcohol; increasing the price through taxation; and controlling the marketing of alcoholic beverages effectively. It is possible to change the factors that encourage drinking and contribute to harmful consumption. We all have a role to play in this regard. And young people themselves must actively be involved.

Dr Constance Chan, Director of Health, Hong Kong SAR (China), welcomed the participants and expressed her gratitude to the WHO Western Pacific Regional Office for continued cooperation on this important topic. The Department of Health is committed to safeguard public health and protect the health of young people through community participation and the involvement of local agencies. Following the endorsement of the *Global Strategy to Reduce Harmful Use of Alcohol* at the World Health Assembly and the *Regional Strategy to Reduce Alcohol-Related Harm* by the Regional Committee, the Department of Health has accorded high priority to this issue. A special working group on alcohol and health was established in 2009 and has since published an action plan. This forum, along with the 2012 and 2013 meetings held in Hong Kong SAR (China) and the Department's contribution to *Young people and alcohol: a resource book*, fit well into their commitment to proactively improve the situation.

Dr Sophia Chan, Undersecretary, Department of Health, Hong Kong SAR (China), welcomed the participants on Day 2 of the forum. Referring to findings from research, she mentioned that the subject of the meeting is indeed of great concern for Hong Kong SAR (China). She was pleased to see so many young people participating in the forum. Engaging young people in this important public health issue is critical. Age restrictions for purchasing alcoholic beverages are currently being considered in Hong Kong SAR (China). She also referred to the many other stakeholders who have an interest in this issue and the government's role to safeguard public health.

2. PROCEEDINGS

2.1 Global and regional perspectives on the harmful use of alcohol

Great advances have been made in recent decades in understanding how social and economic interventions can contribute to improving public health. Yet the actions undertaken are often not commensurate to the extent of knowledge available.

Alcohol is known to be the third leading risk factor in the world for premature mortality. Alcohol is linked to more than 200 diseases, and every minute one person dies from the consequences of alcohol consumption in the Region. Twenty-five percent of mortality among people aged 15-29 years is attributable to alcohol. Binge drinking, a particularly damaging form of drinking, is on the rise in many countries. Unfortunately, alcohol control remains a low priority.

Apart from the influence of alcohol use on mortality and morbidity, there are many other negative effects on society as a whole. Loss of productivity, increased criminality, and chronic suffering of families with an alcoholic are just some of the other detrimental effects.

At the same time, strong and powerful commercial interests try to create social norms in which alcohol consumption is being presented as attractive, 'cool', or contributing to success in life. In social media, young people are targeted by the marketing of alcohol companies through direct and indirect means.

Governments however have effective interventions at their disposal. Evidence shows that among these, the three most cost-effective interventions are: limiting access to and decreasing physical availability of alcohol, increasing prices, and regulating marketing of alcohol. There is also global consensus over the need to decrease harmful use of alcohol by 10% as part of the strategy to address noncommunicable diseases (NCDs). It is important to note that there are overlaps between the risk

factors of the different NCDs. For example, young smokers are also more likely to consume alcohol and less likely to be physical active.

In the Region, there are also several examples of good practices and political commitment from Australia, Cambodia, Mongolia and New Zealand. WHO has tools that can support policy and programme development. Local governments and youth organizations are important stakeholders to engage and empower.

2.2 The effects of alcohol on young people

Alcohol is a toxic and carcinogenic substance affecting several organ systems. It impacts our gastrointestinal, metabolic, endocrine, immune and neurological systems. Over 200 diseases are linked to alcohol consumption. Alcohol consumption is associated with depression and other psychiatric illness. In the general population, alcohol and other substance use disorders are found in 25–50% of all suicides.

Childhood and adolescence are critical periods of brain development, and young people's brains are more sensitive to damage from alcohol. Parts of the brain responsible for emotional arousal (e.g. limbic system) mature ahead of parts responsible for planning and foresight (e.g. prefrontal cortex). Because of this, young people often underestimate the risks associated with excessive use of alcohol. Young people respond positively to the social rewards from alcohol intake (e.g. peer acceptance and social disinhibition), increasing the likelihood of acute intoxication and the subsequent harm from road traffic crashes, violence and unsafe sex.

Emergency services witness first-hand the effects of acute alcohol intoxication on young people when they are brought for treatment. A driver under the age of 20 with blood alcohol content (BAC) of 0.05 g/dl is five times more likely to be involved in a crash compared to older more experienced drivers.

Regular recreational drinking during adolescence is the clearest predictor of alcohol dependence in adulthood. Binge drinking is particularly harmful.

There is debate about the possible beneficial effects of alcohol consumption to cardiovascular health. If such an effect does exist at all, it certainly does not apply to young people. For young people there simply are no health benefits of alcohol consumption.

Without a doubt, onset of drinking is best delayed as long as possible and binge drinking is to be avoided completely. Thus, "later is better" and "less is better" summarize best the guidance emerging from available science.

2.3 Cost-effective interventions for alcohol harm reduction

The WHO *Global Strategy to Reduce Harmful Use of Alcohol* lists 10 target areas for alcohol harm reduction, ranging from leadership to the role of the health and welfare sectors. Of these, the three most cost-effective interventions are restricting access to and availability of alcohol, increasing the price of alcoholic beverages and regulating the marketing.

The alcohol industry forecasts significant growth in consumption of their products in emerging markets in the Region. This is driven in part by increasing disposable income and the influence of “Western” culture on consumption patterns.

It is therefore necessary to put in place policies regarding access to and availability of alcohol through measures such as: legislating and enforcing minimum purchase age; restricting the number, type and location of outlets (e.g. no alcohol sold near schools); and limiting the hours of sale. An alcohol-specific regulatory regime is necessary to enforce all these restrictions. Policy-makers need to take into account the setting (risk related) of the outlet and the need for regular alcohol license renewal. In this context, it can be appropriate for local governments to also consider restricting drinking in public places.

With the rapid growth of e-commerce, policy-makers must also control the burgeoning online sales of alcohol. This is a great challenge. So far there is little experience in controlling online sales and enforcing minimum age limits.

A key variable for all availability controls is enforcement, which is unfortunately rather deficient in many communities and countries. Nongovernmental organizations can play a role by monitoring purchase of alcohol products in convenience stores and supermarkets. Experience shows that such an initiative is often followed up by official police controls.

Price makes a big difference to people when purchasing commodities. Alcohol is no exception. Young people are especially sensitive to price increases. In comparison with tobacco, alcohol tax so far constitutes a very small portion of the price that consumers pay. Furthermore, in general, taxation has not kept up with inflation or disposable income.

Price increases have an almost immediate effect on alcohol-related mortality and morbidity. It is estimated that doubling the tax on alcohol would decrease the number of alcohol-related deaths by 35%, traffic deaths by 11% and sexually transmitted infections by 6%. Of all the possible alcohol control strategies, pricing is an extremely cost-effective measure. It is important to add that revenue from alcohol tax can be used to fund health promotion activities.

Marketing of alcohol influences social norms that govern the public’s beliefs, attitudes and consumption. A continuous and diversified bombardment of positive images about alcohol and drinking is ongoing through direct and indirect means (e.g. advertising, sponsorships and promotion). Marketing is a key driver for starting, maintaining and increasing alcohol consumption because it “normalizes” behaviour. It also creates a hostile climate for any effort to control consumption.

The huge budgets available for marketing contrast sharply with the resources available for health promotion. Marketing strategies target young people to ensure future growth of the industry. They contribute to earlier onset and heavier drinking among young people. Fortunately, marketing regulations are also cost-effective alcohol control interventions.

Many countries in the Region do not have mechanisms in place to control corporate sponsorship of youth-oriented cultural or sports events. They also do not have means to regulate the proliferation of marketing and promotion online. The alcohol industry is very active on social media – promoting a positive image of their brands and portraying an attractive lifestyle linked to alcohol consumption.

Some have even gone to the extent of negotiating commercial arrangements with Facebook and other social media platforms.

A few countries, including China and Finland, are in the initial stages of putting in place online controls. There are also some promising initiatives whereby social media is being used to establish counter marketing against heavy drinking such as a series of social media campaigns supported by WHO in Cambodia, China, Mongolia and the Philippines.

Taking into account the growing number of international trade agreements, such as the Transatlantic Trade Investment Partnership (TTP), it is becoming clear that the ultimate goal for effective control of marketing and other measures to reduce harmful drinking is a framework convention similar to one on tobacco control.

2.4 Engaging young people in alcohol harm reduction

Young people, while especially vulnerable to alcohol-related harm, can also be active and influential advocates. First of all, they may be able to communicate more effectively with their peers. Policy-makers are also especially sensitive to issues concerning the youth. With guidance and support, young people can organize themselves to advocate effectively for specific issues such as alcohol control.

Across the different social media platforms, 24-57% of active users are aged 16–24 years. Social media provides a space for discussion and advocacy. Youth networks and community forums are relatively simple but effective tools that young people can use to make their voices heard.

An enabling environment is crucial in order to engage with young people effectively and appropriately. Schools, colleges, universities and sports clubs are environments that often allow, encourage or promote drinking, even though these institutions should actively be involved to do the opposite. These institutions should institute measures to delay the onset and reduce the quantity of drinking and proactively involve young people in such programmes.

The role of parents, families and close friends is another critical component of working with young people. Parental monitoring, encouraging pro-social behaviour and positive communication are known to have a positive influence in reducing alcohol related-harm. Parental modelling is also important as young people are more likely to drink if their parents do. It is a widespread misunderstanding that it is good practice for parents to introduce alcohol to their adolescents in the family environment in order to teach them about moderate consumption levels. It is much wiser to simply delay onset of drinking as a matter of principle.

The peak onset of mental health problems and substance abuse occurs during the early teens to mid-twenties. Fifty per cent of all lifetime mental health disorders begin by 14 years of age. Against this background, mental health literacy programmes, including the promotion of awareness of the symptoms of emotional distress are extremely relevant. Help-seeking must be ‘normalized’ so that the threshold to seek help is lowered. Public campaigns can provide information, promote and reinforce healthy behaviour and establish clear standards in the population.

2.5 Using social media to engage young people

Just as the alcohol industry is using social media to market their products, social media can also be used to engage young people in a constructive manner. Young people are increasingly turning to social media as a source of information over traditional media channels.

WHO has been supporting a number of social media initiatives in this area. A tobacco control campaign in China mobilized students from two universities to create video content and spread the message of tobacco control. These student videos have been viewed online more than 150 000 times with over three million social media engagements on China's Weibo. The campaign has now grown into a national tobacco control campaign with official support from the Government.

Another example is "Hello Sunday Morning". This Australian website has grown to become the largest online movement for alcohol change behaviour in the world. Its purpose is to build technology that supports any individual to change their relationship with alcohol. Their vision is a world where drinking is an individual choice, not cultural expectation.

In preparation for the forum, a series of social media campaigns were supported by WHO in Cambodia and Mongolia. Similar to the work in China, young people were mobilized to create video contents that were subsequently shown on social media channels. The videos, including one produced specifically for the forum by students from Hong Kong SAR (China), were presented on Day 2 of the forum. The young producers were invited to speak after the viewing and share their thoughts and experience with youth engagement. At the forum, a new Facebook page was launched entitled "Young and Alcohol Free" to encourage youth to share experiences and learn from other groups.

2.6 Strengthening developments in alcohol harm reduction

In 2014 at the United Nations General Assembly high-level meeting on NCDs, Member States pledged to intensify efforts to prevent the needless loss of life from NCDs. This included setting national targets by 2025 to reduce risk factors and underlying social determinants. As described earlier, the nine voluntary NCD targets include a 10% relative reduction in the harmful use of alcohol.

To achieve this target, it is important to create coalitions with partners beyond the health sector. Law enforcement and education are natural partners in government as well as nongovernmental organizations (NGOs). At the national level, it would be ideal if there were a national specialized agency that could act as a resource for local action and also mobilize for advocacy and support policy-making.

At the international level, there is guidance and consensus offered by global and regional strategies of WHO including supporting documents and tools. There is still much work to be done to promote their adoption.

A worrying trend is the growing influence of so-called commercial non-state actors within public health. Industry involvement in alcohol policy-making compromises the public health protection aspect of the policy. This is very different from the Tobacco or Health (TOH) field, where, thanks to the WHO Framework Convention on Tobacco Control (FCTC), the influence of industry is prohibited.

The United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals constitute another relevant international framework for alcohol harm reduction. Of particular relevance is target 3.5.1 pertaining to the prevention and treatment of substance abuse, including the harmful use of alcohol.

A good opportunity for strengthening international cooperation is provided through the Global Alcohol Policy Alliance (GAPA), which organizes a biennial global conference on the subject. The next conference will take place on 4–6 October 2017 in Melbourne, Australia.

Advocating to key stakeholders (e.g. families, educators and policy-makers) is crucial to raise awareness and political commitment for the development of evidence-based policies that reduce alcohol consumption. Health workers can educate and screen young people for problematic behaviour and provide brief intervention and referral at the primary-care level. Integrated care programmes incorporating detoxification, counselling and rehabilitation are more effective than standalone approaches.

2.7 Update on recent developments in individual Member States and areas

The principal developments in addressing alcohol-related harm in the countries and areas participating in the forum were reported to be as follows:

2.7.1 Cambodia

The *Law on Road Traffic* was endorsed in 2015 and came into force in January 2016. The new law prohibits driving a motor vehicle if the driver's breath alcohol concentration is over 0.25 mg/litre or blood alcohol concentration is over 0.5 mg/litre. Any person driving a vehicle with an alcohol concentration of more than 0.4mg/litre (breath) or more than 0.8 mg/litre (blood) is to be sentenced to imprisonment and a fine.

Another important development was the implementation of the WHO STEPwise approach to Surveillance (STEPS) survey. Its results show, among other things, that in rural and urban areas 45.1% of men and 4.6% of women engage in heavy episodic drinking.

2.7.2 China

A national plan to reduce NCDs has been developed and is awaiting official endorsement. It includes: enhancing effective education and public awareness programmes; emphasizing intersectoral action for health promotion; developing and reforming health services; pricing policies; restricting sale of alcohol to minors; and placing partial restrictions on marketing to adolescents.

More severe punishments for driving under the influence of alcohol have come into force. The blood alcohol concentration for 'drink-driving' has been set at 0.2-0.8 per litre, while more than 0.8 per litre is regarded as 'drunk-driving'. For drink-driving the punishment is temporary suspension of the driver's license for the first time plus detention and fine for a second time; for drunk-driving the punishment is imprisonment, suspension of license and a fine.

Further, stricter regulation of drinking at official public agencies' activities and functions has been put into place. No alcohol can be served during official working meals. The regulation applies not only to the official sector but also to state-owned enterprises. The effects of this new regulation are already noticeable.

2.7.3 Cook Islands

The STEPS survey has been carried out, as well as the Global School Health Survey (GSHS) in 2010. The results have been published.

Strategies related to alcohol have been developed and commensurate legislation put in place. One important strategy is the *National Strategy and Action Plan for NCDs* with a component on "Reducing Harmful Use of Alcohol" through a 10% reduction by 2019. Further related strategies include the *Road Safety Strategy 2016 – 2020*; the Sale of Liquor Act 91-92 (amended in 1995); and the Transport Act 1996 (amended in 2007). Currently, the Ministry of Transport is the government agency administering the Sale of Liquor Act and the Transport Act. The Police Department is responsible for the enforcement, while the Liquor Licensing Authority is responsible for the licensing scheme.

In August 2012, the Government increased the general alcohol tax by 15% and the low alcohol beer tax by 5%.

2.7.4 Fiji Islands

A peer education training programme has been developed. Its target audience is high school student leaders. Every year, 120 students attend a peer education training programme. The topics covered in the training include: effects of alcohol and other drugs; binge drinking and brain development; and how to reduce harm by developing an action plan. The selection of the students and the schools is based on data from the schools and the Police Department. An evaluation team conducts research to gauge the effectiveness of the programme.

A scheme to provide counselling services to students and youth in general has been put in place. Under the scheme, cases can be referred by schools and/or by parents, or young people can participate voluntarily. Follow-up is conducted for every case to assess progress.

Awareness about substance abuse including alcohol has increased through a programme targeting young people and communities. These educational training sessions can last one to two hours. As part of this programme, posters and brochures on the effects of alcohol are disseminated in the communities.

2.7.5 Hong Kong SAR (China)

Research carried out recently involving more than 21 000 secondary school students in Hong Kong SAR (China) provides good insight into the drinking practices of adolescents.¹ For example, students in higher grades consume more alcohol than those in lower grades. Also, nearly 25% of adolescents

¹ Wing MA et al. Alcohol drinking and pro-drinking practices in parents of Hong Kong adolescents. *Alcohol and Alcoholism*. 2014;49(6):668–74.

drink currently, and the binge drinking prevalence is 8%. Interestingly, the research also shows that exposure to alcohol marketing is associated with positive perceptions about drinking and with actual drinking patterns. Further, a clear association exists between drinking and mental health problems.

Tuen Mun Alcohol Treatment Service exists under the Hospital Authority's public health care system. It provides rehabilitation services, treatment for related psychiatric and psychological problems, marital counselling and social work. To facilitate alcohol screening in local primary care settings, WHO's Alcohol Use Disorders Identification Test (AUDIT) has been translated, modified and validated for local use by the Department of Health. In connection with this, a screening and brief intervention tool is being developed for use at the clinical setting to identify and manage at-risk drinkers.

Some NGOs are actively involved in preventing alcohol-related harm in the community. While some are involved in collecting information on alcohol use, others are carrying out test purchasing operations in convenience stores and supermarkets by minors. Knowledge about alcohol and its effects appear to be very deficient. In spite of a voluntary code of conduct for retailers discouraging the sale of alcohol to minors, it appears very easy for minors to purchase alcohol (the overall success rate of test purchases by minors appeared to be over 80%).

In order to limit the availability of alcohol, the Dutiable Commodities (Liquor) Regulations stipulate that only those with a liquor license may sell liquor, and that 'no licensee shall permit any person under the age of 18 years to drink any intoxicating liquor on any licensed premises'. Some organizations and retailers have developed a voluntary code to restrict the sale of alcohol to young people. To more effectively restrict the availability of alcohol, the feasibility of regulating off-premises sales to minors is being explored. As is known, duty on wine and beer has been exempted since February 2008; for spirits with 30% or more alcohol by volume, the duty is 100%. A multi-disciplinary Alliance for Advocacy Against Alcohol has been established under the Hong Kong College of Community Medicine and is advocating effective policies against alcohol.

2.7.6 Japan

The Basic Act on Measures against Alcohol-related Health Harm was passed in 2013 and enforced in June 2014. One of its principal aims is to reduce the incidence of drinking among minors. Following a public consultation, an action plan is now being developed.

In December 2011, retailers installed touch pads, located besides cash registers, with which retail staff confirm the age of individuals purchasing alcohol and prohibit the sale of alcohol to minors. This followed the introduction in 1995 of new types of vending machines for dispensing alcohol which had become the principal source of alcoholic beverages for minors.

In April 2013, the National Health Promotion Movement began its second term. It includes the prevention and control of NCDs and lists as specific targets: eliminating drinking among pregnant women; eliminating drinking by minors; and eliminating drink-driving. Action plans to achieve these targets are currently being developed. There is an urgent need for advocacy as the knowledge about alcohol-related harm in the population is deficient.

2.7.7 Lao People's Democratic Republic

The Law on Alcoholic Beverages Control was approved in 2014 by the National Assembly of the Lao People's Democratic Republic. The Ministry of Health, together with other relevant ministries, are working to implement this law and increase awareness of the need for reducing alcohol consumption in the population.

The Ministry of Health recently engaged a large group of youth volunteers to help organize the National No Alcohol Beverages Day 2015 and the Road Safety Week's "don't drink and drive" campaign before the celebration of the Lao New Year. Initial indications show that the young generation is highly motivated to disseminate the messages widely.

Since 2014, the Ministry of Health has issued two media campaigns aimed at raising awareness of alcohol-related harm, utilizing new media such as Facebook and YouTube, in addition to more traditional means such as billboards.

Young people are actively involved in these activities. In every district, secondary school students and volunteers are encouraged by the Government to undertake harm reduction action in their own communities. A certificate scheme is applied to motivate young people to be involved in these programmes. These activities, however, are currently under-resourced. It is hoped that the creation of a health promotion fund (through increased taxation) would bring financial relief.

2.7.8 Mongolia

Addressing alcohol-related harm is a priority for the highest political level in the country. Current government action focuses on the finalization and implementation of the national programme to reduce alcohol use.

Participation in the international alcohol control study will result in providing necessary information on the local situation and further improving opportunities for international cooperation. It will also enable better involvement of the youth in research and action.

Multisectoral cooperation is an important element in the policy of the Government and good progress is being made in this regard.

2.7.9 Philippines

NCDs are the top killers in the country. The international guidance and frameworks provided through the relevant World Health Assembly and Regional Committee resolutions have brought significant support for setting national targets. There are a number of acts and administrative orders, memoranda and circulars in place to implement the necessary action.

The passage of Republic Act No. 10351 on Restructuring the Excise Tax on Alcohol and Tobacco Products has had significant benefits for both public and fiscal health. It has generated substantial revenues to finance universal health care, which supports the most vulnerable parts of the population.

The recent approval of Administrative Order No. 2013-005 on the Unified Registry Systems of the Department of Health has contributed to systematic collection of reports and data, not only on NCDs but also on road traffic accidents associated with alcohol use. Data on alcohol-related road traffic accidents show a significant reduction: from 2101 in 2011 to 1280 in 2014.

2.7.10 Singapore

Various education and empowerment activities – aiming at raising awareness about alcohol-related harm – have recently taken place, involving appropriate educational institutions. Specific models and materials for primary schools and secondary schools have been developed. Parts of these educational activities include youth-led anti-binge drinking projects, curriculum involvement and support with alcohol education resources. The overall target is to promote sensible drinking and equip the target audience with information on how they can practise responsible drinking. Public campaigns were carried out. The ‘Always know when to stop’ campaign messages are promoted via online platforms, radio, bus stop advertising, cinema ads and YouTube clips. And, the ‘Last man standing’ campaign (aiming at de-glorification and de-normalization of binge drinking) sends a ‘roving giant’ breathalyser to popular drinking spots and events, with social media engagement.

A comprehensive support system has been set up so that young people can get help if needed. Trained counsellors have implemented a training programme for teachers and school counsellors so that they can do early interventions. Seed money has been provided by the government for youth leadership projects. The activities concerned are carried out in collaboration with the National Addictions Management Service and with CARE Singapore. The action includes training and toolkits on recognizing early signs of problematic use and providing brief advice. An evaluation of the programme has not yet been carried out.

A further recent development focuses on change in the environment. The goal here is to reduce accessibility and availability of alcohol. In this regard an amendment of the Liquor Control Act in 2015 added the prohibition of drinking in public places and the retailing of alcohol from 22:30 to 7:00. Furthermore, the liquor tax was raised by 25% in 2014. As part of this change, the concept of ‘responsible hospitality’ is being promoted at points of sale. It involves training of staff, promotion of sale of non-alcoholic beverages, and introduction of the breathalyser and taxi service.

Partnerships were also established with government agencies such as Singapore Police Force (drink-driving), National Addictions Management Services (intensive case management) and Singapore Customs (regulation of the import of alcoholic products).

2.7.11 Solomon Islands

The Solomon Islands School Health Survey 2011 showed that: 18% of all students drank alcohol on one or more occasions in the past 30 days; 63% of students drank alcohol before the age of 14; and 16.8% of all students binge drink.

According to a study carried out in 2009, two out of three women aged 15–49 years reported experiencing physical or sexual violence by a partner. Partner drunkenness was the most frequently reported situation leading to violence (*Solomon Islands Family Health and Safety Study: A study on violence against women and children, 2009*).

A review of alcohol legislation was carried out in 2012. An alcohol guideline exists, but there are no policies or acts. The review recommended that the Minister of Health and Medical Services establish a framework and a system for the sale, supply and consumption of alcohol in order to: 1) encourage responsible attitudes to the promotion, sale, supply and consumption of alcohol; 2) help reduce crime and other social harms particularly family violence and gender-based violence; 3) delay the onset of drinking among young people; 4) protect and improve public health particularly in regard to NCDs, accidents and injuries; 5) boost the economy by reducing absenteeism caused by alcohol impairment;

6) promote public safety and reduce public nuisance; and 7) reduce the impact of the harmful use of alcohol on police and health resources.

The number of alcohol outlets and advertisements in Honiara is escalating. This has allegedly caused a rise in violent crimes, domestic violence, interpersonal violence, injuries, suicides, hospitalizations for assaults and alcohol intoxications, sexually transmitted infections, poly-drug use, neighbourhood animosity, and road traffic accidents. From a public health and human rights perspective, the aim is to protect children and young people from alcohol-related harm, from consuming alcohol at a young age, and from being enticed into drinking by advertising.

The 2012 review further noted that there was no legal upper breath or blood alcohol concentration limit for driving a motor vehicle. It was suggested that new legislation would make it an offence to drive with a breath or blood alcohol level above a set limit, and provide for a zero alcohol limit for certain categories of drivers (e.g. drivers of state-owned vehicles and heavy vehicles, as well as learning drivers). The legislation could also prescribe penalties for those driving in excess of the prescribed blood or breath alcohol limit.

2.8 Barriers and prospects

Participants identified barriers to the implementation of the three priority cost-effective interventions. The barriers were as follows: 1) lack of knowledge among the general population and policy-makers on size and extent of alcohol harm in young people; 2) lack of information on the local situation and on evidence of effectiveness of countermeasures; 3) continuous interference by industry; 4) absence of an international framework for controlling marketing efforts; 5) insufficient resources to enforce existing control mechanisms; 6) continuous progress in globalization and international trade agreements conflicting with national and local control efforts; and 7) the existence of illicit production of alcohol and a black market. Countermeasures to these barriers were identified by participants based on consultations with the technical advisors (Annex 3).

In this context, discussions took place on international cooperation and on possible support from WHO to move the agenda forward.

Regular communication between key persons in the field was proposed to facilitate sharing of recent developments, new tools and relevant experiences in other countries. International cooperation could be organized at the subregional level so that countries with similar contexts (e.g. Pacific island countries, Mekong countries, etc.) may have a platform to support collaboration. Intercountry communication could be facilitated through meetings, teleconferences or online. Support from WHO to establish and maintain such a network (or networks) was requested. Available opportunities such as the next Global Alcohol Policy Conference in Melbourne, Australia in 2017 should also be optimized.

Participants felt that technical support from WHO is needed for the following: 1) advocacy; 2) policy development and legislation, including advice on general rules of engagement with the alcohol industry and counteracting interference by commercial interests; 3) data gathering; and 4) networking and capacity-building for different target groups. Existing internationally comparable surveillance instruments (such as GSHS and STEPS) provide some data on alcohol consumption but do not provide further detail or insight into attitudes and alcohol consumption of young people. Specific youth-oriented instruments and methods need to be developed, piloted and made available to countries.

2.9 Communication strategies

In most countries in the Region there is insufficient knowledge and awareness about the impact of alcohol on public health. Strategic communications to support alcohol control is essential to move the work forward. There are a number of factors to consider when communicating about the issue. It is important to be clear about the target audience segments. Developing a profile of the target audience segments is helpful in formulating messages and designing communication interventions. The profile should address demographics (for example, age, gender, education) and psychographics (for example, feelings, attitudes and values). Next comes the identification of appropriate communication tools and channels for different audience segments. These include interpersonal channels (meetings, peer-to-peer interaction), community channels (community media such as local newspapers or local events), mass media (radio, TV, newspapers) and digital media (websites and social media). Framing the issue is critical in order to maximize the impact of messages on audience segments.

At the forum, each Member State developed a joint government and youth advocacy plan.

2.10 Launch of new WHO regional publications

Two new publications by the WHO Regional Office for the Western Pacific were launched at the meeting: 1) *Young people and alcohol: a resource book*, and 2) a brochure entitled *How alcohol harms young people and what you can do about it*. An infographic video that complements the new publications was also premiered during the forum. These resources are available for download on the WHO Regional Office for the Western Pacific website. Use, adaptation and dissemination of the materials were encouraged.

2.11 Young people's statement

Representatives of young people's organizations participating in the forum formulated a statement that summarized their views on the nature of the problem and on how it should be approached. The statement is attached as Annex 4 of this report.

2.12 Press conference

The forum concluded with a press conference. The text of the press release is attached as Annex 5.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The main conclusions of the forum can be summarized as follows:

- 1) There is growing concern among Member States and areas over the threat posed by alcohol consumption in the Region.
- 2) The biological, social and psychological characteristics of young people require special measures to protect them from alcohol-related harm.

- 3) The ‘normalization’ of alcohol use is encouraged by extensive online marketing and social media – popular for young people.
- 4) Voluntary marketing codes have been shown to be ineffective instruments for the control of marketing practices by the industry.
- 5) Trade agreements limit the development and implementation of alcohol control measures in affected countries.
- 6) Following WHO global and regional strategies, the three most cost-effective interventions to prevent and reduce alcohol-related harm are raising prices for alcoholic beverages (e.g. through taxation), controlling the availability of alcohol, and regulating or banning marketing.
- 7) Taxes levied on alcohol and tobacco can be used to support health promotion funds, as is being done in some countries.
- 8) Development of alcohol policies and legislation must be free from interference by commercial interests.
- 9) An international framework for alcohol control is needed to strengthen national legislation and programming for preventing and reducing alcohol related harm – in particular among young people.
- 10) Data collection, surveillance and monitoring are important elements for policy development and evaluation. Rapid assessment techniques and participation in ongoing international research activities, such as the International Alcohol Control Study, can help fill the information gap.
- 11) There is great potential in the utilization of social media to promote alcohol harm prevention and reduction among young people.
- 12) It is important to involve young people in mobilizing political support and programmes for protection against harmful drinking.

The Member States are encouraged:

- 1) To give high priority to reducing alcohol-related harm in young people following the NCD risk prevention and reduction and adolescent health frameworks by developing and updating national alcohol policies and programmes and prioritizing the three cost-effective interventions: restricting availability, pricing, and controlling or banning marketing of alcoholic beverages.
- 2) To involve young people in addressing the issue together with other stakeholders such as emergency staff organizations, parents’ groups, and other relevant stakeholders (educational institutions, law enforcement agencies, NGOs, research institutions, medical associations, traditional, religious and/or community leaders).
- 3) To collect local and national epidemiological data and institute regular surveillance.
- 4) To explore and implement international agreements that safeguard public health.

- 5) To ensure that alcohol policy is developed and implemented without interference of the alcohol industry.
- 6) To explore opportunities for better funding of health promotion efforts to reduce alcohol-related harm by raising taxes on alcoholic beverages.

3.2 Recommendations

The main recommendations for the WHO Regional Office are as follows:

- 1) Ensure that the momentum created in this forum and previous meetings is maintained by implementing a strong regional alcohol-related harm prevention and reduction programme.
- 2) Give high priority to country work to support national efforts to reduce alcohol-related harm to countries; specifically:
 - a) assist countries and areas in raising awareness on alcohol and advocating for cost-effective interventions; and
 - b) support countries in developing and implementing effective controls on marketing, availability and pricing, through developing policy and legislation and provision of advice on engaging with the alcohol industry.
- 3) Support relevant intercountry work by encouraging networking and subregional cooperation, and development of tools for information gathering and surveillance.

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REGIONAL FORUM ON PROTECTING YOUNG
PEOPLE FROM THE HARMFUL USE OF ALCOHOL

Hong Kong SAR, China
29 – 30 April 2016

WPR/DNH/MHS(01)/2016.1b

13 April 2016

English only

TENTATIVE PROGRAMME OF ACTIVITIES

Day 1

Friday, 29 April 2016

08:00–08:30	Registration	
08:30–09:00	Opening ceremony	<p>Dr Susan Mercado Director, Division of NCD and Health through the Life-Course WHO Regional Office for the Western Pacific</p> <p>Dr Constance Chan Director of Health, Hong Kong Special Administrative Region, China</p>
	Introduction of participants and meeting overview	<p>Dr Jason Ligot Consultant, Mental Health Promotion, Division of NCD and Health through the Life-Course WHO Regional Office for the Western Pacific</p>
	Group photo	
09:00–09:30	Global and regional perspectives on reducing the harmful use of alcohol	<p>Dr Susan Mercado Dr Jason Ligot</p>

09:30–10:00	How alcohol harms young people	Dr Yvonne Bonomo Associate Professor, Addiction and Adolescent Medicine, St. Vincent's and The Women's Hospitals, Australia
10:00-10:30	<i>Coffee and tea break</i>	
10:30–12:00	Panel discussion on cost-effective interventions for alcohol harm prevention	
	<i>Panelists</i>	
	Professor Sally Casswell Co-director, SHORE and Whariki Research Centre, Massey University, New Zealand	
	Dr Surasak Chaiyasong Director of Health Promotion Policy Research Center, International Health Policy Foundation, Thailand	
	Dr Cornelius Goos International Public Health Consultant; Chair, Alcohol Policy Network Europe	
12:00-13:00	<i>Lunch break</i>	
13:00-14:00	Poster session on country achievements and developments in protecting against alcohol harm	
14:00-14:30	Engaging young people in alcohol harm prevention	Dr Yvonne Bonomo Dr Surasak Chaiyasong
14:30-15:00	Strengthening alcohol harm prevention at Member State and Inter-Member State level	Professor Sally Casswell
15:00-15:30	<i>Coffee and tea break</i>	
15:30-16:15	Workshop 1: Identifying problems and barriers to the three buy-ins	Dr Cornelius Goos
16:15-16:45	Workshop 2: Strengthening sub-regional networks to protect youth against alcohol harm	Dr Cornelius Goos
16:45-17:00	Closing	Dr Susan Mercado
18:00	Dinner reception hosted by the Hong Kong Department of Health	

REGIONAL YOUTH FORUM ON ALCOHOL HARM REDUCTION

Day 2

Saturday, 30 April 2016

08:00-08:45	Registration	
08:45-09:00	Opening ceremony	Dr Susan Mercado
	Introduction and recapitulation of technical meeting on Day 1	Professor Sophia Chan Under Secretary for Food and Health, Hong Kong Administrative Region, China
	Group photo	Dr Jason Ligot
09:00-09:30	Interactive session: How alcohol harms young people and what you can do about it	
09:30-10:00	What young people need to know about the harmful effects of alcohol	Dr Yvonne Bonomo Professor Sally Casswell
10:00-10:30	Young people and alcohol harm in Hong Kong	Dr Kelvin Wang Assistant Professor, School of Nursing Li Ka Shing Faculty of Medicine University of Hong Kong
		Ms Scarlett Pong Chairman, Alliance for Healthy Cities Western Pacific Region
10:30-11:00	<i>Coffee break</i>	
11:00-11:45	How young people can contribute to public health advocacy	Dr Angela Pratt Technical Officer, Tobacco Free Initiative, WHO China
11:45-12:00	Launch of the Young People and Alcohol Resource Book and Video	Dr Jason Ligot
12:00-13:00	<i>Lunch break</i>	
13:00-14:00	Workshop 3: Building bridges between young people and government to prevent alcohol harm	Dr Jason Ligot
14:00-15:00	Workshop 4: Regional youth statement on alcohol harm prevention	Dr Jason Ligot

15:00-15:20

Closing

Dr Susan Mercado
Dr Constance Chan

16:15

Press Conference

**Summary of barriers and countermeasures for priority alcohol
harm prevention interventions**

Member state	Cost-effective intervention	Barriers	Countermeasures
Cambodia	Restriction of alcohol advertising and promotion	There is no global framework to ban alcohol marketing in place.	Establish a global tool to ban alcohol marketing.
		No country in the world implements a comprehensive ban on alcohol marketing.	Prove that only a comprehensive ban is effective.
		Interference of alcohol industries to block the ban of alcohol marketing.	Raise public awareness and conduct advocacy to policy makers to support a ban on alcohol marketing. Develop a law to prevent industry interference.
China	Regulation of commercial and public availability of alcohol	Situation differs from region to region (e.g. in rural areas people make home brews and it is hard to intervene).	Give different provinces the right to formulate their own regulation.
		Traditional culture (e.g. traditional Chinese medicine and cooking use alcohol as an ingredient).	Balance alcohol reduction and preservation of cultural heritage through health advocacy.
		Many policies cannot be implemented strictly (e.g. prohibiting the sale of alcohol to young people 18 years and above).	Require ID cards for people buying alcohol products.
Cook Islands	Regulation of commercial and public availability of alcohol	Traditional and local community leaders do not support more/newly licensed alcohol retailers due to problems in the community.	Raise the issue in the next meeting with the Licensing Board Authority and propose limiting/banning the number of new alcohol licenses both on Rarotong and Cook Islands.
	Restriction of alcohol advertising and promotion	There is unrestricted alcohol advertising on TV due to lack of legislation.	Work to ban alcohol awareness/promotion on TV media during weekends by discussing the issue with the Minister of Health and TV media organizations and proposing a policy/legislation for advertising restrictions. Need budget support from WHO and others to organize a meeting of stakeholders.
Fiji	Regulation of commercial and public availability of alcohol	The government lowered the legal drinking age to 18 instead of 21 yrs.	Get NGOs/CSOs to push for the legal drinking age to be 21 years.
		The government allows nightclubs to operate until 5:00 instead of 1:00, and there are no rules to stop serving alcohol to people who have already had too much to drink.	
		There is no restriction/ban of locally produced alcohol (black market).	Impose penalties/fines to those who sell alcohol in the black market.

Member state	Cost-effective intervention	Barriers	Countermeasures
	Restriction of alcohol advertising and promotion	There are no laws/policies regulating e-commerce advertising on Facebook and brewery company homepages.	Establish advertising restrictions.
Hong Kong (China)	Restriction of alcohol advertising and promotion	Resistance from alcohol industry advertising/ media associations receiving sponsorship.	Legislation (but this may take a long time, so start small and gradually expand). Community education to facilitate passing of legislation (increases community acceptance and support).
		“Controversies” about evidence lack consensus among medical professionals.	Align understanding among medical professionals through discussions. Make use of community leaders for community-promotion/publicity about alcohol harm.
		Diverse media channels for promoting alcohol, e.g. social media (difficult to monitor/control).	Engage younger populations and explore possible approaches of addressing these new channels.
		Objections from business sectors, e.g. alcohol company, media (TV and newspaper).	
		Government law legislation takes a long time and is difficult to enforce.	
		Globalization, e.g. internet, TV (cannot control UEFA match).	
	Pricing policies (i.e. taxation)	Existing policy promotes the free trade of alcohol of less than 30% by strength.	Provision of data of expenditure related to harmful effects of alcohol to the policy-makers/law makers.
		No minimal pricing.	Lobby stakeholders to support change of the existing policy. Lobby stakeholders, i.e. parents/ teachers, to make noise. Impose levy on alcohol (e.g. bottles) and the levy can be kept by traders/ retailers.
	Regulation of commercial and public availability of alcohol	Limited local evidence of the nature and gravity of problem (age, objective).	Seek information from WHO and local evidences from Hospital Administration, Social Welfare Department and Police. Liquor Licensing Board policy directive.
		Lack of prioritization on what to control (retail sales, vending machine, e-commerce, percentage of alcohol, Chinese cooking, etc.)	Engage the community for support (e.g. school, parents, NGOs, Medical practitioners, Accident & Emergency Department/Surgeons, social

Member state	Cost-effective intervention	Barriers	Countermeasures
			workers). Seek advice from overseas experts and local consultants.
		Considerations on implementing arrangements (By whom? - -by health, combine with ICO; Resources- how much?)	Conduct a policy discussion.
Japan	Regulation of commercial and public availability of alcohol	Self-restriction of alcohol industries.	Ask for the identification card of consumers at retail shops.
		Free access to vending machines that see alcohol beverages.	Stop installation of vending machines.
		No role model.	Consider education system in school and community.
Lao PDR	Pricing policies (i.e. taxation)	Lack of evidence or convincing information.	Conduct studies or research to show that increasing taxes on alcohol would increase consumer prices and decrease alcohol consumption. Partner with international organization.
		Incomprehension of other relevant sectors.	Convince policy-makers then high level leaders. Multisectoral cooperation (government and international). Develop a framework convention on alcohol control.
Mongolia	Restriction of alcohol advertising and promotion	Facebook promotion to young people.	Youth-to-youth methodology for young people to change alcohol use.
	Regulation of commercial and public availability of alcohol	Alcohol is sold to children under 18 years.	High school students can become peer educators to friends and classmates.
		Parents show bad habits to their children.	Parents should not drink in front of children.
Philippines	Regulation of commercial and public availability of alcohol	Weak support for alcohol control.	Conduct a forum/ awareness campaign for all stakeholders to better understand alcohol harm.
		Lack of advocacy and health promotion activities.	Intensify information campaigns for stakeholders (PNP, LGU, teachers, religious groups, NGOs) to relate alcohol availability and its consequences especially on young people.
		No policy on commercial and public	Development of policy on the

Member state	Cost-effective intervention	Barriers	Countermeasures
		availability of alcohol (days, time, drinking in public places), or if policy is available, it is not implemented in all areas of the country.	restriction of availability of alcohol (daytime, workplace, community and school).
Singapore	Restriction of alcohol advertising and promotion	Alcohol is glamorized in both mass and social media.	Ensure balanced messaging by highlighting flip side (consequences of alcohol abuse).
		Industry players have more budget and resources to influence consumer behaviour than government agencies.	Move upstream to educate consumers, especially youths, before they are of legal drinking age Provide greater support for ground-up efforts and collaborate with peer advocacy groups.
	Regulation of commercial and public availability of alcohol	Parents are typically the first source of alcohol to youths.	Targeted alcohol education efforts at parents (e.g. resource booklets).
Solomon Islands	Restriction of alcohol advertising and promotion	No law on advertisement (too many advertisements).	Ban alcohol advertisements. STEPS for alcohol.
		No law that regulates selling of alcohol in shops.	Pass a law for licensing.
		Interference of industries	Pass a law on industry interference.

Statement of Young People against Alcohol Harm

On behalf of the young people in the Western Pacific Region, we, the participants of the Regional Forum on Protecting Young People from the Harmful Use of Alcohol, held in Hong Kong SAR (China) on 30 April 2016:

Recognize that:

- Alcohol is related to more than 200 diseases and injury conditions and the world's third- largest risk factor for premature mortality, disability and loss of health;
- Young people can reach their potential and play a significant role in society if given the proper support from families, governments, international agencies and civil society.

Are concerned that:

- The potential of young people is compromised by the harmful use of alcohol, the single biggest risk factor for deaths in young people aged 15-29;
- Alcohol consumption may lead to misbehaviours that can harm oneself, other individuals and the society;
- Early onset of drinking is strongly associated with the development of alcohol use disorder;
- More young people are exposed to the promotion of alcohol drinking through various marketing strategies of the industry without effective regulations, which now includes digital media and on-ground events;
- In some countries, social norms and culture directly or indirectly influence the harmful use of alcohol among young people; and young people can readily access alcohol beverages due to its commercial and public availability and cheap prices.

We, therefore, encourage

- Young people and their families, government, international agencies, civil society and media to join forces for the institution of policies and laws that protect young people from the harmful use of alcohol. These include, but are not limited to, the regulation of commercial and public availability of alcohol, restrictions or bans on alcohol advertising and promotion, and pricing policies such as increasing tax on alcoholic beverages;
- Young people in the region to actively raise public awareness on the harmful use of alcohol, and contribute to changing social norms that encourage this risky behaviour, by using social media and other effective communication channels;
- Young people in the region to initiate and participate in formal or informal information exchanges within and across countries, to share and learn experiences and practices in alcohol harm reduction and prevention.

NEWS RELEASE**Public Information Office**

Tel: (63 2) 528 9993 / (63 2) 528 9991

Email: PIO@wpro.who.int**WHO calls for action to protect young people from alcohol-related harm**

HONG KONG (SAR) CHINA, 30 APRIL 2016 – Every minute one person dies from alcohol-related harm in the Western Pacific Region. Alcohol is one of the biggest risk factors for deaths among young people in the Region. Young people are especially at risk for alcohol-related injury (e.g. drink-driving), risky sexual behaviour and suicide.

"One in three current drinkers in the Western Pacific aged 15 to 19 has engaged in excessive drinking," notes Dr Shin Young-soo, WHO Regional Director for the Western Pacific. "Alcohol abuse is associated with depression and anxiety. Excessive drinking is closely linked to self-harm and suicide."

Young people often underestimate the risks associated with excessive use of alcohol and potentially impaired decision-making. Under the influence of alcohol, they are at higher risk of injury from drink-driving and violence. A driver under the age of 20 with blood alcohol content (BAC) of 0.05 g/dl is 5 times more likely to be involved in a crash than older more experienced drivers. Road crashes involving young people are also more likely to be fatal. Studies have shown that between 48-61% of fatalities among pedestrians are linked to alcohol. Globally, across all age groups, alcohol is estimated to be responsible for 26% and 16% of years of life lost from homicide among males and females respectively.

In the general population, alcohol and other substance use disorders are found in 25–50% of all suicides. The risk is further increased when it coexists with depression and other psychiatric illness. Of all deaths from suicide, 22% can be attributed to the use of alcohol.

Alcohol consumption can increase the likelihood of young people engaging in risky behaviours such as unsafe sex. The risk of unwanted pregnancies is 14 times greater without modern contraception. Continued drinking while pregnant increases the risk of complications such as premature birth and fetal alcohol syndrome. Unsafe sex also contributes to sexually transmitted infections including the risk of contracting HIV.

Regular recreational drinking during adolescence is the clearest predictor of alcohol dependence in adulthood. Over time it increases the risk for noncommunicable diseases (NCDs) such as cancer and liver cirrhosis. These consequences impose significant direct costs to society such as health care related expenses. Indirect costs from lost productivity due to absenteeism, unemployment, decreased output, reduced earnings potential and lost working years due to premature pension or death account for as high as 76–91% of the total burden to society.

We can protect young people from the harmful use of alcohol

In 2014 at the United Nations General Assembly high-level meeting on NCDs, Member States pledged to intensify efforts to prevent the needless loss of life from NCDs. This includes setting national targets by 2025 to reduce risk factors and underlying social determinants. The nine voluntary NCD targets include a 10% relative reduction in the harmful use of alcohol. Regulations regarding the availability of alcohol, comprehensive restrictions on alcohol advertising and promotions, and price increases through taxation are cost-effective interventions to address this threat to public health.

It is estimated that doubling the tax on alcohol would decrease the number of alcohol-related deaths by 35%, traffic deaths by 11% and sexually transmitted infections by 6%. Added revenue from alcohol tax may also be used to fund health promotion activities.

Young people can be powerful agents of change. Across the different social media platforms, between 24-57% of active users are aged 16–24. Social media provides a space for discussion and advocacy for measures to protect themselves. Youth networks and community forums are other tools young people can use to make their voices heard.

Advocacy to key stakeholders (e.g. families, educators and policy-makers) is crucial to raise awareness and political commitment for the development of evidence-based policies that reduce alcohol consumption. Health workers can educate and screen young people for problematic behaviour and provide brief intervention and referral at the primary-care level. Integrated care programmes incorporating counselling, rehabilitation and detoxification are more effective than standalone approaches.

Related links:

Young people and alcohol: a resource book

http://iris.wpro.who.int/bitstream/handle/10665.1/10929/9789290616849_eng.pdf;jsessionid=5233BA4B5968B8409780B519E32094F6?sequence=1

How alcohol harms young people and what you can do about it:

http://iris.wpro.who.int/bitstream/handle/10665.1/11205/WPR_2015_DNH_002_eng.pdf?sequence=1

WHO Global status report on alcohol and health 2014:

http://www.who.int/substance_abuse/publications/global_alcohol_report/en/

Mental health and substance abuse in the Western Pacific:

http://www.wpro.who.int/mental_health_substance_abuse/en/

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