



ADD Fact Sheet:

## World Health Assembly 2005 - on alcohol

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### **World Health Assembly resolution 58.26 Public-health problems caused by harmful use of alcohol**

*The Fifty-eighth World Health Assembly,*

Having considered the report on public health problems caused by harmful use of alcohol; 1)

Reaffirming resolutions WHA32.40 on development of the WHO programme on alcohol-related problems, WHA36.12 on alcohol consumption and alcohol-related problems: development of national policies and programmes, WHA42.20 on prevention and control of drug and alcohol abuse, WHA55.10 on mental health: responding to the call for action, WHA57.10 on road safety and health, WHA57.16 on health promotion and healthy lifestyles, and WHA57.17 on the Global Strategy on Diet, Physical Activity and Health;

Recalling The World Health Report 2002, which indicated that 4% of the burden of disease and 3.2% of all deaths globally were attributed to alcohol, and that alcohol was the foremost risk to health in low-mortality developing countries and the third in developed countries; 2)

Recognizing that the patterns, context and overall level of alcohol consumption influence the health of the population as a whole, and that harmful drinking is among the foremost underlying causes of disease, injury, violence – especially domestic violence against women and children – disability, social problems and premature deaths, is associated with mental ill-health, has a serious impact on human welfare affecting individuals, families, communities and society as a whole, and contributes to social and health inequalities;

Emphasizing the risk of harm due to alcohol consumption, particularly in the context of driving a vehicle, at the workplace, and during pregnancy;

Alarmed by the extent of public health problems associated with harmful consumption of alcohol and the trends in hazardous drinking, particularly among young people, in many Member States;

Recognizing that intoxication with alcohol is associated with high-risk behaviours, including the use of other psychoactive substances and unsafe sex;

Concerned about the economic loss to society resulting from harmful alcohol consumption, including costs to the health, social welfare and criminal justice systems, lost productivity, and reduced economic development;

Recognizing the threats posed to public health by the factors that have given rise to increasing availability and accessibility of alcoholic beverages in some Member States;

Noting the growing body of evidence of the effectiveness of strategies and measures aimed at reducing alcohol-related harm;

Mindful that individuals should be empowered to make positive, life-changing decisions for themselves on matters such as consumption of alcohol;

Taking due consideration of the religious and cultural sensitivities of a considerable number of Member States with regard to consumption of alcohol, and emphasizing that use of the word “harmful” in this resolution refers only to public-health effects of alcohol consumption, without prejudice to religious beliefs and cultural norms in any way,

#### 1. REQUESTS Member States:

- (1) to develop, implement and evaluate effective strategies and programmes for reducing the negative health and social consequences of harmful use of alcohol;
- (2) to encourage mobilization and active and appropriate engagement of all concerned social and economic groups, including scientific, professional, nongovernmental and voluntary bodies, the private sector, civil society and industry associations, in reducing harmful use of alcohol;
- (3) to support the work requested of the Director-General below, including, if necessary, through voluntary contributions by interested Member States;

#### 2. REQUESTS the Director-General:

- (1) to strengthen the Secretariat’s capacity to provide support to Member States in monitoring alcohol-related harm and to reinforce the scientific and empirical evidence of effectiveness of policies;
- (2) to consider intensifying international cooperation in reducing public-health problems caused by the harmful use of alcohol, and to mobilize the necessary support at global and regional levels;
- (3) to consider also conducting further scientific studies pertaining to different aspects of possible impact of alcohol consumption on public health;
- (4) to report to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including a comprehensive assessment of public-health problems caused by harmful use of alcohol;
- (5) to draw up recommendations for effective policies and interventions to reduce alcohol-related harm, and to develop technical tools that will support Member States in implementing and evaluating recommended strategies and programmes;
- (6) to strengthen global and regional information systems through further collection and analysis of data on alcohol consumption and its health and social consequences, providing technical support to Member States and promoting research where such data are not available;
- (7) to promote and support global and regional activities aimed at identifying and managing alcohol-use disorders in health-care settings and enhancing the capacity of health-care professionals to address problems of their patients

- associated with harmful patterns of alcohol consumption;
- (8) 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;
- (9) to organize open consultations with representatives of the industry, agriculture and trade sectors in order to limit the health impact of harmful alcohol consumption;
- (10) to report through the Executive Board to the Sixtieth World Health Assembly on progress made in implementation of this resolution.

(Ninth plenary meeting, 25 May 2005 – Committee B, fourth report)

*Notes:*

*1) Document A58/18.*

*2) The world health report 2002. Reducing risks, promoting healthy life. Geneva, World Health Organization, 2002.*