World Health Assembly (WHA)

Research Report

The Question of:

Controlling and Reducing Alcohol Consumption

Introduction

It can be found in nearly every social gathering in virtually every culture and throughout history, its pros and cons have been debated thoroughly. We are talking about alcohol; it's the most universally available, widely used and abused substances in the world. However many people seem to turn a blind eye when it comes to its negative effects, due to its legal nature. We know that alcohol consumption, in combination to its addictive properties can have inimical effects on people's health and psychology. Moreover these problems are further reinforced as a result of the alcohol industry having a passive stance in trying to limit alcohol-related problems; on the contrary it has been making a profit off them. In fact, 20% of users, the troubled users, meaning heavy drinkers or alcoholics, make up roughly 80% of the total consumption.

There are approximately 3 million deaths each year related to binge drinking and heavy drinking. Furthermore WHO studies have shown that the harmful use of alcohol is a causal factor in more than 60 diseases such as kidney or liver damage, increased risk of several cancers and more. In addition underage drinking is a persistent and large part of the problem as it seems that young people in many countries are beginning to drink at earlier ages, while research in developed countries has found early initiation of alcohol use to be associated with greater likelihood of both alcohol dependence and alcohol-related injury later in life. In the USA 11% per cent of alcohol consumption is underage drinking. The fact that we are aware of this is important, but a different side of the issue comes in to play when we try to look at unrecorded alcohol production and consumption. In many LEDC's the more significant public health concern has to do with the drinking patterns and consumption of unrecorded and non-commercial alcohol. This information is concerning and should make us rethink the way we educate people, implement our laws and deal with the questionable character of the alcohol industry regarding the topic.

The Committee

The first World Health Assembly (WHA) conference was convened in 1948, two months after the World Health Organization (WHO) was founded. The WHA works as the brain of the WHO, meaning it is the decision-making body. Its main function is to determine the policies of the organization and it is the highest health policy setting body. The WHO realized it would be difficult to develop a hard working and fast programmes for all health matters requiring international attention during the first year of its existence, and thus accorded high priority to the first WHA for making some key decisions.

The WHA is a non-GA committee, which means that all resolutions will be discussed between the member states only, and not in a General Assembly meeting. In our conference we will discuss issues related to major health problems and crises which concern an enormous number of people around the world. Furthermore, in our MUN committee, we are not to be concerned with financial clarifications, for example a question in the form of: "Who will provide funding for…." is not a problem that we are competent to answer.

Key Terms

Fermentation
The chemical breakdown of carbohydrates (e.g. sugar) by bacteria, yeasts, or other microorganisms. This is also the chemical process for making alcohol.

Alcohol Abuse
The use of alcohol in a way that is harmful to your health.

Binge Drinking
The drinking of large amounts of alcohol in a short period of time, in order to get drunk.

Alcohol overdose
Consuming quantities of alcohol greater than are recommended may result in a toxic state or death.

Alcohol Use Disorder (AUD) or Alcoholism
Addiction to the consumption of alcoholic drink. Alcoholism is the most severe form of alcohol abuse and involves the inability to manage drinking habits.

World No Alcohol Day
In 2008, at a meeting of the World Health Assembly (WHA), the decision-making body of the World Health Organization (WHO) organized a global alcohol-free day. The purpose of the day was to draw attention to the health risks of the abuse of alcohol.

Adulterated Alcohol
Adulterating is to corrupt, debase, or make impure by the addition of a foreign or inferior substance.
In other words to prepare for sale by replacing more valuable with less valuable or inert ingredients
Adulterated Alcohol is alcohol that has been tampered with or it could mean that the alcoholic drink has been completely replaced with a poorer quality or cheaper brand/version of the same drink. Adulteration is commonly associated with spirits such as gin or vodka.

General Overview

In Egypt and China in 7000 BCE we have the first reports of fermentation. These stimulating and sedative beverages have, ever since, carved a permanent mark on civilization. Their role in society has been and continues today to be very visible and clear to explain. Religious ceremonies and social gatherings, both being communal events have long been associated with the consumption of alcohol. Because it helps people relax, relieve stress, and enjoy themselves it is only evident that humans, social beings, would quickly come to adore this substance. The notion of seeing it as something not exclusively beneficial is in fact not contemporary. In ancient Greek poems dating back to the 8th century BCE we can see the condemnation of overconsumption of alcohol, but it was not until the 17th century that we understood its detrimental effects on the body and the brain, finally one hundred years ago the concept alcoholism being a disease started forming.

Now, let's take a look at what actually concerns us, the status quo. What is the current situation, and what are the problems? Fortunately at the present time we are much more aware of the health risks of drinking, both physical and psychological, and even though there seems to be a change of attitude towards alcohol consumption and how to limit it, we are still facing countless problems of significant severity. To begin with, on average 5.5% of deaths worldwide are attributed to alcohol, this means around 3.3 million people. Additionally 6% of all disease and injury are also attributed to alcohol. For young people the problem appears to be even more severe, since alcohol is responsible for 13.5% of deaths for people around their twenties. Furthermore 31% of all fatal car accidents are due to intoxicated driving, which, obviously does not only impact the intoxicated driver. If these direct harms are not enough, we still have another dire problem for society. A frightening amount of people suffer some sort of Alcohol Use Disorder, meaning that they are dependent on this substance and cannot control their efforts. This is a serious burden for society since tackling their struggle is not straightforward, but it is of utmost importance that we do. Researches are continuously trying to find new methods of dealing with AUD however the problem sometimes stems from the fact that many of the people suffering do not even get to the first stage of being helped.

People with AUD consume most of the alcohol produced; these people are dependent on this substance, which means that they feel a need to consume it on a too regular basis. When we are referring to AUD we are basically talking about a physical and emotional addiction to alcohol, many people refer to it as alcoholism. The main effects include being preoccupied with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect, or having withdrawal symptoms when you rapidly decrease or stop drinking. This is one of the very large problems of alcohol and the alcohol industry as a whole. Research has contributed significantly to our understanding of the relation of drinking to specific diseases and illnesses; the overconsumption of alcohol often caused by AUD can translate to numerous amounts of health issues such as cardiovascular diseases, cirrhosis of the liver, kidney damage and various cancers. Additionally alcoholism or AUD can result in several psychiatric disorders, however we run into a different problem since psychiatric disorders are harder to diagnose than non-communicable diseases. Because alcohol use disorder can coexist with, contribute to, or result from several different psychiatric syndromes it is very difficult for psychiatrists to pinpoint where the root of the problem lies. As a result it is harder for mental health experts to find the best possible course of action for many clinical cases. It is quite clear that funding for further research would help us deal in better ways with extreme cases; however the problem actually manages to get to such a serious stage because in many cases people hesitate to reach out for help, they do not understand the severity of their initial drinking problem, or they do not understand that they have one.

Whether it is because of peer pressure, curiosity, pushing the boundaries or simply wanting to mimic the behaviour of adults, teenagers, on average drink alcohol for the first time at 13, 5 years old. For teenagers who have started drinking, the risk of developing an alcohol use disorder in later years of their life is significantly higher and it is even more likely when we take into account environmental and mental factors. If for example a person is going through a hard time regarding their family or their social life, bearing in mind that teenagers experience greater amounts of stress, they would much more likely to develop an alcohol dependency. This means that we must prevent underage consumption in order to limit a considerable amount of alcohol dependence. Many people between the ages of 13-19 tend to lack, to a great extent at least, the ability of self-discipline and control, and this is exactly what makes them so susceptible to addictive substances; basically their impulse control is not yet mature. The main problem is that most teenagers have not understood how simple it is to reach the tipping point between drinking occasionally (which is also harmful to teenagers) and developing an alcohol use disorder. Moreover, in extreme cases of underage alcohol consumption, alcohol can hinder the rapid brain development which takes place at that time. We need to find more effective ways to make them understand the severity of alcohol consumption and the gravity that their actions hold at that age. Nonetheless we also need to focus on enforcement on already existing laws. We cannot blame all underage alcohol consumption on misinformation since it is almost inevitable that if teenagers can get hold of alcohol, naturally, they will. There are many shops or bars that would sell alcohol to teenagers in order to increase their profit, this too is a big contributing factor that needs to be tackled.

Something that many are not aware of is the issue of unrecorded alcohol production. In many low-income countries consumption of commercially produced beverage alcohol is generally confined to wealthier urban populations. In such countries, the more significant public health concern has to do with the drinking patterns and consumption of unrecorded and non-commercial alcohol. This could either be homemade alcohol, illegally produced alcohol or alcohol that is sold outside of government controls. Furthermore these are beverages that are produced or distributed illegally for commercial but illicit sale, and counterfeit products, unlabeled brands and products which evade taxation. Some of the counterfeit and unlabeled products can pose severe health risks, as they have unknown alcohol content and may contain hazardous chemicals. They are so common however, because they are offered at lower prices than legitimate products. According to WHO studies, in Eastern Europe and Latin America unrecorded alcohol is estimated to be one-third of all consumption, two-thirds in India and 50% in Africa. This shows that there is a very large amount of alcohol which is not checked and control and in order to achieve any more control over alcohol consumption it is clear that we need to limit this behaviour.

Finally, the alcohol industry seems to be making a profit from the negative situation of certain people. Quite like the illegal drug industries, most of the consumption is done by the minority of the consumers, the ones who struggle with addiction and use disorder. Unless action is taken to stop this, then this behaviour will obviously continue to exist because it is simply what brings more profit to the alcohol producers. As mentioned previously in the report, the profit-seeking alcohol providers, in bars, shops or delicatessens are at fault once again when they try to go against the legal systems and sell alcoholic drinks to underage buyers.

Overall, it extremely important that we change the way people view alcohol and alcohol problems, and we reaffirm the way to treat and deal with severe conditions. We must take big steps and maybe even reaffirm the decisions we have taken so far concerning alcohol.

Major Parties Involved

Stakeholders are groups of people, organizations or countries that are greatly affected by, and closely related to the problem. This means that they either play a role in the existence of the problem, profit from it, or they could be considered victims.

To begin with, arguably the most important stakeholders of this topic are the people who consume alcohol. Whether it comes down to better law enforcement or the creation of different laws altogether, alcohol consumers will be impacted one way or another. For example this could mean better implementation of drinking age laws or increasing value added tax in order to reduce affordability. Moreover if the focus was pointed towards people with Alcohol Use Disorder (AUD) then they would also be influenced. Here's an example to help you further understand the idea of stakeholders: 'if we were to establish more alcohol detox centres throughout Europe, this action would be something that people with (AUD) would "care" about'. This is essentially what makes a group of people stakeholders.

The other main stakeholder is the alcohol industry and the companies within it. Different governments have decided to act in different ways and exercise different levels of control. Licensing laws practically mean how much authority a government has over alcohol producing companies. Additionally, taxes and more specifically excise tax or sin tax can affect and alter the sales of the industry. Another part of the alcohol industry are the bars and delicatessens that sell and provide people with alcohol. Finally, the alcohol industry and alcohol consumers have a direct relationship. This is because any action taken in order to manipulate, control, help or change the behaviour of one of the two stakeholders, will, unquestionably affect the other.

Timeline of Events

A timeline can be very useful for the delegates to understand the issue

7000 BCE→	Reports of fermented beverages date back to 7000BCE both in Egypt and China
800 CE→	First appearances of distilled spirits
1500 →	In the sixteenth-century spirits were mainly used for medicinal purposes.
1647→	The first time people documented that chronic alcohol misuse was associated with toxicity to the nervous system and body which resulted in a range of medical disorders
1729 →	The British parliament passed the Gin Control Act of 1729; it sharply raised taxes on alcoholic beverages in order to control consumption.
1733 →	I) the British parliament repealed the ineffective Act of 1729 because it had failed to reduce drinking.

	II) The prohibition of spirits was attempted in the colony of Georgia until 1942, but also did not succeed in reducing alcohol consumption.
1785→	Benjamin Rush advanced the concept of alcoholism as a medical condition and further asserted that successful treatment of alcoholism meant that drinkers where to be weaned off their substances of consumption. This could be considered one of the first towards the idea of rehabilitation.
1920 →	In the 1920's, another alcohol ban was put in to place. Throughout the USA, alcohol sale and consumption was banned. Read more in: "Previous attempts to solve the issue". This was stopped in 1933.
1935→	Alcoholics Anonymous was formed.
1942→	Dwight Anderson of the Research Council on Problems of Alcohol calls for a sustained campaign of public education to establish a correct image of alcoholism and the alcoholic.
1979→	Development of the WHO Programme on alcohol-related problems

Previous attempts to solve the issue

Throughout history we have seen many attempts by organizations or countries to try and control alcohol consumption. But the first thing that comes to mind is the "Prohibition of Alcohol in the USA" in 1920. This government-issued law banned the manufacture, storage transportation, sale, possession, and consumption of alcoholic beverages. It is often characterized as an infamous or harsh attempt since the outright ban of alcohol did not manage to limit alcohol consumption and in fact the plan backfired. It was not designed as a social experiment but now we portray it as such, since it helped us understand how people would react after an alcohol ban.

In more recent years, the World Health Organization (WHO) has made attempts to form strategies in the hope of reducing the significance of harmful alcohol consumption, both for the society and the individual. In the Fifty-eighth World Health Assembly (May 2005) the committee tried to clarify the problems and their severity. The resolutions that followed in the Sixty-first World Health Assembly (May 2008) and Sixty-third World Health Assembly (May 2010) focused heavily on educational methods in order to partially solve the problem.

The Future

The first thing that many countries should and are doing is the re-evaluation of their helpline programme and their framework for alcohol problems. This could not only mean to verify whether the rehabilitation centres are of sufficient quality, but also to check if there as many as the problem actually demands. In fact we need to ensure that enough infrastructures are in place in order to sustain any progress when it comes to resolving alcohol-related problems. Filling these gaps and increasing the number of services could be done by statutory, voluntary or independent providers. A great example of a country that implemented this sort of strategy is Scotland in their Plan for Action on Alcohol Problems. Furthermore, the UN encourages the restriction of alcohol advertising, the increase in its prices and better regulation when it comes to its distribution.

Important Decisions a Resolution Must Take

Delegates, here you will find ideas which will help guide you through what your resolution must address. But bear in mind that included are only the most basic things that you must make clear in your resolution, there are many other aspects that individual countries or groups of countries should talk about. In other words do not limit yourselves to these questions only.

The alcohol industry is very large due to people's fondness of its products. But sometimes even governments can be fond of the industry to some extent. Since it can have economic effects by providing jobs and through sales and exports some countries may not want to further regulate it, increase the excise tax or restrict it substantially. How should those countries deal with the problem? And most importantly should economics and politics fall into the equation of societal prosperity? Especially (but not limited to) for countries that are facing this problem, it is of paramount importance for them to clarify their stance and how they are planning to answer this question.

Moreover, it is imperative that alcohol producing companies must be regulated and controlled in order to control people's drinking habits. The question that arises now is how strictly should they be restricted and in what ways? The answer to this question could have several different levels, firstly, should alcohol advertisement be banned completely or just be limited? The idealistic presentation of alcohol in advertisements or even indirect ads, for example in movies, contributes significantly to the consumption of alcohol, thus it must be discussed. Additionally should it be made harder for these companies to sell their products? Through methods such as implementing higher excise taxes or limiting their availability which would also, in turn, make the product more expensive we would not help the people currently suffering with Alcohol Use Disorder (AUD); however we would very likely prevent many future cases of (AUD). Finally it would be good if there was further elaboration on how some already existing laws could be implemented with more success. For example, in most countries the drinking age is 18 or 21 years, but somehow, we still have a frightening amount of underage drinkers. This is the result lenient law enforcement. However this does not mean that there must be a bigger or harsher penalty, but we should ensure that these laws are followed.

Further Reading

Official WHO website: http://www.who.int/topics/alcohol_drinking/en/
Action by WHO in the past years:
http://www.who.int/substance_abuse/activities/stakeholders_alcohol/en/
Key facts: http://www.who.int/news-room/fact-sheets/detail/alcohol
Alcohol and young people:
http://apps.who.int/iris/bitstream/handle/10665/66795/WHO_MSD_MSB_01.1.pdf;jsessionid=C0BCF9569B17CCF87CE521D8806052FE?sequence=1
Global Survey on Alcohol and Health (WHO):
http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/forum/docs/ev_20081204_co02_en.pdf
International Center for Alcohol Policies/ and the alcohol industry:
https://www.hri.global/files/2011/07/25/13.4_ICAP_-_Structure_of_the_Beverage_Alcohol_Industry_.pdf

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http://www.ias.org.uk/Alcohol-knowledge-centre/The-alcohol-industry/Factsheets/What-is-the-economic-contribution-of-the-alcohol-industry.aspx