

# GLOBAL ALCOHOL POLICY ALLIANCE

## NGO NETWORKING



# NGO NETWORKING

The presentation will cover:

- 1) The role of NGOs - Networking at Local and National Level
- 2) Why an International Network
- 3) EURO CARE: A Case Study in NGO Networking and Advocacy
- 4) Human Rights and Alcohol. WHO Ethical Principles

# ROLE OF NGOs

A particularly important role can be played by enlightened non-governmental organisations, which can often speak with passion and insight on the true impact of alcohol on individuals, families and communities. Such organisations can also bring the commitment of energy to work even in the face of political risks.

Dr Asvall  
Former WHO Regional Director  
Europe



# ROLE OF NGOs

## WHO European Alcohol Action Plan (2000-2005)

- support non-governmental organisations and networks that have experience and competence in advocating policies at international and country levels to reduce the harm that can be done by alcohol;
- support organisations and networks that have a specific advocacy function within their remit, such as associations of health care professionals, representatives of civil society and consumer organisations;
- support non-governmental organisations and networks that have a specific role to play in informing and mobilising civil society with respect to alcohol-related problems, lobbying for policy change and effective implementation of policy at government level, as well as exposing harmful actions of the alcohol industry

# PARTNERSHIP

- **NGO's have particular strengths that make them valuable partners of government and intergovernmental organisations**
  - **The availability to work with a whole range of other bodies in health, the social services, education and industry**
  - **Effective ways of mobilizing community resources, attracting people and persuading them to give of their time and skills**

# PARTNERSHIP

- **Flexibility in identifying and responding to needs without being weighed down by top-heavy decision-making structures that stifle innovation.**
- **To mobilise civil society for the promotion of alcohol policies which safeguard individuals, the family and society from the negative consequences of alcohol abuse**

# GOVERNMENT MUST RECOGNISE

- **Independence of NGO's**
- **Free from Industry constraints**
- **Critical appraisal of government policy**
- **Need for financial support**

# NGOs MUST RECOGNISE

- **Policy Advocacy based on:**
  - **Scientific knowledge**
  - **Cultural sensitivity**
  - **Politically pragmatic**

# NGOs AND VOLUNTARY ORGANISATIONS

## DIVERSITY OF ORGANISATIONS

- Community based, local, national and regional
- Human resources:
  - Volunteers
  - Mixture of volunteers and qualified professional workers
  - Totally qualified professionals
- Financial resources:
  - Private fund raising; voluntary subscription, charitable grants; statutory funding

# SPECIFIC ALCOHOL PREVENTION ORGANISATIONS

- **Drink Driving**
  - **MADD (USA)**
  - **CADD (UK)**
- **Advertising and Marketing Watchdogs**
  - **GALA (New Zealand)**
  - **Billboard Protests (Chicago)**
- **Underage Drinking**
  - **American Medical Association**
- **Problem Drinkers**
  - **Self Help Groups**
  - **Drop In Centres**
  - **Information Centres**

# GENERAL SOCIAL ORGANISATIONS

- Residential and neighbourhood groups
- Women's organisations and groups
- Youth organisations
- Family organisations
- Church Groups
- Employee associations
- Support and counselling groups, e.g. Samaritans, Marriage Guidance, Victim Support

# STRENGTH OF INFLUENCE

- **Cooperation**
- **Coalitions**
- **Partnership**
- **Showing cost effectiveness**

**The contribution of voluntary organisations will be the greatest when they can complement and collaborate with academic institutions and statutory organisations**

# WHY INTERNATIONAL NETWORKING?

# THE GLOBAL ALCOHOL PROBLEM

- **Global alcohol consumption has increased in recent decades, with most or all of this increase occurring in developing countries**
- **A causal relationship between average volume of alcohol consumption and more than 60 types of disease and injury**
- **Worldwide alcohol causes:**
  - 3.2% of deaths**
  - 4.0% of DALYS**
- **In developing countries with low mortality, alcohol is the leading risk factor for males causing 9.8% of years lost to death and disability**

# THE GLOBAL ALCOHOL PROBLEM

- “No other product so widely available for consumer use, not even tobacco, accounts for as much premature death and disability as alcohol.”

Dr Thomas Babor

- **Alcohol: No Ordinary Commodity** “Worldwide, alcohol leads to a loss of 58 million years of healthy life annually. This translates to every drinker losing on average 11 days of healthy life per year due to alcohol. That is a heavy loss.”

Dr Peter Anderson

## FORMER DIRECTOR GENERAL, WHO DR GRO HARLAND BRUNTLAND 2002

- “These are dangerous times for the well-being of the world. In many regions, some of the most formidable enemies of health are joining forces with the allies of poverty to impose a double burden of disease, disability and premature death on many millions of people. It is time for us to close ranks against this growing threat.
- Legislation enables risks to health to be reduced in the workplace and on the roads, whether through the wearing of safety helmet in a factory or a seat belt in a car. Sometimes laws, education and persuasion combine to diminish risks, as with health warnings on cigarette packets, bans on tobacco advertising, and restrictions on the sale of alcohol.

- **In my address to the World Health Assembly in May of this year, I warned that the world is living dangerously, either because it has little choice or because it is making the wrong choices about consumption and activity.**
- **The best health policies are those based on scientific evidence. The World Health Organization's mandate is to get the evidence right and ensure that it is properly used to make the world a healthier place.”**

# MARKETING STRATEGIES OF GLOBAL ALCOHOL INDUSTRY

## Growth Areas for Alcohol Industry

- **Asia/Pacific**
- **Eastern and Central Europe**
- **Latin America**
- **Sub Saharan Africa**

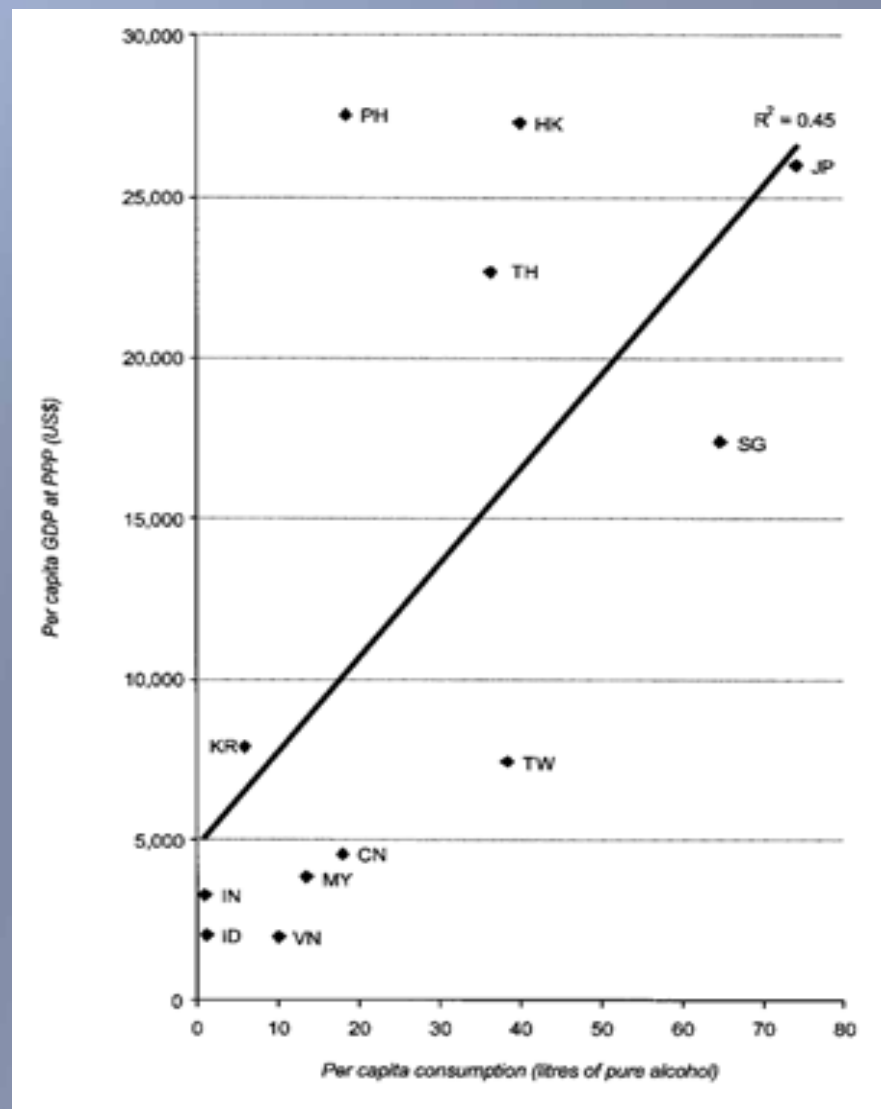
# MARKETING STRATEGIES OF GLOBAL ALCOHOL INDUSTRY

## EUROMONITOR 2001

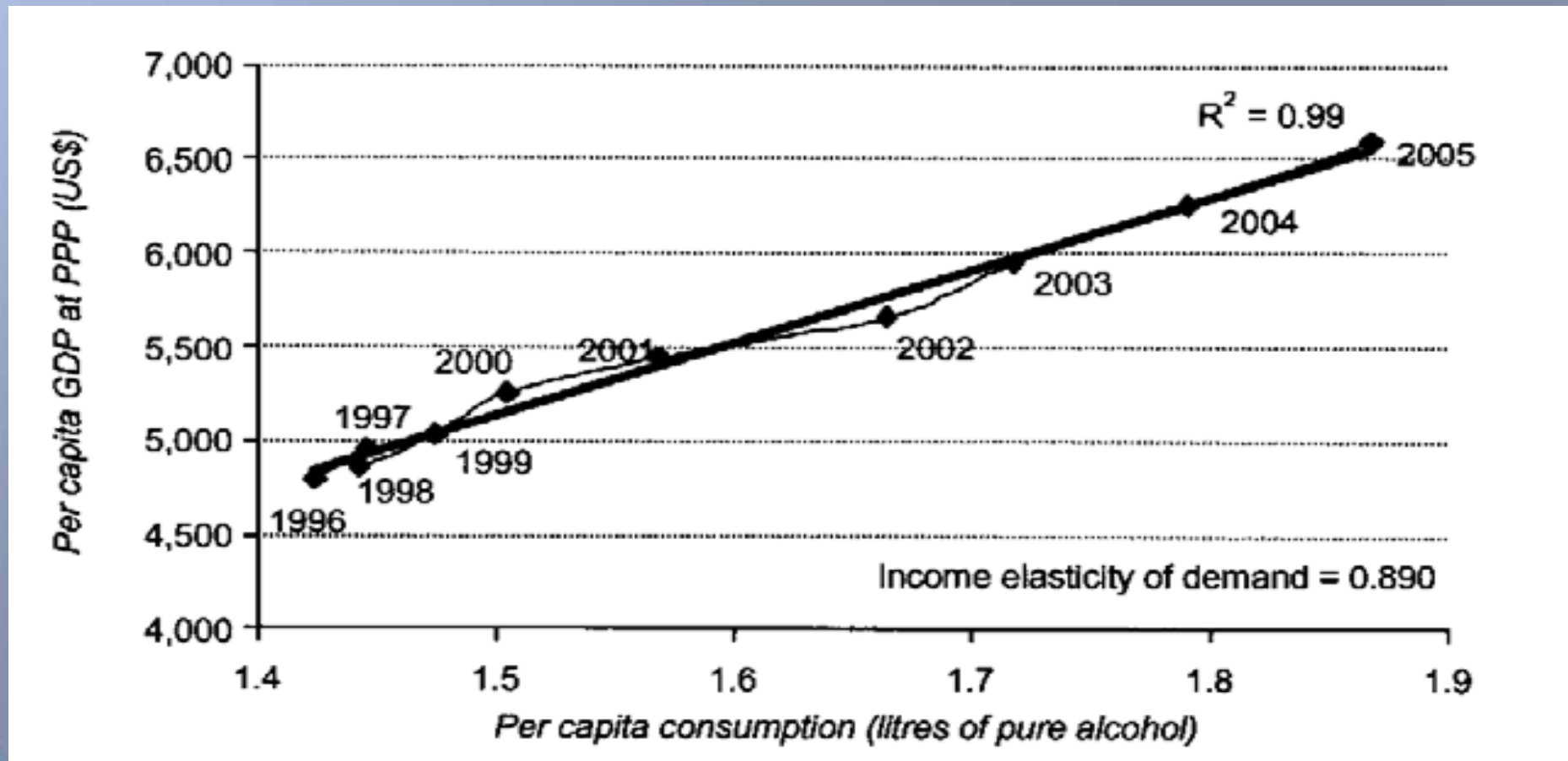
The Asia-Pacific market holds spectacular potential, specifically because of two very large, extremely underdeveloped markets within the region. China and India hold around 78% of the regional consumer base between them, and both are seeing the development of more open markets.

Per capita alcohol consumption is low in both countries, and if this can be developed in markets that contain almost 50% of the world's population, the potential is massive.

# ALCOHOLIC DRINKS IN ASIA-PACIFIC BY COUNTRY CONSUMPTION VS WEALTH 2000



# ALCOHOLIC DRINKS IN ASIA-PACIFIC EXCLUDING CHINA CONSUMPTION VS WEALTH 1996 - 2005





# DRINKS INDUSTRY FRONT ORGANISATIONS

- **“Every action taken by management is guided by one overriding objective - embracing shareholder value” Anheuser Busch Annual Report 1997**
- **Social aspect organisations are not impartial**
- **He who pays the piper calls the tune**

# GAPA RATIONALE

- **Need for sharing information**
- **Supporting the growth of NGOs at country and regional level**
- **Promoting good practice in advocacy**
- **Monitoring global activities of drinks industry**
- **Tackling problems at global level**
  - a) **WTO - Impact of Trade Liberalisation**
  - b) **Sports and Cultural Sponsorships**
  - c) **Transglobal Media Advertising**

# DEVELOPMENT OF GAPA

- **Established at an International Conference in Syracuse in August 2000. Supported by WHO; Marin Institute (California); IAS (London); Robert Wood Johnson Foundation (USA) and Eurocare.**
- **Two Workshops in Bangkok for SE Asia and Pacific Regions**
- **Formation of Indian Alcohol Policy Alliance**
- **London - Delhi - Bangkok - Auckland**
- **Regional Office Dr Linda Hill**
- **The Globe and website**

# GAPA AIMS

- **to provide a forum for alcohol policy advocates through meetings, information sharing, publications, and electronic communications;**
- **to disseminate information internationally on effective alcohol policies and policy advocacy;**
- **to bring to the attention of international governmental and non-governmental agencies and communities the social, economic and health consequences of alcohol consumption and related harm;**
- **to advocate for international and national governmental and non-governmental efforts to reduce alcohol-related harm world wide;**
- **to co-operate with national and local organisations and communities to alleviate alcohol-related problems;**

# GAPA AIMS

- **to encourage international research on the social and health impact of the actions of the multinational alcohol beverage industry;**
- **to monitor and promote research on the impact of international trade agreements on alcohol-related harm;**
- **to monitor the activities of the alcoholic beverage industry;**
- **to place priority on research and advocacy regarding those parts of the world where alcohol problems are increasing;**
- **to ensure that member groups in those areas have the technology and support capacity to participate in a global network for communication and action.**

**EUROCARE:  
A CASE STUDY ...  
NGO NETWORKING AND  
ADVOCACY**

# EUROCARE

- **EUROCARE** was formed in 1990 as an alliance of voluntary and non-governmental organisations representing a diversity of views and cultural attitudes and concerned with the impact of the European Union on alcohol policy in Member State

# EUROCARE SEEKS

- To build a Europe where the collective social and health interests take precedence over economic interest
- To mobilise civil society for the promotion of alcohol policies which safeguard individuals, the family and society from the negative consequences of alcohol abuse

# EUROCARE IN ACTION

## PARTNERSHIP WITH WHO EUROPE

- In 1992 invited as NGO observer to the 1<sup>st</sup> WHO European Alcohol Action Plan Counterparts meeting. Since then Eurocare has attended all 13 WHO Counterparts meetings
- 1995 WHO MINISTERIAL CONFERENCE

Eurocare's NGO Statement to the 1st WHO Ministerial Conference in Paris on Health, Society and Alcohol signed by over 80 European NGOs

Alcohol Policy and the Public Good - A Guide for Action published in conjunction with WHO as a contribution to the WHO Conference in Paris

# EUROCARE IN ACTION

- **2001 - 2nd WHO Ministerial Conference on Alcohol and Young People, Stockholm.**

**Eurocare responsible for working group on Alcohol Problems in the Family**

**Publication of report on Marketing Alcohol to Young People**

# EUROCARE IN ACTION

## PARTNER WHO GENEVA

- 2000 Global Alcohol Policy Conference, Syracuse
- 2002 South East Asia Conference, Bangkok
- Marketing and Promotion of Alcohol to Young People. Valencia, Spain.
- 2003 WHO Consultation with NGOs, Cambridge

# EUROCARE IN ACTION

## EUROPEAN UNION

- 1993 - European Commission funds Eurocare's Alcohol and Work Project in Italy and Portugal
- 1994 - Eurocare's Report to the EU "Counterbalancing the Drinks Industry" published as a response to The Amsterdam Group's Report

# EUROCARE IN ACTION

- **1995 - Invited by DGXXI to Excise Duties Conference in Lisbon - Reminded Conference that 1993 White Paper on Employment had recognised that higher duties would assist in preventing alcohol problems. Emphasised 'Polluter Pays Principle'**

# EUROCARE IN ACTION

- **1996 - European Parliament adopts resolution on excise duties that ‘health considerations should be taken into account as part of the excise duty review’ and recommended that “Member States in conjunction with the Commission should assess the estimated costs of alcohol consumption in each Member State”.**

# EUROCARE IN ACTION

- **European Union finances Alcohol Problems in the Family Project. A joint Eurocare/COFACE project. Report launched by Commissioner Flynn.**
- **European Parliament. Written Declaration on Alcopops and Designer Drinks signed by over 200 Members.**

# EUROCARE IN ACTION

- **Supported EU Council of Ministers Recommendation on the Drinking of Alcohol by Children and Adolescents and Community Strategy to Reduce Alcohol Related-Harm**

# EUROCARE IN ACTION

## Alcohol Policy Network in the Context of a Larger Europe - Bridging the Gap

- 3 year project with a grant of €1.2 million from DG SANCO
- Create a European Alcohol Policy Network with representation in all Member States
- Encourage Member States to implement The Council's recommendation on Alcohol and Young People
- Develop a comprehensive approach across the EU on a community strategy to reduce alcohol related harm
- Produce an Alcohol Advocacy Tool Kit

# ALCOHOL AND HEALTH

## POINTS TO REMEMBER

- **Alcohol is a key health determinant in European Community**

*EU Health Ministers Statement June 2001*

- **Public Health Policies concerning alcohol need to be formulated by Public Health Interests, without interference from Commercial Interests**

*WHO Declaration Stockholm 2001*

# HUMAN RIGHTS AND ALCOHOL

## NGO ADVOCACY

- 1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.
- 2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.

# HUMAN RIGHTS AND ALCOHOL

- **3. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.**
- **4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.** • **5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.**

# HUMAN RIGHTS AND ALCOHOL

- **5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.**

**WHO Ministerial Statement Paris 1995**

**Reaffirmed Stockholm 2001**