The Institute of Alcohol Studies (IAS) would like to contribute the following three points to inform the proceedings and outcomes of the Civil Society Interactive Hearing on NCDs:

- 1. Alcohol is a leading risk factor for death and disability globally: The World Health Organization has identified harmful use of alcohol as responsible for 4% of all deaths worldwide and 4.6% of disability-adjusted life years (DALYs) lost. Alcohol is an important part of the picture for Non-communicable diseases. Of alcohol's disease burden, 57% comes from three major categories of NCDs. There is a causal link between harmful use of alcohol and a number of types of cancers a recent European study reported that 10% of all male and 3% of all female cancers in Europe are related to alcohol. Regarding cardiovascular diseases, chronic, heavy alcohol use leads to adverse cardiac outcomes. Any beneficial cardio-protective effect of drinking disappears with heavy drinking. Alcohol is also associated with various kinds of liver disease.
- 2. Support for evidence based policies: At the global level support should be given to the WHO to enable it to carry out the mandate expressed in the Global Strategy to Reduce the Harmful Use of Alcohol approved by the World Health Assembly in Geneva in May 2010. As part of national efforts to address NCDs countries need to give priority to implementing the Global Strategy. Particular attention should be given to implementing evidenced-based strategies regulating the availability, price and marketing of alcohol.
- 3. Public health policy must be protected from the vested interests of the alcohol industry: Opposition from vested interest groups such as the alcohol-beverage industry and associated sectors (e.g. the advertising industry) that benefit from the status quo must be anticipated and countered. These groups must play no part in decision-making on public health policy. Addressing the social determinants of NCDs will also require understanding and combating the role of globalisation in promoting such diseases.

IAS 8th June 2011