ASAM
American Society of Addiction Medicine

Public Policy Statement on the Establishment of a Framework Convention on Alcohol Control and the Exclusion of Tobacco and Alcohol from Trade Agreements

Call for a Framework Convention on Alcohol Control

Problems related to alcohol exist in almost every country and region, with the highest rates in Europe. Alcohol consumption is the leading risk factor for disease burden in low mortality developing countries and the third largest risk factor in developed countries. Alcohol is the foremost risk to health in low-mortality developing countries with the highest economic growth where it is responsible for 6.2 percent of disability-adjusted years lost.[1] In the Americas, alcohol has been found to be the most important single risk factor contributing to the burden of disease, surpassing smoking, obesity, and high blood pressure.[2]

In recent years some constraints on the production, mass marketing and patterns of consumption of alcohol have been weakened and have resulted in increased availability and accessibility of alcoholic beverages (to include indigenous sources) and changes in drinking patterns across the world.[3] Continued global economic advancement together with the erosion of public health policies creates the "perfect storm" for alcohol related problems particularly in developing countries.[4] This has created a global health problem which urgently requires governmental, citizen, medical and health care intervention.

On February 27, 2005, a World Health Organization treaty Framework for Tobacco Control went into effect, to which 144 countries now are signatories. The treaty addresses measures leading to the reduction of demand and the reduction of supply; questions related to liability; scientific and technical cooperation and communication of information; institutional arrangements and financial resources; and settlement of disputes. Dr. Lee Jong-Wook, Director-General of WHO, states that "The WHO FCTC negotiations have already unleashed a process that has resulted in visible differences at country level."

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[1] Ezzati M, Lopez AD, Rodgers A, Vander Hoorn S, Murray CJL, Comparative Risk Assessment Collaborating Group. Selected major risk factors and global and regional burden of disease. Lancet. 2000;360:1347-1360.

[2] World Health Organization. World Health Report: Reducing Risks, Promoting Healthy Life. Geneva: World Health Organization; 2002.

[3] Report by the Secretariat: Public health problems caused by alcohol. WHO Executive board, 115th Session, Provisional agenda item 4.12 EB115/37 23 December 2004.

[4] Caetano R, Laranjeira R. A "perfect storm" in developing countries: economic growth and the alcohol industry. Soc Study Addiction. 2006;101:149-152.

Based on experience of the FCTC, in addition to specific obligations and principles contained within a Framework Convention, the process of negotiating a Framework Convention on Alcohol (FCAC) would strengthen alcohol control efforts within countries by giving governments greater access to scientific research and examples of best practice and motivating national leaders to rethink priorities as they respond to an ongoing international process. A FCAC is a viable concept at a time when major national and international organizations are considering global public health policy issues related to alcohol. In 2005, the WHO adopted a resolution, "Public Health Problems Caused by Harmful Use of Alcohol" which called for a report to the 60th World Health Assembly in May 2007 that will include evidence-based strategies and interventions to reduce alcohol-related harms.[5] The report is expected to discuss the option of a global instrument to foster alcohol control efforts.

Moreover, the World Medical Association in October 2005 adopted a "Statement on Reducing the Global Impact of Alcohol on Health and Society," which urges national medical associations and all physicians to take action to help reduce the impact of alcohol including promoting "consideration of a Framework Convention on Alcohol Control" similar to the WHO tobacco treaty.[6]

Need for Exclusion of Alcohol and Tobacco from Trade Agreements

A corollary problem for both alcohol and tobacco control exists in the fact that, unless explicitly excluded or specifically amended, trade agreements treat alcohol and tobacco as ordinary goods or commodities and assume that expanding commerce in these products is beneficial. Liberalization of alcohol and tobacco trade increases availability and access, lowers prices through reduced taxation and tariffs and increases promotion and advertising of tobacco and alcohol.[7],[8]

Treaty negotiation does not make modifying market-opening commitments easy. While there is only rare if any input from the public health sector,[9] business interests continue to press through trade agreements to ensure and maximize free movement of investments, services and goods.[10]

The World Medical Association "Statement on Reducing the Global Impact of Alcohol on Health and Society", introduced by the American Medical Association and adopted in 2005, calls for excluding alcohol from trade agreements. The Secretariat of Pacific Countries recommends

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[5] World Health Assembly. Public health problems caused by harmful use of alcohol. 58th World Health Assembly; WHA58.26, Agenda item 12.13; May 15, 2005. Available at: http://www.who.int/substance_abuse/wha_resolution_58_26_public_health_problems_alcohol.pdf

[6] World Medical Association. Statement on reducing the global impact of alcohol on health and society. 56th WMA general assembly. Santiago, Chile, 15 October 2005.

[7] Secretariat of the Pacific Countries. Tobacco and alcohol in the Pacific Island countries trade agreement: impact on population. Noumea, New Caledonia: Secretariat of the Pacific Community, 2005.

[8] Grieshaber-Otto J, Sinclair S, Schacter N. Impacts of international trade, services and investments on alcohol regulation. Addiction 2000;95(suppl. 4):S491 – 504.

[9] World Health Organization. Legal Review of the General Agreement on Trade in Services (GATS) from a Health Policy Perspective. Prepared by the GATS Legal Review Team: David P. Fidler, Carlos Correa, and Obijiofor Aginam. Available at http://www.who.int/trade/resource/GATS_Legal_Review_15_12_05_01.pdf.

[10] Shaffer ER, Waitzkin H, Brenner J, Jasso-Aguilar R. Global trade and public health. Am J Public Health 2005;95:23 –34.

that Pacific countries exclude tobacco and alcohol in their negotiations in order to protect their health measures and not jeopardize other nations.[7]

The international community would achieve the greatest health benefit and avoid trade disputes by merely excluding tobacco and alcohol products and related services from trade agreements. Health experts in a World Health Organization report called for treating alcohol as no ordinary commodity in trade agreements.[11] "Tobacco products should be excluded from their purview' or 'nothing in the Agreement shall be construed to apply in any way to tobacco products."[12, 13. 14] If these were excluded, governments would not need to ensure that health measures are consistent with trade rules and tobacco companies could not sue over government control policies that contravene investment guarantees. Countries could raise tariffs and restrict market competition and implement the Framework Convention on Tobacco Control.[7] Precedent exists for exclusion for surgical, diagnostic and therapeutic methods, military products and fissionable materials.[15] Moreover, the US–Vietnam and US– Jordan free trade agreements excluded tobacco from tariff regulation. (Malaysia wished to exclude tobacco and alcohol in a proposed Malaysia-U.S. free trade agreement but was met with strong resistance from the U.S. Trade Representative).

Recommendations

Therefore, ASAM recommends that to promote and protect public health and alcohol and tobacco control both in our country and globally. ASAM and other medical and specialty societies should:

1. **call upon the World Health Organization to adopt and implement a binding international treaty, a Framework Convention on Alcohol Control, modeled after the Framework Convention on Tobacco Control;**
2. **seek individually and collectively to increase support for the development of a Framework Convention on Alcohol Control, (for example, through joint resolution by the American Medical Association);**
3. **individually and collectively urge the U.S. government to support such a Framework Convention;**
4. **urge the U.S. Government to exclude tobacco and alcohol from current and future trade agreements in order to not undercut the health of other nations and to protect public health measures in our country;**

[11] Babor T, Caetano R, Casswell S, et al. Alcohol: no ordinary commodity. New York: Oxford University Press, 2003.

[12] Weissman R. International trade agreements and tobacco control: threats to public health and the case for excluding tobacco from trade agreements, vol. 2.0. Washington, DC. Essential Action, 2003.

[13] Shaffer ER, Brenner JE, Houston TP. International trade agreements: a threat to tobacco control policy. Tob Control 2005;14(suppl. II):ii19 – 25.

[14] Zeigler, DW. International Trade Agreements Challenge Tobacco and Alcohol Control Policies. Drug and Alcohol Review. (November 2006) 25 (6): 567 – 579.

[15] Campaign for Tobacco-Free Kids. Public health, international trade and the framework convention on tobacco control. Washington, DC: Campaign for Tobacco-Free Kids, 2001.

5. **urge the U.S. Trade Representative to review existing trade agreements for provisions that promote trade in alcohol and tobacco and work with public health experts to remove obstacles to evidence-based measures; and**
6. **urge all medical societies and specialty organizations to become aware of the implications of trade agreements and to advocate for policies that give priority to health over trade, including excluding tobacco and alcohol from trade agreements.**

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