



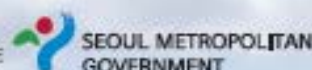
Global Alcohol Policy Conference 2013

세계알코올정책대회

**ALCOHOL
CIVIL SOCIETY & PUBLIC HEALTH
FROM LOCAL & NATIONAL ACTION
TO GLOBAL CHANGE**

**COEX Convention Center
October 7th (MON)~ 9th (WED), 2013**

Co-Hosts



GAPC2013
SUMMARY REPORT

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Disclaimer: The information provided in this file is designed to provide helpful information and motivation to our readers. The authors declare no conflict of interest. The views and recommendation expressed by authors or experts do not necessarily represent the opinions and positions of the Organization.

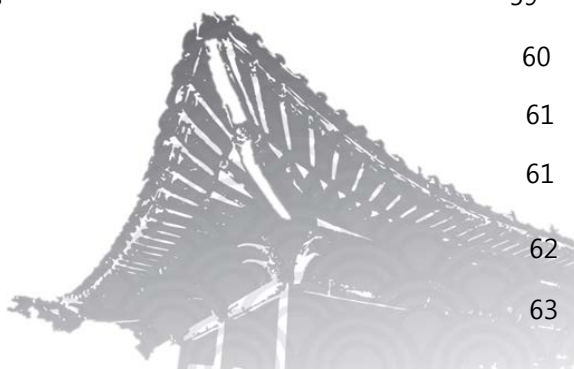


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The Global Alcohol Policy Conference 2013

Conference Background

GAPA (Global Alcohol Policy Alliance), headquartered in London, England, is a scientific global NGO, which has 5 regional offices in the world, and professionals and citizens from 65 countries have participated in its conferences. Since GAPA was established to reduce alcohol-related harm worldwide in 2000, the prevention movement against alcohol-related harm has become very active through international cooperation. Since 2010, the year when World Health Organization(WHO) accepted the global strategy to reduce alcohol related harm, GAPA in collaboration with WHO, has been hosting the Global Alcohol Policy Conference(GAPC) every 2 years.

The first conference set a milestone for Global Alcohol Policy history, producing “The Bangkok Declaration” and bringing together 1,260 researchers, citizens and policy makers from 56 countries.

Now, the 2013GAPC is drawing attention from civil societies, international organizations, and countries all around the world.

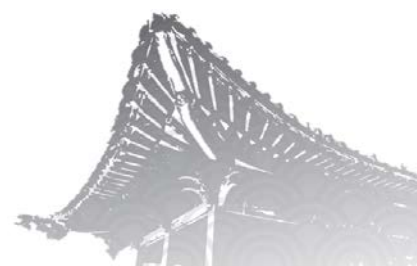
Objectives

General objective

To promote evidence-based alcohol policy through cross-sector participation free from commercial interest

Specific objectives

1. To serve as forum to promote the utilization of scientifically explicit and experiential knowledge in the alcohol policy process
2. To strengthen collaboration, networking and mobilization of stakeholders from the three sectors of 1) civil society, 2) academia and 3) policy makers and other public agencies
3. To advance the implementation of the Global Strategy to Reduce Harmful Use of Alcohol at national and sub-national levels
4. To summarize the international evidence base for national alcohol control policies



Co-Hosts Welcome



Dr. Ok Ryun Moon

Chairman, Local Organizing Committee for GAPC2013

Healthy Greetings to One and All Health Researchers, Professionals, Educators and Public!

I am pleased to invite you all to the GAPC2013 that will be held on October 7-9, 2013 at the COEX, Seoul, Republic of Korea.

The GAPC2013 is co-hosted by the Global Alcohol Policy Alliance, Ministry of Health & Welfare, Seoul City, and Sahmyook University. Many thanks, indeed, to all parties concerned and contributing.

Korea is notorious for its lax alcohol policies and practices. Therefore, if we succeed in the development of useful alcohol policies/strategies and in their implementation, all member states will be able to follow our example in their home countries. We are waiting for your expertise and experience to assist us. Through the window of this GAPC2013 Homepage, you will be able to contribute to making a society with reduced alcohol-related harm. Your active comments and advice are welcomed for making this international festival on alcohol policies a success in the preservation and advancement of world health.

I sincerely hope that you will join us at GAPC2013 and provide us with your professional views and insights for the betterment of human society through active participation in developing global alcohol policies and by curbing and reducing international alcohol harms.



Mr. Derek Rutherford

Chair, Global Alcohol Policy Alliance

Over the past decades we have witnessed a growing increase in alcohol consumption, harm and related problems globally. The findings of the Lancet's Global Burden of Disease, Injuries and Risk Factors 2010 should alert all who are concerned for the health and safety of the world's population. The study's findings reveal that alcohol is the third leading risk factor for death and disability and critically the leading risk factor for 15 – 49 year olds. Over a 20 year period the proportion of alcohol-related disability adjusted life years lost has risen from 3.5% to 5.5%. Alcohol is causally linked to 4.9 million deaths.

The opportunity to tackle the problems at the global, regional and national level has been provided by the WHO Global Strategy to reduce alcohol-related harm; the UN Declaration on Non-Communicable Disease and the discussions around the setting of the post 2015 Millennium Goals.

GAPC13 will provide the opportunity to promote evidence-based alcohol policy through cross-sector participation free from commercial interest and facilitate knowledge regarding the alcohol policy process by strengthening collaboration, networking and mobilization of action by civil society, academics and policy makers.

May the GAPC13 Conference strengthen our resolve to more effective and concerted action to reduce the global burden of alcohol-related harm.



Choon-Jin Kim

*Co-Chair Organizing Committee for GAPC2013
A Member of the National Assembly*

As the Co-Chair of the Local Organizing Committee (LOC) for the Global Alcohol Policy Conference 2013 (GAPC 2013), I would like to thank you for your excellent contribution to health and preventive medicine. In this era when people are expected to live to a healthy 100 years of age, I would also like to extend my appreciation to those researchers and educators committed to identifying, supporting and providing the best health education, prevention programs and policy-making for the future of the international community.

I had the pleasure of meeting and interacting with some of you at the launching ceremony of the LOC for the GAPC 2013. I have high hopes for the October conference and its positive influence on Korea's health, longevity and its ability to play a more significant role in the international health community.

I look forward to your attendance at the GAPC 2013 taking place in October accompanied by your colleagues involved in the alcohol policy-making processes. I believe that it will serve as a great opportunity for Korea and other countries represented at the conference to improve their health services for the benefit of their people.

At a time when stress is high and the journey for better health is part of our lives, each of you can make a valuable contribution to ensuring better health for Koreans and play a more important role in the international community as a leading country in health policy-making. I wish you great strength, wisdom and inspiration to continue your leadership in growth and development of your respective countries as well as in ensuring that more people in the world live to a healthy 100 years of age.

I am looking forward to meeting you all at the GAPC2013.



No-keun Lee

*Co-Chair Local Organizing Committee for GAPC2013
A Member of the National Assembly*

Greetings! Welcome to the GAPC2013 of the Organizing Committee of the Global Alcohol Policy Conference (GAPC). Today's increasing diversity in foods is leading to a more diverse drinking culture.

In our daily surroundings, we can often see advertisements of famous foreign liquor brands. As such, the drinking culture is advancing and becoming more global, but its darker side is that this is leading to social problems.

According to the Korean National Policy Agency, 44.9% of murders and 41.5% of sexual violence occur under the influence of alcohol. Many people are suffering from profound physical and psychological damages as a result of disease and death caused by the abuse of alcohol.

The establishment of the GAPC Organizing Committee harbors great significance as it can generate solutions for various problems. It is my hope that together with your efforts, and continuing efforts we make in the future, we will contribute to the improvement of the world's drinking culture. In cooperation with the members of the organization and Organizing Committee, I will do my best for public health.

This Conference will be a window to promote communication with the public. We will actively review any valuable opinions from the public and try to incorporate them into sound policies. We look forward to your enthusiastic interest and support. Thank you.



Yong-Ik Kim

*Co-Chair Organizing Committee for GAPC2013
A Member of the National Assembly*

Welcome to Korea. I am Yong-Ik Kim, a Member of The National Assembly of Korea.

Increasing severity of problems caused by alcohol around the world compelled me to participate in the Organizing Committee of the 2013 Global Alcohol Policy Conference (GAPC) as the Co-Chairman.

The Conference will highlight the gravity of the alcohol problem in Korea as well as the world, make it into a public issue and actively seek a solution together with related stakeholders, including international organizations, governments and private institutions. It will also be a meaningful opportunity to contribute to resolving the global alcohol issue.

With your interest and support, I am certain the Conference will be a great success. I diligently offer you my services as the Co-Chair of the Organizing Committee.

Thank you.



Elisa Lee

*Co-Chair Local Organizing Committee for GAPC2013
A Member of the National Assembly*

Welcome to Korea, GAPC2013 Attendees!

The Ministry of Health would like to take this opportunity to extend a welcoming hand to this International assembly. We are aware of and thankful for all that each of you has done and is doing in the great battle for advancing health in the world. It is my privilege and honor to welcome you to this very meaningful conference.

The Ministry of Health is happy for the time and effort that you all have applied and are continuing to apply to the problem of alcohol-related Harms. As a member of the National Assembly, it is my desire and interest to see the successful implementation of a national alcohol policy within our government. It is with great interest that I urge our government to set political priorities for public health, especially for the health of children and youth rather than the protection of industry and development of marketing related to the liquor industry.

We realize that all through the world countries are seeking to regulate the flow of alcohol into and within their countries to minimize the harms resulting from wrong use or over-use. We cannot emphasize strongly enough how important we consider this unified international effort to be in behalf of important Alcohol Control Policy advancement, change, and maturation. Modern research shows us that this problem will not go away, but we can serve and protect our local populations from advancing alcohol harms.

We must have strong international unity from both a business and a health position. Intelligent and informed policy change is one of the most important tools of our respective governments. It is time to face the danger and take decided and organized measures in our respective legislative bodies to control and minimize the harms to our countries from uncontrolled consumption and sales of alcohol.

We must come into a responsible unity of agreement in a 21st Century approach to protecting our growing population by formulating the most insightful and futuristic policies for the education and regulation of alcohol in all its forms.

Thank you again for your attendance and participation in a landmark effort for international health and for the health of Korea. Please enjoy your stay in the healthiest way in the Land of the Morning Calm! Peace, joy and the best of health to all of you. And we ask that you return soon.

Conference Summary

Conference theme

“Alcohol, Civil Society and Public Health: From Local and National Action to Global Change”

Daily themes

Day 1: (7th Oct 2013) New Evidence on Alcohol Related Harm and Policy Responses

Day 2: (8th Oct 2013) Global, National and Local Successes and Challenges

Day 3: (9th Oct 2013) From Local and National Action to Global Change

Program

A 3-day conference comprised of 3 Plenary Sessions (8 speakers), 29 Concurrent Sessions (104 speakers), 100 Poster Presentations, 1 Symposium, GAPC Seoul Declaration Review, National Alcohol Policy Proposal and 16 Exhibitions from 6 countries.

The conference program did not only focus on academic interest but also encouraged more experiential sharing and discussion of practical issues to be more attractive to constituents who implement alcohol policy and interventions.

Participants

There were 982 participants from 54 countries: Australia, Bhutan, Bosnia, Botswana, Brazil, Cambodia, Canada, Estonia, Finland, Georgia, Germany, Ghana, Hong Kong, India, Indonesia, Ireland, Israel, Japan, Kenya, Lao PDR, Lebanon, Lesotho, Madagascar, Malawi, Malaysia, Mongolia, Myanmar, Namibia, Nepal, Netherlands, New Zealand, Nigeria, Norway, Papua New Guinea, Peru, Philippines, Portugal, Scotland, Sierra Leone, Singapore, South Africa, South Korea, Sri Lanka, Sweden, Switzerland, Tanzania, Thailand, Trinidad, Turkey, Uganda, UK, USA, Vietnam, Zambia. They were from three sectors: academia, civil society organizations and policy makers or other public agencies that declared no conflict of interest

GAPC Seoul declaration

The declaration drafted by a group led by chairman: Dr. David Jernigan, Professor, Johns Hopkins University, was endorsed by all co-hosts and GAPC participants during the conference.

National Alcohol Policy Proposal

The proposal drafted by a group chaired by Dr. Thomas Babor, Professor, Connecticut University was created and endorsed by all co-hosts and GAPC participants as an ideal model of national alcohol policy

Side meetings

There were 10 side meetings of local and international networking organizations which met until October 11, 2013: Global Alcohol Policy Alliance Board Meeting hosted by Global Alcohol Policy Alliance (GAPA), International Collaboration for “Harm to Others” hosted by World Health Organization(WHO) & ThaiHealth, SAAPA Board Meeting hosted by FORUT, Open Information Session on Harm to Others from Drinking hosted by WHO & ThaiHealth, International Alcohol Control Project Meeting hosted by International Alcohol Control (IAC), GAPC2013 Editors Seminar hosted by Korean Institute on Alcohol Problems, ADD Annual Consultation Meeting hosted by FORUT, Korean Society of Alcohol Science Meeting hosted by Korean Society of Alcohol Science (KSAS), AEP Meeting hosted by AEP.



Exhibition

16 local and international organizations participated in the exhibition: Biomed (Hong Kong), SHORE & WHARIKI Research Center(New Zealand), FORUT(Norway), IOGT(Sweden), Alcohol in Indochina(Thailand), Gyechuk Munwhasa Publishing Company, Sahmyook University, Gangnam Medical Tour Center, Korean Institute on Alcohol Problems, Korea Public Health Association, Korea Occupational Safety & Health Agency, Korea Health Promotion Foundation, National Health Insurance Service, OK Art Korea, Korean Tea House, HANBOK (last 11 exhibitors from South Korea)



Conference Program Overview

Day 1 (Oct. 7th) – New Evidence on Alcohol Related Harm and Policy Response	
Plenary 1 9:00-10:30	Welcome Speeches from Co-hosts WHO Global Strategy by Mr. Dag Rekve Alcohol's Harm to Others by Dr. Thaksaphon Thamarangsi
Concurrent 1 11:00-12:30	<ol style="list-style-type: none"> 1. Social Effects 2. Advocacy 1 (Networking) 3. Violence 4. Family Harms
Concurrent 2 14:00-15:30	<ol style="list-style-type: none"> 1. Health Effects 2. Advocacy 2 (Building Capacity) 3. Sexual Harms 4. Effects on Children and Youth
Concurrent 3 16:00-17:30	<ol style="list-style-type: none"> 1. Determinants 2. Advocacy 3 (Community Action and Support) 3. Gender & Alcohol 4. Drink-Driving
Dinner talk 18:30-20:30	Welcome Speech from Seoul City Congratulatory remarks from Korea Health Promotion Foundation Cultural performance & Welcome Reception
Day 2 (Oct. 8th) – Global, National and Local Successes and Challenges	
Plenary 1 9:00-10:30	Global Responses to WHO Alcohol Strategy by Prof. Thomas Babor Economic Agreements and Alcohol Regulation by Dr. Evelyn Gillan Moving Forward on Alcohol Marketing by Prof. Charles Parry
Concurrent 4 11:00-12:30	<ol style="list-style-type: none"> 1. Marketing 2. Density Location of Alcohol Outlets 3. Advocacy 4 (National Policy) 4. Price and Taxation
Symposium 11:00-12:30	Health Consequences of Alcohol Drinking and Attributable Medical Care Expenditure in Korea: Korean Cancer Prevention Study, 1992-2011 by National Health Insurance
Concurrent 5 14:00-15:30	<ol style="list-style-type: none"> 1. Marketing 2. Restriction of Time/Amount/Age 3. Advocacy 5 (Issues based) 4. Price and Taxation
Concurrent 6 16:00-17:30	<ol style="list-style-type: none"> 1. International Alcohol Control Study 2. Liquor Licensing 3. Advocacy 6 4. Industry Influences
Day 3 (Oct. 9th) – From Local and National Action to Global Change	
Concurrent 7 9:00-10:30	<ol style="list-style-type: none"> 1. National Alcohol Control Policy 2. Enforcement Implementation & Evaluation of Alcohol Policy 3. Global Action 4. Community Action and Coalition Building
Plenary 3	Ideal National Alcohol Policy by Prof. Sally Casswell Latin America Public Health Network on Alcohol by Prof. Ronaldo Laranjeira National Alcohol Control Act of Korea by Prof. David Jernigan Closing Ceremony

Summary of Plenary Session 1



- ✧ *WHO Global Strategy by Mr. Dag Rekke*
- ✧ *Alcohol's Harm to Others by Dr. Thaksaphon Thamarangsi*



“There is a list of effective prevention measures, so there’s no excuse for governments not to do anything to reduce alcohol harm.” Mr. Dag Rekke

“Alcohol-related harms are not health to drinkers and social impact to others, but shared..... If you have to address alcohol harm to others, you have to address social climate.” Dr. Thaksaphon Thamarangsi.

SUMMARY:

This session focused on WHO’s understanding of alcohol-related harm and the policy toolbox for effective prevention, with the content and implications of the WHO Global Alcohol Strategy (GAS). The conflict of interest connected to the global alcohol industry’s lobbying and an overview of how WHO is working today and plans for the future to support the GAS implementation were also presented.

Aside from the work around GAS, WHO works along a second track which has implications for global, regional, and national alcohol policy, which is the path set by the Global Action Plan on NCDs 2013-2020. The double threat of NCDs impact on global health was stressed because as other (communicable) diseases decrease, they are increasing.

Important points emphasized, were the importance of the effective implementation of GAS with regards to alcohol’s social harm, the five ways that alcohol has a negative impact on others’ and the alcohol user him/ herself. Prevention and reduction of this harm, were reflected in the evidence-based policy measures set out by GAS. The most effective approach is on the population level and also to protect current abstainers from talking about alcohol use in a positive way.

Emphasis was placed on the role of civil society both in addressing the conflict of interest, GAPA efforts to get the GAS in place and to actively support the implementation of GAS especially on national levels.

Focus was also placed on alcohol’s harm to others and the best understanding of it, the progress in the research world on Harm To Others(HTO), and five conclusive arguments that 1) HTO is neglected and ignored; 2) HTO is everywhere and affects everyone; 3) HTO is complex; 4) HTO is unjust, and 5) HTO is significant to the construction and implementation of alcohol policy.

It was strongly stressed that HTO is ignored and neglected because technical evidence of alcohol effects tends to limit the knowledge of effects on drinkers and the records on health and social impact of alcohol rarely recognizes the drinking of others. HTO is everywhere because, according to research in the past 3 years, 79% of people in Thailand have experienced negative effects of someone else’s drinking and because the alcohol harm that the industry leaves behind, after taking its profits, is twice as much as revenue collected from alcohol tax; and evidence of that harm to others can be seen in every emergency room every day.

HTO is complex because it takes many forms (Tangible and intangible, short and long term, mild to most severe), is shaped by many factors (Relationship roles and Social norms, attitude, expectations), and is difficult to predict. HTO is unjust because victims never give their consent and it takes a heavy toll in especially vulnerable population groups, and it harms social equity. HTO's significance to alcohol policy is a clear market failure, therefore the state has every right to intervene, with alcohol policy measures that can prevent it and that target the whole population, both alcohol users and non-drinkers.

KEY MESSAGE:

- Harmful use of alcohol is a broad concept. It ranges from the individual effect to society at large, including to non-drinkers.
- Structures and processes for implementation, monitoring and surveillance of Global Alcohol Strategy have been firmly established.
- The implementation of the WHO Global Alcohol Strategy needs stronger involvement of civil society organizations.
- NCDs are now a global health agenda. There are NCDs action plans and global indicators. Alcohol is a part of its movement as the main risk factor. However, we should keep in mind that harmful use of alcohol is more than NCDs. It also relates to injuries and violence, neuropsychiatric problems, harm to others and communicable diseases.
- Harm to others is neglected and ignored (in research and the record world), is everywhere and affects everyone, is complex (has many dimensions such as short and long term effects, individual and collective, tangible and intangible), unjust and significant to alcohol policy.

SUGGESTED SOLUTIONS:

- To support implementation of WHO Global Strategy, a broad approach of action is needed to address on all levels (global, regional and national action) patterns and contexts of alcohol consumption as well as wider social determinants of health.
- Promoting the best understanding of alcohol's harm to others and its social recognition should be pursued.
- To prevent alcohol harm to others, policies should target both drinkers and non-drinkers, promote a safer society and a healthy social climate, and focus on effective and cost-effective interventions.



Summary of Plenary Session 2



- ✧ *Global Responses to WHO Alcohol Strategy by Prof. Thomas Babor*
- ✧ *Economic agreements and alcohol regulation by Dr. Evelyn Gillan*
- ✧ *Moving forward on Alcohol Marketing by Prof. Charles Parry*



“The Global Alcohol Producers are misrepresenting their role as responsible with respect to the implementation of the WHO Global Strategy.... The industry’s commitments are weak, rarely evidence based and unlikely to reduce harmful alcohol abuse.... Self-regulation is the cornerstone of the [industry policy] strategy.... Self-regulation codes have been shown to be dysfunctional whenever they have been evaluated including across the USA, Brazil, Canada, Ireland, UK and Australia.”

“We need networks of individuals and organizations working at a global level and linked by a shared concern for public health issues.” Prof. Tom Babor



“We are seeking to ‘move the mountain’ in one small country, Scotland. We are bringing together the science and advocacy.” And later “The parliament has passed the Minimum Unit Price legislation and followed through with this commitment.” However, “The Scottish Whiskey Association immediately announced there would be a legal challenge.” Dr. Evelyn Gillan

SUMMARY:

This session focused on global, national and local successes and challenges for alcohol policy. The magnitude of alcohol-related harms cross-nationally, including injuries, transmissible diseases for example (HIV/AIDS), and non-communicable diseases were noted as a major concern globally and locally for example (Scotland and South Africa).

Major policy successes, including economic agreements on minimum unit pricing and restriction of alcohol marketing, were highlighted in Canada, Thailand and South Africa. The difficulty of passing legislation and implementing programs that have been shown to be effective were also underlined, particularly against the opposition of the alcohol industry.

In Thailand social movements, research based interventions (taxation) and political support have successfully reduced alcohol problems. Minimum Unit Pricing (MUP) in Canada has resulted in reduction of alcohol consumption and wholly alcohol-attributable deaths. In South Africa “the resolution to immediately permit the restriction of time, location and content of advertising related to alcohol, and in the medium term banning of all advertising of alcohol products in public and private media, including electronic media” was accepted in September 2013. In Scotland MUP legislation was passed but is currently being challenged by the alcohol industry.

The intent of the alcohol industry to thwart alcohol policy interventions shown to be effective in reducing consumption and harm was starkly portrayed. The development of industry led policy players, example International Centre for Alcohol Policy (ICAP) was shown to be disingenuous, superficial and counter-productive, as their involvement is intended to enhance their corporate citizenship. This is belied by their profit motives and the limited methods by which they ostensibly support harm reduction. The corporation induced problems are substantial, by designing, marketing, distributing and pricing alcohol products and politically protecting them from restriction, as it is the industry’s specific aim to increase consumption. In South Africa SAB Miller

explicitly stated their aim to increase consumption to 30% in the next 20 years. The involvement of the alcohol industry in the process was met by a GAPA statement of concern.

It was stressed that the alcohol industry relied on inaccurate and selective old and poor quality research to enforce their alcohol policy strategies. The industry commonly advocated for ineffective strategies and even potentially harmful strategies, example (often branded) promotion of education, untested responsible drinking strategies and self-regulation of marketing. Importantly, despite evidence that advertising increases consumption and initiation of drinking, the industry refuses to acknowledge this and also continues to claim that the problem is with the individual and not with the product.

In order to enable the introduction of evidence based alcohol policy without threat and attack by alcohol, GAPA developed a statement of concern that recognizes the counterproductive influence of the alcohol industry's involvement in alcohol harm reduction policy. There was wide recognition that the industry was a major challenge to the passing of minimum unit pricing legislation as one of a number of effective interventions that should be combined with others (for example, taxation), to reduce harm. Despite such challenges, GAPA and the public health field has been successful in supporting the passage of a number of interventions and policies that protect its citizens from alcohol related harm.

KEY MESSAGE:

- In Thailand social movements, research based interventions (taxation) and political support have successfully reduced alcohol problems.
- Minimum Unit Pricing (MUP) in Canada has resulted in reduction of alcohol consumption and wholly alcohol-attributable deaths.
- In South Africa the resolution to immediately permit the restriction of time, location and content of advertising related to alcohol, and in the medium term banning of all advertising of alcohol products in public and private media, including electronic media was accepted in September 2013.
- In Scotland MUP legislation was passed but is currently being challenged by the alcohol industry.
- The magnitude of alcohol-related harm cross-nationally is a major concern and includes injuries, transmissible diseases; for example (HIV/AIDS) deaths, and non-communicable diseases.
- The involvement of the alcohol industry in alcohol harm reduction policy is superficial, counter-productive, while intended to enhance their corporate citizenship, and this is belied by their profit motives and the methods by which they ostensibly support harm reduction.
- Corporation induced problems are substantial. By designing, marketing, distributing, pricing and politically influencing alcohol products, the industry has the specific aim to increase consumption; for example, in South Africa, SAB Miller aims to increase consumption to 30% in the next 20 years.

ISSUES RAISED / DISCUSSED:

- Development of alcohol industry based policy organizations and their involvement in the harm reduction policy process is superficial and counterproductive, and of major concern to GAPA and the public health field.
- The alcohol industry selectively employs old and poor quality “research“, advocates ineffective strategies and even potentially harmful strategies, for example (often branded) promotion of education, untested responsible drinking strategies and self-regulation of marketing.
- Despite evidence that advertising increases consumption and initiation of drinking the industry refuses to acknowledge this; it also continues to claim that the problem is with the individual and not with the product.

SUGGESTED SOLUTIONS:

- Enable introduction of evidence based alcohol policy without threat and attack by the alcohol industry.
- Sign the supportive statement by GAPA that recognizes the counterproductive influence of the alcohol industry’s involvement in alcohol harm reduction policy.
- Enable the passing of minimum unit pricing legislation as one of a number of effective interventions that should be combined with others, for example taxation, to reduce harm.
- Restriction/banning of alcohol marketing – such interventions should be embraced by government to protect its citizens.
- Need to ensure that we recognize that the problem is not with the individual, but with the product: the solution is to reduce per capita consumption.



Summary of Plenary Session 3



- ✧ *Ideal National Alcohol Policy by Prof. Sally Casswell*
- ✧ *Latin America Public Health Network on Alcohol by Prof. Ronaldo Laranjeira*
- ✧ *National Alcohol Control Act of Korea by Prof. Okreun Moon*



"The question is how do we get there? We need to take incremental and opportunistic action, develop strong alliances with NGOs, develop media advocacy, and work cross-sectoral with governments. We need global governance and data and dissemination." Prof. Sally Casswell

"Opportunities for evidence-based alcohol policies that better serve the public good are more available than ever before, as a result of accumulating knowledge on which strategies work and how to make them work." Prof. Ronaldo Laranjeira



"The stated objective of the drafted Korean National Act is to contribute to public health and happiness through prevention of harmful drinking and alcohol-related harm by controlling the environment of alcohol consumption." Prof. Okreun Moon

SUMMARY:

This session focused on the relative consensus on what needs to be included in an ideal national alcohol policy. For example, pricing policy including alcohol-specific taxation, tax linked to potency, regular adjustment of such taxes in line with inflation and control of affordability; minimum unit pricing; restriction of availability including restriction of trading hours; banning or restriction of exposure to alcohol promotion and marketing; drink-driving countermeasures; and funding community action and advocacy. Each country's situation differs as do regulations and legislations, while no country has an "ideal" alcohol policy, many countries have good policies. For example, in countries such as France, Norway and Ireland alcohol advertising is banned.

Latin America generally has weak alcohol policies and the alcohol market is largely unregulated, with very cheap alcohol, no controls on advertising and no enforcement of regulations prohibiting sales to minors. Moreover, corporate interests commonly override public health and safety interests. For example, in Brazil FIFA (with its link multi-million dollar sponsorship from Budweiser) required the national ban on alcohol sales in Brazilian home stadiums to be suspended for the 2014 World Cup, meaning that Brazil has lost its ability to enforce alcohol bans in soccer stadiums. Despite the general situation and these specific setbacks, there are examples of good alcohol policy in Latin America.

Brazil: Diadema had the highest homicide rate in the country. It decreased its opening hours to 11pm and saw substantial decreases in homicide rates, a 46% reduction, saving 428 lives in 4 years. In Sao Paulo there was concern about the availability of alcohol to minors and high and rapidly rising rates of binge drinking. A coalition of teachers, police and priests and others created a local movement to enforce a law regulating alcohol sales to minors. The governor of the state of Sao Paulo responded and created a system of fiscalization (fines) for those caught selling alcohol to minors. The signatures of 500,000 citizens supporting banning of alcohol advertising were collected and presented to the Federal Government. Initially the government was in favor of the ban, but pressure from the alcohol industry resulted in this being dropped. A new drink-driving law

has been introduced lowering the legal BAC to 0%. Reductions in road crashes have ensued. Mexico is active in changing laws to increase taxes, decrease availability and increase primary care services, limiting alcohol promotion, and enforcing drink-driving regulation. Mexico is taking on a strong regional role. All alcohol advertising was banned in Ecuador. The alcohol industry is currently fighting these laws. The law in Argentina was changed to classify wine as a national product.

In Korea, alcohol-related consumption and harm levels are alarming. There is a critical need for a Korean national alcohol plan. The national plan includes the following alcohol policy elements: taxation, licensing policy, regulation and enforcement of minimum purchasing age, increasing this age from 19 to 20 years, restriction of delivery, regulation of marketing, education and promotion of temperance, control of high risk drinking, drinking and driving countermeasures, screening and treatment, healthy community and workplace environments free from alcohol, and support for alcohol policy by increasing public, governmental, non-governmental organization and academic engagement. This plan (of 8 Chapters and 36 clauses) was presented to the incumbent National Assembly of Korea members at GAPC 2013.

KEY MESSAGE:

- Ideal alcohol policy includes (and affects) pricing, availability, alcohol promotion and marketing; drink- driving regulation; community action and advocacy.
- Each country's situation differs and we often begin to learn what is feasible rather than what is ideal.
- Some countries have largely unregulated markets and these are of great interest to the alcohol industry, therefore there are high rates of harm.
- We see both disappointments (FIFA requiring bans of alcohol sales to be lifted in stadiums in Brazil) and successes (Diadema in Brazil, Mexico, Scotland, Bhutan).
- There is great progress in Korea since the presentation of the national alcohol policy to the Assembly at GAPC2013.

ISSUES RAISED / DISCUSSED:

- Relative consensus on what needs to be included in an ideal national alcohol policy.
- Policies include those that address availability, access, pricing, marketing affects, demand and that reduction of demand constitutes ideal alcohol policy.
- However, each country's situation differs, as do regulations and legislations in place in these countries.
- While the "ideal" country with an "ideal" alcohol policy is non-existent many countries have good policies.

SUGGESTED SOLUTIONS:

- Research based effective “ideal” alcohol policies.
- Broad based local and international support for the introduction of these policies.
- Networks of supportive organizations.
- Awareness of threat and influence of the alcohol industry and development of countering arguments.



Summary of the Conference & Implications for the Future



“Knowing is not enough, we must apply. Willing is not enough, we must do.”

“We must not treat alcohol as an individual problem any longer, but rather as a threat to the foundations of our society.”

“There is a list of effective prevention measures. So there are no longer any excuses not to do anything.”

❖ PROBLEMS

- Third leading cause of death and disability in the world
- One of the main risk factors for NCDs
- A big problem, still underestimated
 - Alcohol-related crime
 - Injuries to police, emergency services workers, medical personnel, security staff, etc.
- Devastating effects on families, including IPV, child abuse and neglect, poverty, stigma and broken homes – “the destruction behind quenching the thirst”
- Economic effects:
 - Drinking the family budget leads to debt, hospitalizations, absenteeism and unemployment
 - In some countries the poor consume more, in others the wealthy consume more – but in both cases, the poor suffer more
 - Drinking patterns affect work performance among industrial workers in LMICs
 - Alcohol costs to society exceed alcohol revenues to society
- Harms to others:
 - Neglected and ignored
 - Everywhere and affects everyone
 - Complex
 - It is unjust, it is ordinary people, and it is a story too often told but seldom “counted”
 - Affects our children, through FASD, family violence, etc.
 - “A clear market failure, so every state has the right to intervene.”
- The power of data and the power of the human stories we have to tell
- Corporate-induced disease
- An alcohol industry interested in increasing consumption:
 - Method: Designing, marketing, distributing and pricing alcohol products and politically protecting them from restriction
 - Stated aim to increase consumption in South Africa by 30% in the next 20 years
 - Advocating for ineffective and obstructing effective policies
- Use of self-regulation to block effective policies
- Explosion of marketing in social media, which promotes high user engagement
- Sponsorships and alcohol-branded merchandise also promote engagement, especially among youth
- Women are an “emerging market” – women now bearing the burden of their own as well as men’s drinking

- Young people are also a growing “market” for the industry in LMICs
- Alcohol advertising – youth exposure even at relatively low levels increases the risk young people will start drinking
- Alcohol marketing creates meaning, influences social norms – alcohol is a “socially constructed” product

✧ **SUCCESSSES**

- Seoul banned alcohol advertising on public transit and on large rooftop panels
- South Africa Cabinet has approved comprehensive alcohol advertising ban
- Bhutan has complete ad ban
- Use of social media:
 - AdShame in Australia
 - Campaigns in Estonia and the northeast of England
- Creation of national alcohol plans in high and low income countries
- Minimum pricing moving forward in Scotland, building on experience in Canada
- WHO DG speaking out for stronger alcohol policies and protection from vested interests
- Effective community mobilization occurring around the world
- When governments are not responsive, civil society can take over the process of developing a national alcohol plan (e.g. Health First and Malawi)

✧ **CHALLENGES**

- International trade agreements prioritize economic objectives over public health goals
- Ability to strengthen local restrictions limited by preemption at national and sub-national levels
- Resources available do not match the magnitude of the problem
- The failure of our public health “friends” to understand or want to touch alcohol policy
- Lack of support from policy makers at the national level to address alcohol problems
- Powerful marketing techniques in the “new media” landscape
- Public health research is necessary but not sufficient for policy change
- Issue of social supply of alcohol, especially to minors
- Reduce the harm, but also the likelihood that non-drinkers start drinking in a harmful way
- Public opinion – most supportive of the least effective strategies, least supportive of some of the most effective
- **TAXATION:**
 - May not affect youth consumption if their source is social and not commercial
 - Inflation makes alcohol more affordable if taxes are not indexed to inflation
 - Individual income growth makes alcohol more affordable
 - Control of unrecorded alcohol
 - Impact of free trade agreements on taxation policies
- **PHYSICAL AVAILABILITY**
 - Poor enforcement of existing laws
 - Lack of support from government to address retail sector
 - Lack of resources for enforcement
 - Size and popularity of “informal” retail sectors in some countries
 - Buying places may be different from drinking places, especially when lower prices drive people to buy from off-premise outlets

✦ SOLUTIONS

- Social movements – “the triangle that moves the mountain”
 - Joining knowledge creation with social mobilization and political involvement
- Capacity building
 - Multiple packages of materials to improve our ability to build broader coalitions, and to advocate in communities, with policy makers and with the news media
- Use of community voices at local level and also on national platforms
- Learn to advocate at multiple levels – local change sometimes easier to achieve than national – can build “from local and national to global”
- Scarce enforcement resources are better used for large sellers than small ones
- Community action should be integrated into law enforcement, especially in LMICs
- Devolve authority to local level, where there is greater potential for community voices to outweigh industry pressure
- Statement of Concern – ability to document industry conflict of interest and mobilize large numbers of people
- The Global Alcohol Strategy and the “best buys” – focusing on effective and cost-effective interventions
- Getting rid of cheap alcohol
- Perseverance – change can happen
- Building and expanding our coalitions
- Marketing:
 - Start with a ban
 - Push for stronger and clearer regulation of online marketing
 - The alcohol industry should not be part of designing the laws
 - There needs to be an independent monitor of adherence to the law
 - Volume regulation is critical
 - Educate the public about the industry’s marketing strategies

✦ ADVOCACY

- Using research to counter alcohol industry arguments about economic burden caused by alcohol control policies
- Use of media and media advocacy to promote our messages
- Organize at local level, especially when policy change may not happen at national level
- Importance of identifying, engaging and mobilizing key stakeholders
- Building powerful coalitions
- Need to advocate for new policies and for maintenance and enforcement of existing policies
- Learning from what the industry does to inform our advocacy
- Translate the disappointments of past experiences into usable knowledge for future initiatives
- Resources for advocacy can come from national health promotion funds created from alcohol taxes
- There are models of successful mobilization that countries can learn from

✦ CONCLUSIONS

- We are getting better at measuring and quantifying alcohol's impact, including harms to others.
- The alcohol industry continues to oppose effective policies, and actively work to increase consumption.
- There have been many successes recently, as countries develop national alcohol plans and start implementing the "best buys."
- Advocacy skills are growing and the sharing of advocacy experiences inspires and teaches us all.
- The triangle of knowledge creation, social mobilization and political involvement can indeed move mountains.
- Alcohol policy is everyone's business, and we need to involve everyone in it.
- Local and national action will lead to global change.



GAPC Seoul Declaration



Global Alcohol Policy Conference
"From Local and National Action to Global Change"
Seoul, Korea, 7-9 October, 2013

DECLARATION

PREAMBLE

We, the participants of the third Global Alcohol Policy Conference "From Local and National Action to Global Change", gathered in Seoul, Korea on 7-9 October 2013,

Reaffirm that the WHO Global Strategy to Reduce the Harmful Use of Alcohol endorsed by the World Health Assembly in May 2010 is the main policy framework in setting forth principles and priority areas for action at global level and providing a portfolio of policy options and measures that should be considered for implementation at local and national levels, in accordance with World Health Assembly resolution 63.13;

Reaffirm the overarching principles of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 adopted at the World Health Assembly in May 2013, particularly the importance of empowerment of peoples and communities, evidence-based strategies and "best buys," multisectoral action, and the management of real, perceived or potential conflicts of interest; as well as the need to reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments;

Express the need to measure this achievement through a target of achieving at least a 10% decline in total (recorded and unrecorded) per capita consumption (aged 15+ years old) within a calendar year in litres of pure alcohol;

Recall and reaffirm the Statement of Concern signed by more than 500 individuals and organizations from around the world, calling on alcohol companies to refrain from further lobbying against effective public health measures and engagement in health-related prevention, treatment, and traffic safety activities; express deep concern regarding commercial interests that seek to subvert effective alcohol policies, and call on national governments and intergovernmental agencies to resist these efforts actively;

Express good will and strong commitment to support the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol at all levels, recognizing that the Strategy provides the opportunity for sustained action in implementation of effective and evidence-based strategies to reduce the alcohol-related health and social burden throughout the world;

Note that the Conference has mobilised representatives of governmental sectors, non-governmental organisations, researchers and community leaders from all over the world to promote and support action to continue to fulfil the Global Strategy's vision of improved health, social, and economic outcomes for individuals, families, communities and societies at large by reducing alcohol-related harm.

RATIONALE FOR ACTION

Globally, alcohol consumption is among the five leading risk factors for death and disability, and the leading cause of death and disability for males aged 15 to 24 in every region of the world except the Eastern Mediterranean, and for females in the Americas and the high-income countries. While alcohol's burden is greater in better-resourced countries, it is also clear that use of alcohol and related consequences tend to rise with national incomes and national development and thus developing strong alcohol control policies is an essential task in low- and middle-income countries.

More than half of the deaths attributable to alcohol use occur from noncommunicable diseases, including cancers, cardiovascular diseases, liver cirrhosis, and alcohol dependence. The Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases recognized the critical importance of reducing the harmful use of alcohol as part of the global response to noncommunicable diseases.

Alcohol-related injuries, including those resulting from road traffic crashes and interpersonal violence, cause a significant public health burden. In addition, evidence continues to mount documenting the role of alcohol in infectious diseases such as HIV and TB. There is a growing world-wide concern and urgent need for action regarding the increasing culture of drinking and heavy episodic drinking among young people, as well as women of childbearing age. Fetal alcohol spectrum disorder is also a growing and significant concern.

Alcohol is a psychoactive substance with a potential for harm comparable to that of other dependence-producing substances under international control, and its consumption may lead to a range of negative health effects, including life-threatening intoxication, teratogenic effects and alcohol dependence. Alcohol is increasingly recognized as a commodity that requires appropriate consideration by parties in international, regional and bilateral trade negotiations to account for public health concerns.

Alcohol use leads to an increased burden on populations, including impoverishment of women and men from treatment and care costs, loss of productivity and household income, loss of decent work and employment, thus making alcohol use a contributing factor in poverty and hunger, which may have a direct impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals.

Evidence-based and cost-effective interventions exist to reduce alcohol-related harm at global, national and local levels. These interventions, when implemented and enforced, could have profound health, social and economic benefits throughout the world. Examples of cost-effective interventions to reduce alcohol-related harm, which are affordable in low-income countries, include measures to raise prices on alcohol; restrict access to retail alcohol; reduce drink-driving through implementation of random breath-testing and lower blood alcohol concentration limits; and enforce bans and restrictions on alcohol advertising and marketing.

Particular attention should be paid to pricing policies and the potential to increase taxation on alcohol: these reduce consumption, prevent ill-health and increase the resources governments can specifically designate for health and prevention and treatment of alcohol use disorders.



CALL TO ACTION

We, therefore, call on intergovernmental agencies, NGO networks, national and local governments, academia, civil society, professional organizations, communities, and individuals, at all levels to take action by:

At the local and national levels:

1. Supporting, strengthening and integrating into national development agendas the evidence-based interventions outlined in the Global Strategy, and especially the three “best buys” – reducing physical availability, restricting or banning alcohol advertising and promotion, and raising the price of alcohol – in order to make our communities safer and individuals healthier, and protect those at risk from harms caused by the drinking of others.
2. Increasing, prioritizing and supporting budgetary allocations for reducing alcohol-related harm at the local and national levels, and exploring the provision of adequate, predictable and sustained financial resources through domestic innovative financing mechanisms, including raising alcohol taxes or establishing an additional surcharge on alcoholic beverages to fund a health promotion agency free from commercial interests and mandated to carry out research and public health advocacy in support of cost effective interventions to reduce alcohol-related harm and to assist those affected by it.
3. Establishing the strongest possible statutory restrictions on alcohol marketing of all kinds, in recognition of the growing body of literature linking youth exposure to alcohol marketing with increased likelihood of early initiation of alcohol use and greater likelihood of adverse consequences of alcohol use including injury and dependence, and the right of young people to grow up without pressure to drink.
4. Strengthening efforts of civil society groups and organizations to reduce alcohol-related harm, implement the Global Strategy, and promote other evidence-based policies at the local and national level. Civil society organisations that are independent from the alcoholic beverage industry and free from conflict of interest have an important role to play in engaging with governments and advocating for effective alcohol control policies.
5. Establishing and strengthening country-level surveillance and monitoring systems using indicators, definitions and data-collection procedures compatible with WHO information systems on alcohol and health, including periodic national surveys that are integrated into existing national health information systems and include measures of alcohol consumption and alcohol-related harm such as adult per capita alcohol consumption, recognizing that such systems and measures are critical for advocacy, policy development and evaluation purposes. Governments should make provision for the independent evaluation of policies, protect the independence of science from commercial and other vested interests, and make results of monitoring and evaluation available to the general public in order to sustain and advance public health agendas on reducing alcohol-related harm at local and national levels.

At the international level:

6. Exploring the provision of adequate, predictable and sustained resources for implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol at the global level through bilateral and multilateral channels, including traditional and voluntary innovative financing mechanisms.

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7. Ensuring appropriate resourcing of WHO, as the lead United Nations specialized agency for health, to enable collaboration with WHO Member States and non-governmental organizations in scaling up implementation of the Global Strategy at all levels and strengthening national efforts to reduce alcohol-related harm, as well as in assessing and monitoring progress made.
 8. Developing effective global governance for reducing alcohol-related harm at all levels, taking into consideration current experience in addressing other risk factors for noncommunicable diseases including tobacco use, unhealthy diet and physical inactivity, and taking action to protect effective policies from commercial and other vested interests of the alcohol and related industries.
 9. Ensuring, through the actions of national signatories as well as international governmental and non-governmental organizations, that bi-lateral, and multi-lateral trade and investment agreements do not undercut, invalidate or in other ways limit national and sub-national efforts to establish and enforce evidence-based policies to reduce alcohol-related harm, including government monopolies on alcohol distribution, minimum pricing and health-oriented taxation, and restrictions on physical availability and marketing;
 10. Supporting development of a platform for science-based discussions about how, at global, national and sub-national levels, to create and implement policies that support the rights of children to grow up around the world free from commercial pressures to drink alcohol.
 11. Mobilizing global social movements and support of civil society groups and organizations bringing together alcohol policy activists, youth and youth related agencies, professionals, scientists, consumers, persons with personal experience of alcohol-related harm, faith communities, gender-based organizations, and others for joint advocacy activities in support of effective alcohol control policies and implementation of the Global Strategy to reduce the harmful use of alcohol.
 12. Calling upon the Global Alcohol Policy Alliance (GAPA) and its regional affiliates, as well as other relevant international associations and organizations, to strengthen the networking, information sharing and collaboration among civil society and professional organizations for reducing alcohol-related harm in line with the aims, objectives and the guiding principles of the Global Strategy.
 13. Acknowledging the contribution of international cooperation and assistance in reducing alcohol-related harm and, in this regard, encouraging the inclusion of the goal of reducing alcohol-related harm in development cooperation agendas and initiatives, including initiatives to fight poverty, build democratic societies, halt and reverse the spread of HIV and TB, empower women, reduce crime and violence, grow national capacities, address noncommunicable diseases, and improve road safety.
 14. Including prevention and control of noncommunicable diseases and their risk factors, including alcohol-related harm, in discussions of the substantive process that will lead to the definition of a United Nations development agenda post-2015 and revision of the Millenium Development Goals.
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National Alcohol Policy Act (Draft)-English

A. Summary

Policy Framework	Summary of the Act
1. Limit on Physical Accessibility	<ol style="list-style-type: none"> 1) Reform of the national tax system <ol style="list-style-type: none"> A. Change from ad valorem taxes → to specific unit taxes (Articles 20 and 21) B. Impose special designated taxes (placed in funds) (Articles 22 and 23) 2) Minimum alcohol pricing (Article 24) 3) Modification of licensing system for retail sale of alcohol <ol style="list-style-type: none"> A. Change from reporting system to permit system (Article 11) B. Limits on places of alcohol sale and consumption (Article 12) C. Limits on hours of alcohol sale (Article 14) 4) Reinforcement of underage drinking prevention (Article 13) <ol style="list-style-type: none"> A. Raise minimum legal drinking age: from 19 to 20 B. Enhanced identification check 5) Prohibit delivery of alcoholic beverages through mail or purchase by electronic means (Article 15)
2. Modify Attitudes towards Drinking	<ol style="list-style-type: none"> 1) Limits on alcohol advertising and promotion (Article 17) 2) Mandatory education of workers in alcohol-related jobs and businesses (Article 16)
3. Reduce Risks	<ol style="list-style-type: none"> 1) System to prevent harmful drinking (Article 26) 2) Enhance measures against driving under the influence of alcohol (Article 25) <ol style="list-style-type: none"> A. Reduce blood alcohol content limit from 0.05→0.03 B. Increase frequency of random road checkpoints for driving under influence C. Strengthen penalties on offenders and introduce education and treatment system 3) Introduce screening and treatment services for high risk drinkers (Article 27)
4. Alcohol Policy in All Areas	<ol style="list-style-type: none"> 1) Establish a comprehensive alcohol policy and enforcement plan at national and regional levels (Article 6-2) 2) Establish education plans in all workplaces and school levels (Article 6-2)
5. Establish Efficient and Supportive Environment for Alcohol Policy	<ol style="list-style-type: none"> 1) Basis for cooperation, delegation and advocacy in all fields and areas (National Alcohol Policy Committee under the President)(Article 7) 2) Secure clear basis for the establishment of Alcohol Policy (through investigation and research) (Articles 9 and 29) 3) Alcohol education and establishment of knowledge accumulation/evidence-based evaluation system for enforcement of policy (establish research centers)(Article 29) 4) Training of professionals (Article 28) 5) Evidence on education for moderation of drinking, public campaigns and policy strengthening advocacy (Article 19)

B. Major Provisions

1. Purpose: To contribute to public health and happiness through prevention of harmful drinking and alcohol-related harms by controlling the environment of alcohol consumption (Article 1)
2. Establish Comprehensive National Alcohol Policy Plan: The Chairman of National Alcohol Policy Committee shall establish basic plan for National Alcohol Policy Review and Updating every 5 years (Articles 6 and 7)
3. Establish National Alcohol Policy Committee: Establish National Alcohol Policy Committee under the President (Article 7)
4. Alcohol epidemiology and policy impact assessment: The Chairman of National Alcohol Policy Committee shall conduct assessment every 3 years for effective performance of comprehensive plan and implementation plan (Article 9).
5. Introduction of prior permit and liquor license system instead of current unlicensed “reporting” system: change to liquor license and prior permit system (Article 11)
6. Designation of permitted places for drinking: limit to licensed premises for sale, private residential areas and lands / prohibit drinking in public places, in front of retail stores (i.e., convenience store, supermarket), streets and parks, etc. (Article 12)
7. Minimum legal drinking age: change from 19 (on January 1) to 20 (on date of birth) (Article 13)
8. Limits on hours of alcohol sale: Prohibit sale of liquor from 12 Midnight to 09 a.m. (Article 14)
9. Prohibition on delivery of liquor: Alcoholic beverages shall not be delivered to private individuals through any means, including mail or sold by electronic sales, phones or computers (Article 15)
10. Education of workers in alcohol-related jobs or businesses: mandatory education of licensed employers and workers on the selling of liquor (Article 16)
11. Education and campaigns for moderation of drinking: mandatory education and campaigns for moderate drinking (or education and campaigns for prevention of drinking) implemented by national and local governments and schools at all levels (Article 19)
12. Change in state tax system from ad valorem taxes to specific unit taxes: impose a basic tax of 50 won per 1 gram of alcohol (Articles 20, 21)
13. Establish of a designated alcohol tax fund (for alcohol harms prevention and treatment): impose 20 won per 1 gram of alcohol (Articles 22 and 23)
14. Minimum alcohol pricing: implement policy for minimum retail price of standard drink (12g of alcohol) to be at least 1,000 won or higher (Article 24)
15. Establish standards for driving under the influence of alcohol (DUI), regulation and follow-up measures: reduce blood alcohol content limit from 0.05 to 0.03 (Article 25)
16. Establish basis for prevention of harmful use of alcohol: provide service to protect and support indirect victims of alcohol such as pregnant mothers or sexual violence, measures to prevent and reduce disruption of public order caused by alcohol users or consumers, etc. (Article 26)
17. System to prevent harmful drinking: crackdown on violence committed under the influence of alcohol, care services for intoxicated persons, prohibit alcohol sales to intoxicated persons, etc. (Article 26)
18. Establish measures for alcohol-dependent persons: provide support for the community level treatment programs and facilities and rehabilitation agencies to facilitate early detection and treatment, as well as program development and education to minimize the emotional and economic damage to the family of alcohol-dependent persons (Article 27)
19. Training for alcohol policy enforcement professionals: train specific professionals with information and skills necessary for the enforcement of comprehensive alcohol policy plan implementation (Article 28)
20. Investigation and research: perform investigation and research necessary for the enforcement of comprehensive alcohol policy plan implementation (Article 29)

National Alcohol Policy Act

Chapter 1 General Provisions

Article 1: Purpose

The purpose of this Act is to contribute to public health and happiness through prevention of harmful drinking and the alcohol-related harms by controlling the environment of alcohol consumption so that the people may live in a safer environment.

Article 2: Basic Principles

The basic principle of this Act is to respect and ensure the basic rights of the people to live in an environment safer from direct and indirect harms of alcohol.

Article 3: Definitions

The definitions of the terms used in this Act are as follows:

1. "Liquor" is as defined under the Liquor Tax Law.
2. "Liquor advertisement" is the advertisement of alcoholic beverages under the Liquor Tax Law.
3. "Marketing of liquor" any act to promote the sale of alcohol by offering gifts, sponsoring events and

providing discounts pursuant to the sale of alcohol under Korean Liquor Laws.

4. "License for sale of liquor" is the permit exclusively for the right to sell alcoholic beverages granted to the distributors of liquor pursuant to Article 8 of the Liquor Tax Law.
5. "Standard drink" is the amount of any beverage that contains 12g of pure alcohol.
6. "DUI" is driving with over 0.03% of blood alcohol content in violation of Article 44-1 of the Road Traffic Act. (as opposed to the current 0.05% BAC)
7. "Harmful drinking" is drinking with physical, psychological, social and financial consequences that are harmful not only to the drinker, but also to others including family members and third parties.
8. "Alcohol-related harms" is all types of negative consequences that may result from drinking, which range from alcohol use disorder, alcohol-related physical illness and accidents on a personal level and indirect harmful effects of alcohol on non-drinkers and the society.
9. "Alcohol use disorder" is a type of mental disorder that needs treatment for alcohol abuse and dependency, for being unable to control drinking habits due to excessive and dangerous drinking patterns.
10. "Second hand effects of alcohol" are damages experienced by people around drinkers due to accidents, DUI, domestic violence and sexual violence that occur under the influence of alcohol.
11. "Violence committed under the influence of alcohol" is a social crime of committing violence or threats against good citizens, such as stores or local residents under the influence of alcohol.
12. "Minimum drinking age" is the legal age allowed to purchase or drink alcoholic beverages, pursuant of the Liquor Tax Law.

Article 4: Responsibility

- i National and local governments shall establish legal and institutional devices to control alcohol consumption in preventing harmful drinking and alcohol-related damages, so as to ensure the public health and provide a safe environment.
- ii All citizens shall put forth efforts to improve the health of oneself and one's family and willingly and freely participate in the activities and policy enforced by national and local governments to prevent harmful drinking and alcohol-related harms.

Article 5: Relationships to other laws

Any enactment or amendment of law related to the National Alcohol Policy shall conform to this Act.

Chapter 2: National Alcohol Policy Committee

Article 6: Establish National Comprehensive Alcohol Policy Plan

- i The Chairman of National Alcohol Policy Committee shall establish National Comprehensive Alcohol Policy Plan (hereinafter "Comprehensive Plan") every 5 years upon review of National Alcohol Policy Committee in accordance with Article 7. In such case, the Chairman

shall consult in advance with the head of the relevant central administrative agency

- ii Matters to be included in the Comprehensive Plan are as follows:
 1. Basic goals and direction for implementation
 2. Key initiatives and implementation methods
 3. Management of personnel and financing measures for the Comprehensive Plan
 4. Promotional system for Comprehensive Plans
 5. Management of alcohol harms reduction and educational tax funds, in accordance with Article 22
 6. Management of alcohol-related statistics and information
 7. Other necessary matters

Article 6-2: Establishment of Action Plan

- i Minister of Health and Welfare, the head of the relevant central administrative agency and governor of major cities or provinces (hereinafter "governor of city or province") and mayor shall establish and implement a major action plan for their applicable jurisdiction based on the Comprehensive Plan (hereinafter the "Action Plan").
- ii Establish the Action Plan in workplaces and schools.
- iii The national government may provide support to local governments for the entire or partial cost necessary to implement the Action Plan.

Article 6-3: Cooperation for Establishment of Plan

- i Minister of Health and Welfare, the head of the relevant central administrative agency and governor of major cities or province may request for cooperation and provision of data to other relevant organizations, as needed for the establishment and implementation of the Comprehensive Plan and the Action Plan.
- ii Relevant organizations that receive requests for cooperation pursuant to Section 1 above shall comply with such requests, unless there is a special legitimate reason to do otherwise.

Article 7: Establishment of National Alcohol Policy Committee

- i Create a National Alcohol Policy Committee (hereinafter the "Committee") under the President of Korea, for the establishment of National Comprehensive Alcohol Policy Plan and review of major considerations.
- ii The Committee shall establish and review the following matters.
 1. The National Comprehensive Alcohol Policy Plan
 2. The Yearly Management Plan, settlement of accounts and evaluation of the alcohol tax fund, pursuant to Article 22
 3. Matters relevant to the implementation of major alcohol policy, of which a review is requested by the head of the relevant central administrative agency
 4. Results of alcohol epidemiology and policy impact assessment
 5. Other matters addressed for review by the Chairman

Article 7-2: Composition and Management of the Committee

- i The Committee shall be composed of no more than 12 members including 1 Chairman and 2 Vice Chairmen (for when the Chairman is not present).
- ii The Prime Minister shall serve as the Chairman, the Minister of Health and Welfare shall serve as the first Vice Chairman, and an appointed member who is not a civil servant shall serve as the second Vice Chairman.
- iii Minister of Strategy and Finance, Minister of Education, Minister of Security Administration, Minister of Land, Infrastructure and Transport, Minister of Justice, Minister of Culture and Tourism, Minister of Employment and Labor and Minister of Women and Family shall be ex officio members.
- iv Private members with various knowledge and experience dealing with the harmful effects of alcohol and policies shall be appointed by the President upon recommendation by the Prime Minister.
- v Other matters necessary for the composition and management of the Committee shall be determined by Presidential Decree.

Article 8: Duties of the Chairman and Meetings

- i The Chairman shall represent the Committee and manage general affairs of the Committee.
- ii In case the Chair is unable to perform its duties due to unavoidable circumstances, the first Vice Chairman shall perform the duties in place of the Chairman.
- iii In case the Chairman and the first Vice Chairman are unable to perform the duties due to unavoidable circumstances, the second Vice Chairman shall perform the duties.
- iv The current acting Chairman shall convene meetings for the Committee and act as the Chair of each meeting.
- v The meetings for the Committee shall require the presence of majority of registered members, and the resolution of meetings shall require the affirmative vote by a majority of members present at the meeting.

Article 9: Alcohol Epidemiology and Policy Impact Assessment

- i For effective implementation of the Comprehensive and Enforcement Plans, the Chairman of the Committee shall conduct alcohol epidemiology and policy impact assessments every 3 years and reflect the results in the formation of updated Comprehensive and Enforcement plans.
- ii The Chairman of National the Committee shall include the following items to be used as sources for basic data necessary for effective implementation of the Comprehensive Alcohol Policy Plan formation and updating.
 - 1. Surveys on alcohol consumption and drinking behavior;
 - 2. Current Statistics on Alcohol-related Illnesses and Deaths;
 - 3. Harmful and indirectly damaging effects of alcohol;
 - 4. Use of treatment and rehabilitation services for persons with alcohol use disorder and those otherwise damaged directly or indirectly by alcohol use and abuse;
 - 5. Socioeconomic costs, including estimated lost of productivity;
 - 6. Other important factors affecting the results of items

1-5 above; and

- 7. Other matters necessary to evaluate the effectiveness of the current alcohol policy.
- iii The Chairman of National Alcohol Policy Committee may ask for relevant materials, if necessary, for the assessment pursuant to Section 1, from the heads of the relevant central administrative agencies, heads of local governments, heads of public institutions, pursuant to the Act, and for the Operation of Public Institutions or from heads of other relevant corporations and/or organizations. In such case, the person or persons who receive such requests shall provide the requested materials, unless there is a just and legitimate cause to do otherwise.
- iv Other matters necessary for assessment pursuant to Section 1 shall be determined by a Presidential Decree.

Article 10: National Assembly Report

The Chairman of the National Alcohol Policy Committee shall submit to the National Assembly a report on the establishment and implementation of the Comprehensive Alcohol Policy plan, with the opinion of the Committee, and publicly announce the matter every 3 years.

Chapter 3: Control and Education on Alcohol

Article 11: Liquor Licenses

- i A person who intends to engage in sale of alcoholic beverages (including brokerage and hospitality businesses) shall obtain prior authorization for their license, issued by the appropriate tax officer, after meeting the standards for their facility and any and all other requirements for each type of liquor sales business determined by the Presidential Decree, based on Article 8-1 of the Liquor Tax Law.
- ii The types of liquor sales businesses, pursuant to Section 1, shall be determined by the Presidential Decree.
- iii Any person intending to engage in sale of alcoholic beverages, as follows, shall obtain prior authorization for a liquor sales business license (hereinafter the "liquor sales business license") from the appropriate tax officer.

Those Affected:

- 1. A person who engages in the sale of alcoholic beverages in authorized places for business pursuant to the Food Sanitation Act
- 2. A person whose main business is not the sale of alcoholic beverages as determined by the Presidential Decree
- iv. Conditions to obtain the liquor sales business license, pursuant to Section 3, shall be determined by the Presidential Decree.

Article 12: Permitted Places for Drinking

- i Drinking shall be permitted only in premises of business with a current liquor sales business license among the authorized places for business, pursuant to the Food Sanitation Act.
- ii Drinking shall be prohibited in businesses, other than the licensed places in Section 1, and also in public

places, (such as public parks, on hills and in fields, on roads, in front of liquor retail stores) other than in restaurants or in front of convenience stores (except in residences and on private lands).

Article 13: Minimum Drinking Age

- i Legal age for purchasing and drinking alcohol shall be 20 (from the date of birth).
- ii The age of all liquor purchasers shall be checked in liquor stores.
- iii Specific penalties and a system for checking for violations shall be determined by the Presidential Decree.

Article 14: Limits on Hours of Alcohol Sales

Sale of liquor from 12 Midnight to 09 a.m. shall be prohibited regardless of business hours.

Article 15: Prohibition of Alcohol Delivery

Alcoholic beverages shall not be delivered to private individuals through any means, including mail nor paid for by electronic, phone or computer sales.

Article 16: Education of Workers in Alcohol-related Sectors

- i Employers and workers of business with the liquor sales business license shall attend the following training for a prescribed amount of time.
- ii Training for responsible service
- iii Training for sales of alcoholic beverages
- iv Contents, methods and hours of training and penalties for violation shall be determined by a Presidential Decree.

Article 17: Prohibition on Advertisements

- i The Chairman of the Committee shall order any person, company or business which has distributed misleading advertisement on the effects of alcohol on public health to change the content of the advertisement or prohibit the use of such advertisement.
- ii The Chairman of the Committee shall request for correction, pursuant to applicable laws, in the case of any advertizing commercial, reviewed by the Broadcasting Committee pursuant to the Broadcasting Act and Comprehensive Cable Broadcasting Committee pursuant to the Comprehensive Cable Broadcasting Act falls under Section 1.
- iii The standards for content of advertisements, changes thereof or procedures for prohibition and other necessary matters shall be determined by the Presidential Decree.
- iv The Chairman of National Alcohol Policy Committee may ask the Minister of Culture, Sports and Tourism to impose corrective measures on foreign importers of advertisements in violation of Article 19 Section 7.

Article 18: Prohibition on Offering Gifts to Promote Liquor Sales

Manufacturers, importers and wholesalers of alcohol shall not offer gifts to retailers to promote the sale of alcoholic beverages or engage in other similar acts, as determined by the Presidential Decree.

Article 19: Education and Campaign for Moderation of Drinking

- i National and local governments shall educate and inform the public that excessive drinking is harmful to individual, family and social health.
- ii National and local governments shall produce and distribute educational and informative materials pursuant to Section 1.
- iii National and local governments shall implement alcohol abuse and harms prevention education, monitoring on prohibition of liquor sales pursuant to Article 26 of the Juvenile Protection Act and during community activities in various places, including schools in order to prevent underage drinking.
- iv The head of each school shall implement alcohol prevention education and provide a supportive environment pursuant to Article 2 of the Higher Education Act.
- v Each ministry and local government shall conduct training and promotion appropriate for each department in order to prevent and reduce the harmful effects of alcohol.
- vi National and local governments may and should provide support to corporations or organizations engaging in alcohol epidemiology and policy impact assessment and studies.
- vii Any person with a license to manufacture alcoholic beverages or who engages in importing and selling alcoholic beverages, in accordance with the Liquor Tax Law, shall include a warning label stating that excessive drinking is harmful to health on every container of alcohol for sale, as determined by the Presidential Decree.
- viii Necessary matters for contents and methods of warning labels, pursuant to Section 4, shall be determined by a Presidential Decree.

Chapter 4: Pricing of Alcoholic Beverages and Imposition of Taxes

Article 20: Standard of Taxation

- i The amount of ethanol shipped from breweries or the quantity thereof reported for import shall be the standard of taxation for the imposition of state liquor tax.
- ii The standard taxation for state taxes on alcoholic beverages, other than ethanol, shall be the alcohol content per unit used for shipping, if the liquor is shipped from domestic breweries and alcohol content per unit used on import declarations, if the liquor is imported.

Article 21: Tax Rate

- i The tax rate for ethanol shall be 57 thousand won (add 600 won per each 1 % of alcoholic content that exceeds 95 %) per 1 kg of pure alcohol.
- ii The tax rate for alcoholic beverages other than ethanol shall be 40 won per 1g of alcohol.
- iii The tax rate for traditional Korean liquor shall be the amount recorded for shipping, discounted by an amount to be determined by Presidential Decree. The tax rate for imported liquor shall be determined by the Presidential Decree.

Article 22: Establishment of an Alcohol Fund

- i The Committee shall establish an Alcohol Fund (hereinafter the "Fund") in order to finance programs and educational efforts to reduce harmful drinking of alcohol and to secure necessary resources to facilitate the promotion of alcohol-related harms prevention projects.
- ii The Fund shall be financed by the following items.
 - 1. Contributions pursuant to Article 22 Section 1
 - 2. Proceeds from the investment management of the Fund

Article 23: Imposition and Collection of the Fund

- i The Committee shall impose and collect 20 won per 1g of alcohol for all alcoholic beverages for the Fund.
- ii Manufacturers shall submit to the Committee the monthly data of the amount of liquor exported from breweries or bonded areas and calculate the amount for the Fund by the 15th day of the following month.
- iii The Chairman of the Committee shall send a notice for payment to the manufacturer stating the amount to be received by the Fund and the due date for the payment within 5 days of receiving the data pursuant to Section 2.
- iv Manufacturers shall make payments by the last day of the month in which the notice of payment is received pursuant to Section 3.
- v The Chairman of the Committee shall demand the payment by giving an extension for 30 days or more if the person owing a contribution fails to pay the Fund within the due date pursuant to Section 4. In such a case, 10% of the overdue contribution shall be imposed as additional charges for each month overdue.
- vi In case the person who received the demand for payment pursuant to Section 5 fails to make payments within the prescribed period, the Chairman of the Committee shall collect the Fund and additional charges in accordance to the disposition of delinquent taxes.

Article 24: Minimum Alcohol Pricing

The Chairman of the Committee shall enforce the policy to set the minimum retail price of a standard drink (12g of alcohol) to be a minimum of 1,000 won higher than current charges, in order to discourage harmful drinking.

Chapter 5 Prevention and Treatment of Alcohol-Related Harms

Article 25: Prohibition on DUI

- i Any person under the influence of alcohol shall not drive any vehicle (including any construction machinery other than the construction machinery according to the provision in Article 26-1 of the Construction Machinery Management Act Article 26).
- ii Police officers (excluding local police officers) may use breathalyzers to estimate blood alcohol content of drivers, if it is deemed necessary for traffic safety and the prevention of danger or there is a reasonable cause to believe that the driver is under the influence of alcohol in violation of Section 1. In such a case, the driver shall comply with the police officer's use of breathalyzer.
- iii In case the driver disagrees with the estimated blood alcohol content pursuant to Section 2, blood samples

may be used with the consent of the driver for additional estimate of blood alcohol content.

- iv The standard for DUI pursuant to Section 1 shall be blood alcohol content of 0.03% or more.
- v National and local governments shall take necessary measures in education, regulation and enforcement and creation of safe environment to prevent DUI and reduce the harms resulting therefrom. The details of the frequency of using breathalyzers and penalties thereof shall be determined by the Presidential Decree.

Article 26: Prevention of Alcohol-Related Violence

- i National and local governments shall provide services to protect and support indirect victims of alcohol such as sexual violence, domestic violence and child abuse.
- ii National and local governments shall take necessary measures for the treatment and protection of persons under the influence of alcohol in order to prevent and reduce the incidents of disruption of public order or noise and violence resulting from drinking.
- iii Sale of liquor to intoxicated persons shall be prohibited.
- iv Treat perpetrators of violent crimes under the influence of alcohol the same as perpetrators of general violent crimes.

Specific details and penalties for Sections 1-4 shall be determined by the Presidential Decree.

Article 27: Treatment and Rehabilitation of Alcohol-Dependent Persons

- i National and local governments may and should provide support to community level treatment and rehabilitation agencies, in order to provide necessary services for early detection of alcohol-dependent persons and their treatment, rehabilitation and social reintegration.
- ii National and local governments may and should provide program development and enforcement, education and protection services to minimize the emotional and economic damages to the family of alcohol-dependent persons.
- iii Specific details for Sections 1 and 2 shall be determined by the Presidential Decree.

Chapter 6 Creation of Supportive Environment

Article 28: Training of Professionals

- i National and local governments shall train professionals necessary to carry out the Comprehensive Alcohol Policy Plan.
- ii The Chairman of the Committee or governors of city or province may designate and manage universities or research centers with appropriate personnel and facilities as institutions for training professionals to carry out the Alcohol Policy pursuant to Section 1 and in accordance with the Presidential Decree.
- iii The Chairman of the Committee may designate funds for the entire or partial financial support, within the budget, of the expenses necessary to manage the institutions and/or programs for training professionals pursuant to Section 2.
- iv Other matters necessary for the designation and management of the institution for training

professionals pursuant to Section 2 shall be determined by the Presidential Decree.

Article 29: Investigation and Research

- i National and local governments shall conduct investigation and research necessary to implement the Comprehensive Alcohol Policy Plan.
- ii The National government may establish a National Research Center in order to facilitate the investigation and research pursuant to Section 1.
- iii National and local governments may place organizations, determined by the Presidential Decree as universities or research centers, in charge of the investigation and research pursuant to Section 1.

Article 30: Participation of the Private Sector

National and local governments shall create the environment needed to facilitate the participation of the private sector in effective implementation of the National Comprehensive Alcohol Policy Plan.

Article 31: Active International Relations

National and local governments shall stimulate international relations by participating in international organizations and meetings relevant to the Alcohol Policy and by promoting projects for international cooperation, such as information exchange and joint research.

Chapter 7: Supplementary Rules

Article 32: Confidentiality

Any person engaging or engaged in the business related to the Comprehensive Alcohol Policy Plan in accordance with this Act shall not disclose to any other person any confidential information obtained during the course of one's work.

Article 33: Delegation of Authority

- i The Chairman of the Committee may delegate a part of its authority, under this Act, to a mayor of any city or governor of any province in accordance with the Presidential Decree.
- ii The Chairman of the Committee may delegate a part of its duties under this Act to any organization or corporation related to the Comprehensive Alcohol Policy Plan in accordance with the Presidential Decree.

Article 34: Review of Reports and Books

- i If deemed necessary for the enforcement of this Act, manufacturers of liquor, import dealers, wholesalers and retailers may have to submit a business report to the Minister of Strategy and Finance, governors of city and province, and mayors, respectively.
- ii The staff of the Minister of Strategy and Finance, governors of city and province, and mayors may check or review the books and documents of the manufacturers of liquor, import dealers, and wholesalers and retailers, respectively.
- iii The checking or reviewing staff pursuant to Section 2 shall possess and show a certificate indicating the authorized permission and training to perform such actions.

Chapter 8: Penalties

Article 35: Penalty

A person who discloses confidential information, in violation of Article 32, shall be punished by maximum 2 years of imprisonment or maximum fine of 10 million won.

Article 36: Penalty

Any person, institution or company falling under any of the following items shall be punished by maximum 1 year of imprisonment or maximum fine of 10 million won.

1. Any person who engages in the sale of liquor without a liquor license in violation of Article 11 Sections 1, 2 and 3;
2. Any liquor seller who engages in the sale of liquor through mail or any electronic transaction, in violation of Article 15;
3. Any person, institution or company who engages in import and sale of liquor without obtaining the permit, in violation of Article 11 Section 1;
4. Any person, institution or company who fails to comply with the orders or measures for correction of activities, such as removal of advertisements pursuant to Article 17 Section 1;
5. Any person, institution or company who fails to comply with the orders or measures for correction of activities, including restrictions on import or sale of liquor pursuant to Article 17 Section 4;
6. Any person, institution or company who offered gifts in violation of Article 18;
7. Any person, institution or company who manufactures or imports liquor without a warning label pursuant to Article 19 Section 7 or with a warning label in violation thereof.

Supplementary Provision

This Act shall become effective within 6 months post promulgation.

국가알코올정책에 관한 법률(안)

가. 요약

정책골격	법률내용요약
1. 물리적 접근성 제한	1) 주세제도의 개편 가. 종가세체계→종량세체계 전환(20, 21조) 나. 부담금(기금) 부과(22, 23조) 2) 최소가격정책(24조) 3) 주류소매판매면허제도의 정비 가. 신고제에서 허가제도로 전환(11조) 나. 판매장소 및 음주장소 제한(12조) 다. 주류판매시간 제한(14조) 4) 청소년음주예방 강화(13조) 가. 음주허용연령 상향조정 : 19세에서 20세로 나. 신분확인 강화 5) 주류배달 및 우편, 전자, 통신배달 금지(15조)
2. 음주에 대한 태도 수정	1) 주류광고 및 판촉 제한(17조) 2) 종사자 교육의무제(16조)
3. 위험감소	1) 유해음주 방지 제도(26조) 2) 음주운전 강화(25조) 가. 혈중알코올농도 0.05→0.03수준 나. 무작위 음주운전 단속실시 빈도 다. 위반자 벌칙강화, 교육, 치료제도 도입 3) 위험음주자 스크리닝 및 치료서비스 제도 도입(27조)
4. 전 영역에서의 알코올 정책	1) 국가와 지역단위에서의 알코올정책종합계획 및 실행계획 수립(6조의2) 2) 모든 산업장과 각급학교단위에서의 계획수립(6조의2)
5. 알코올정책수행에 효율적인환경 과 지지적 환경 구축	1) 전 분야와 영역에서의 협력, 위임, 옹호활동에 대한 근거(대통령산하의 국가알코올정책위원회)(7조) 2) 알코올정책 수립에서의 명백성확보(조사와 연구) (9, 29조) 3) 알코올연구 및 지식축적-근거중심의 정책수행 평가 체계 구축(연구센터)(29조) 4) 전문인력의 양성(28조) 5) 절주교육 및 공공캠페인 및 정책옹호활동에 대한 근거 등(19조)

나. 주요내용

1. 목적 : 알코올소비환경을 조절하여 유해한 음주와 음주로 인한 피해를 사전에 예방함으로써 국민의 건강과 행복한 삶에 이바지 하고자 함(1 조)
2. 국가알코올정책종합계획의 수립 : 국가알코올정책위원회는 국가알코올정책기본계획을 5 년마다 수립함(6 조, 7 조)
3. 국가알코올정책위원회의 설치 : 대통령 산하에 국가알코올정책위원회 설치(7 조)
4. 알코올역학 및 정책영향조사 : 국가알코올정책위원회장은 종합계획과 시행계획을 효율적으로 수행하기 위하여 3 년마다 조사를 실시하고 반영함(9 조).
5. 주류 판매업면허 사전 허가제 도입 : 주류 판매업면허를 사전 허가제로 전환(11 조)
6. 음주허용장소의 지정 : 판매업면허소와 개인 소유의 거주지와 사유지로 제한, 공공장소 및 소매판매점(예, 편의점, 슈퍼 등) 앞, 거리 등에서 음주 금지(12 조)
7. 음주허용연령 : 만 19 세 되는 해 1 월 1 일에서 만 20 세 (생일)부터 허용(13 조)
8. 주류판매 금지 시간 지정 : 24 시부터 09 시까지 주류판매 금지(14 조)
9. 주류의 배달 금지 : 주류는 우편판매, 통신판매 및 전자판매를 비롯하여 개인에게 어떠한 경우에도 주문 배달할 수 없음(15 조)
10. 주류종사자의 교육 : 주류 판매업면허를 취득한 판매업의 업주와 종사자들에 대한 의무교육(16 조)
11. 절주교육과 절주운동 : 국가, 지자체, 각급학교 등에서의 절주교육 및 운동(혹은 음주예방교육 및 운동)의 의무적 시행(19 조)
12. 주세의 부과체계 전환 : 종가세에서 종량세로 전환 : 알코올 1 그램 당 40 원 부과(20, 21 조)
13. 알코올기금의 설치 : 알코올 1 그램당 20 원 부과(22, 23 조)
14. 최소가격제) 표준한잔(알코올 함량 12 그램)의 소매가격이 1,000 원 이상이 되도록 최소가격 정책을 시행하도록 함(24 조)
15. 음주운전 기준과 단속과 후속 조치 등의 기준 마련 : 혈중알코올농도 0.05 에서 0.03 으로 낮춤(25 조)
16. 음주피해 방지 근거 마련 : 음주로 인한 성폭력 등의 간접음주피해자를 보호.지원할 수 있는 서비스 제공. 음주로 인한 공공질서의 훼손 등을 예방.감소하기 위한 조치(26 조)
17. 유해음주 방지제도 : 주취폭력 단속, 주취자 치료서비스, 술취한 자에게 술판매금지 등(26 조)
18. 알코올의존자에 대한 대책 마련 : 초기에 발견하여 치료 등을 위하여 지역사회 치료.재활 전문기관을 지원하고, 알코올의존자 가족들의 정서적.경제적 피해 등을 최소화하기 위하여 프로그램 개발과 교육 등을 지원하도록 함(27 조).

19. 전문인력의 양성 : 알코올정책종합계획의 시행에 필요한 전문인력을 양성(28 조)
20. 조사 및 연구 : 알코올정책종합계획의 시행을 위하여 필요한 조사 및 연구를 실시(29 조)

국가알코올정책에 관한 법률

제1장 총칙

제1조(목적) 국민들이 안전한 환경에서 생활할 수 있도록 알코올소비환경을 조절함으로써 유해한 음주와 음주로 인한 피해를 사전에 예방하여, 국민의 건강과 행복한 삶에 이바지 하고자 하는 것을 목적으로 한다.

제2조(기본이념) 이 법은 알코올로 인한 직·간접적인 피해로부터 안전한 사회 환경에서 살아갈 수 있도록 국민의 기본권을 존중하고 보장하는 것은 기본이념으로 한다.

제3조(정의) 이 법에서 사용하는 용어의 뜻은 다음과 같다.

1. "주류"란 「주세법」에 따른 주류를 말한다.
2. "주류광고"란 「주세법」에 따른 주류의 광고를 말한다.
3. "주류마케팅" 「주세법」에 따른 주류를 금품을 제공하거나, 행사에 후원을 하거나, 할인을 하는 등의 판매를 촉진하기 위한 행위를 말한다.
4. "주류소매판매면허"란 「주세법」 제8조에 의한 주류판매업자에게 주류를 판매할 수 있도록 배타적인 권리를 허가하는 것을 말한다.
5. "표준잔"이란 순수알코올 함량 12그램을 함유한 주류의 양을 말한다.
6. "음주운전"이란 「도로교통법」 제44조제1항을 위반하여 혈중알코올농도가 0.03퍼센트 이상인 상태에서 운전한 것을 말한다.
7. "유해한 음주"란 음주로 인해 자신에게뿐 아니라 타인, 가족, 제3자 등에게 신체적 심리적 사회적 경제적으로 해로운 결과가 초래하는 음주를 말한다.
8. "알코올폐해"란 음주로 인하여 발생할 수 있는 모든 종류의 부정적인 결과를 말하며, 그 범주로는 음주자 개인에게서 발생할 수 있는 알코올사용장애와 음주관련 신체질환 및 사고 그리고 비음주자 및 사회가 경험하는 간접음주폐해를 말한다.
9. "알코올사용장애"란 과도하고 위험한 음주로 인하여 스스로 음주를 조절하지 못하게 된 상태이며 알코올남용과 알코올의존증 등 치료가 필요한 정신행동장애를 말한다.
10. "간접음주폐해"란 음주 또는 주취상태에서 발생하는 사고, 음주운전, 가정폭력 및 성폭력 범죄 등에 의하여 음주자 주변의 사람들에게서 경험되어지는 피해를 말한다.
11. "주취폭력"이란 술에 취한 상태에서 상가나 지역의 주민 등 선량한 시민에게 폭력 및 협박을 가하는 사회적 위법범죄를 말한다.
12. "음주허용연령" 「주세법」에 따른 주류를 구매하거나 마실 수 있는 법정 연령을 말한다.

제4조(책임) ① 국가 및 지방자치단체는 국민의 건강과

안전한 환경을 보장하기 위하여 유해한 음주와 알코올 관련 피해가 발생되지 않도록 알코올 소비를 적절히 통제할 수 있는 법적·제도적 장치를 마련하여야 한다.

② 모든 국민은 자신 및 가족의 건강을 증진하고, 국가와 지방자치단체의 유해음주와 알코올 피해를 예방하고자 하는 활동과 정책에 적극 참여하여야 한다.

제5조(다른 법률과의 관계) 국가알코올정책에 관한 법률을 제정 또는 개정하는 경우에는 이 법에 부합되도록 하여야 한다.

제2장 국가알코올정책위원회

제6조(국가알코올정책종합계획의 수립) ① 국가알코올정책위원회는 제7조의 규정에 따른 국가알코올정책위원회의 심의를 거쳐 국가알코올정책종합계획(이하 "종합계획"이라 한다)을 5년마다 수립하여야 한다. 이 경우 미리 관계중앙행정기관의 장과 협의를 거쳐야 한다.

② 종합계획에 포함되어야 할 사항은 다음과 같다.

1. 기본목표 및 추진방향
2. 주요추진과제 및 추진방법
3. 종합계획에 관한 인력의 관리 및 소요재원의 조달방안
4. 추진체계에 관한 사항
5. 제22조의 규정에 따른 알코올기금의 운용방안
6. 알코올 관련 통계 및 정보의 관리 방안
7. 그 밖에 필요한 사항

제6조의2(실행계획의 수립 등) ① 보건복지부장관, 관계중앙행정기관의 장, 특별시장·광역시장·도지사(이하 "시·도지사"라 한다) 및 시장·군수·구청장(자치구의 구청장에 한한다. 이하 같다)은 종합계획을 기초로 하여 소관 주요시책의 실행계획(이하 "실행계획"이라 한다)을 매년 수립·시행하여야 한다.

② 산업장과 각급학교에서 실행계획을 수립하여야 한다.

③ 국가는 실행계획의 시행에 필요한 비용의 전부 또는 일부를 지방자치단체에 보조할 수 있다.

제6조의3(계획수립의 협조) ① 보건복지부장관, 관계중앙행정기관의 장, 시·도지사 및 시장·군수·구청장은 종합계획과 실행계획의 수립·시행을 위하여 필요한 때에는 관계 기관·단체 등에 대하여 자료 제공 등의 협조를 요청할 수 있다.

② 제1항의 규정에 따른 협조요청을 받은 관계 기관·단체 등은 특별한 사유가 없는 한 이에 응하여야 한다.

제7조(국가알코올정책위원회의 설치) ① 국가알코올정책종합계획의 수립과 주요사항을 심의하기 위하여 대통령 산하에 국가알코올정책위원회(이하 "위원회"라 한다)를 둔다.

② 위원회는 다음 각 호의 사항을 수립하고 심의한다.

1. 국가알코올정책종합계획
2. 제22조의 규정에 따른 알코올기금의 연도별 운용계획안·결산 및 평가
3. 이상의 중앙행정기관이 관련되는 주요 알코올정책수행에 관한 사항으로서 관계중앙행정기관의 장이 심의를 요청하는 사항
4. 알코올역학 및 정책영향조사 결과
5. 그 밖에 위원장이 심의에 부치는 사항

제7조의2(위원회의 구성과 운영) ① 위원회는 위원장 1인 및 부위원장 2인을 포함한 12인 이내의 위원으로 구성한다.

② 위원장은 국무총리가 되고, 제1부위원장은 보건복지부장관이 되고, 제2부위원장은 공무원이 아닌 위원 중에서 지명한 자가 된다.

③ 당연직위원은 기획재정부장관, 교육부장관, 안전행정부장관, 국토교통부장관, 법무부장관, 문화관광부장관, 고용노동부장관, 여성가족부장관

④ 민간위원은 알코올피해와 정책에 관한 학식과 경험이 풍부한자로 국무총리의 추천으로 대통령이 임명하거나 위촉한다.

⑤ 그 밖에 위원회의 구성·운영 등에 관하여 필요한 사항은 대통령령으로 정한다.

제8조(위원장의 직무 및 회의) ① 위원장은 위원회를 대표하고 위원회의 업무를 총괄한다.

② 위원장이 부득이한 사유로 직무를 수행할 수 없을 때에는 제1부위원장이 그 직무를 대행한다.

③ 위원장과 제1부위원장이 부득이한 사유로 직무를 수행할 수 없을 때에는 제2부위원장이 그 직무를 대행한다.

④ 위원장은 위원회의 회의를 소집하고 그 의장이 된다.

⑤ 위원회의 회의는 재적위원 과반수의 출석으로 개의하고, 출석위원 과반수의 찬성으로 의결한다.

제9조(알코올역학 및 정책영향조사) ① 국가알코올정책위원회장은 종합계획과 시행계획을 효율적으로 수행하기 위하여 3년마다 알코올역학 및 정책영향조사를 실시하고 그 결과를 종합계획과 시행계획에 반영하여야 한다.

② 국가알코올정책위원회장은 알코올정책종합계획의 효율적 수행에 필요한 기초자료로 활용하기 위하여 다음 각 호의 사항을 포함하여야 한다.

1. 알코올 소비와 음주행동 조사
2. 알코올로 인한 상병(傷病) 및 사망수준
3. 알코올관련 피해 및 간접피해
4. 알코올사용장애자에 대한 치료와 재활 서비스 이용수준
5. 생산성 손실을 포함한 사회경제적 비용 추계 등
6. 제1-5호의 결과에 영향을 미치는 요인
7. 그 밖에 알코올정책의 효과성을 평가하기 위하여 필요한 사항

③ 국가알코올정책위원회장은 제1항에 따른 조사를 위하여 필요한 경우에는 관계 중앙행정기관의 장, 지방자치단체의 장 또는 「공공기관의 운영에 관한 법률」에 따른 공공기관의 장, 그 밖의 관련 법인·단체의 장에게 관련 자료를 요청할 수 있다. 이 경우 자료를 요청받은 자는 정당한 사유가 없는 한 이에 따라야 한다.

④ 제1항에 따른 조사의 방법 등에 필요한 사항은 대통령령으로 정한다.

제10조(국회보고 등) ① 국가알코올정책위원회장은 위원회의 의견을 들어 알코올정책종합계획의 수립 및 시행 등에 관한 보고서를 작성하여 3년마다 국회에 보고하고 이를 공표하여야 한다.

제3장 알코올의 통제와 교육

제11조(주류 판매업면허) ① 주류 판매업(판매중개업 또는 점객업을 포함한다. 이하 같다)을 하려는 자는 주류 판매업의 종류별로 판매장마다 주세법 제8조 ①항에 근

거한 대통령령으로 정하는 시설기준과 그 밖의 요건을 갖추어 관할 세무서장의 면허를 사전에 허가받아야 한다.

② 제1항에 따른 주류 판매업의 종류는 대통령령으로 정한다.

③ 다음 각 호의 어느 하나에 해당하는 자가 주류를 판매하고자 할 때는 관할 세무서장으로부터 주류 판매업의 면허(이하 "주류 판매업면허"라 한다)를 사전에 허가받아야 한다.

1. 「식품위생법」에 따른 영업허가를 받은 장소에서 주류 판매업을 하는 자
 2. 주류 판매를 주된 업종으로 하지 아니하는 자로서 대통령령으로 정하는 자
- ④ 제3항에 따른 주류 판매업면허를 취득할 수 있는 조건은 대통령령으로 정한다.

제12조(음주허용장소) ① 「식품위생법」에 따른 영업허가를 받은 장소 중 주류 판매업면허업소에서만 음주를 허용한다.

② 제1항의 허가받은 장소를 제외한 업소와 공공장소와 공원, 산야, 도로, 요식업이 아닌 주류판매소매점, 편의점 등에서는 음주를 할 수 없다(단, 거주지와 사유지 내에서는 예외).

제13조(음주허용연령) ①법적으로 주류를 구매하거나 음주를 할 수 있는 연령은 만 20세의 생일부대로 한다.

②주류판매점에서는 주류구입자에 대해 연령을 확인하여야 한다.

③위반시 구체적인 벌칙은 대통령령으로 정한다.

제14조(주류판매시간의 제한) 영업시간과 관계없이 24시부터 09시까지의 주류를 판매할 수 없다.

제15조(주류의 배달 금지) 주류는 우편판매, 통신판매 및 전자판매를 비롯하여 개인에게 어떠한 경우에도 주문 배달할 수 없다.

제16조(주류종사자의 교육) ①주류 판매업면허를 취득한 판매업의 업주와 종사자들은 다음의 교육을 일정기간 이수하여야 한다.

1. 책임서비스에 대한 교육
 2. 주류판매에 대한 교육
- ② 교육내용, 방법, 시간, 위반에 대한 벌칙 등은 대통령령으로 정한다.

제17조(광고의 금지등) ①국가알코올정책위원회는 국민건강의식을 잘못 이끄는 주류광고를 한 자에 대하여 그 내용의 변경 또는 금지를 명하여야 한다.

②국가알코올정책위원회는 방송법에 의한 방송위원회 및 종합유선방송법에 의한 종합유선방송위원회의 심의를 거친 광고방송이 제1항에 해당하는 경우에는 관계법률에 의하여 시정을 요청하여야 한다.

③제1항의 규정에 의한 광고내용의 기준, 변경 또는 금지절차 기타 필요한 사항은 대통령령으로 정한다.

④국가알코올정책위원회는 문화체육관광부장관에게 제19조제7항을 위반한 광고를 한 수입업자에 대하여 시정조치 등을 할 것을 요청할 수 있다.

제18조(주류판매 촉진을 위한 금품제공 등의 금지) 제조업자·수입판매업자 및 도매업자는 소매인에게 주류의 판매를 촉진하기 위하여 금품의 제공 그 밖에 이와 유

사한 행위로서 대통령령이 정하는 행위를 하여서는 아니 된다.

제19조(절주교육 및 절주운동 등) ① 국가 및 지방자치단체는 국민에게 과다한 음주가 국민건강에 해롭다는 것을 교육·홍보하여야 한다.

② 국가 및 지방자치단체는 제1항에 따른 교육 및 홍보에 관한 자료를 생산·보급하여야 한다.

③ 국가 및 지방자치단체는 청소년의 음주예방을 위하여 학교를 포함한 다양한 장소에서의 음주예방교육, 「청소년보호법」 제26조에 따른 주류판매 금지에 대한 모니터링, 지역사회 활동 등을 실시하여야 한다.

④ 「고등교육법」 제2조에 따른 학교의 장은 음주예방교육을 실시하고 지원적 환경을 조성하여야 한다.

⑤ 각 부처와 지방자치단체는 알코올폐해의 예방 및 감소를 위하여 각 부처 업무의 특성에 맞추어 교육·홍보를 실시하여야 한다.

⑥ 국가 및 지방자치단체는 알코올역학 및 정책영향에 관한 조사·연구를 하는 법인 또는 단체를 지원할 수 있다.

⑦주세법에 의하여 주류제조의 면허를 받은 자 또는 주류를 수입하여 판매하는 자는 대통령령이 정하는 주류의 판매용 용기에 과다한 음주는 건강에 해롭다는 내용의 경고문구를 표기하여야 한다.

⑧제4항에 따른 경고문구의 표시내용, 방법 등에 관하여 필요한 사항은 대통령령으로 정한다.

제4장 주류의 가격과 세금 부과·징수

제20조(과세표준) ① 주정에 대한 주세의 과세표준은 주류 제조장에서 출고한 수량이나 수입신고하는 수량으로 한다.

② 주정 외의 주류에 대한 주세의 과세표준은 주류 제조장에서 출고하는 경우에는 출고하는 단위의 알코올 함량으로 하고, 수입하는 경우에는 수입신고를 하는 단위의 알코올 함량으로 한다.

제21조(세율) ① 주정에 대한 세율은 주정 1킬로리터당 5만 7천원(알코올분 95도를 초과하는 경우에는 그 초과하는 1도마다 600원을 더하여 계산한다)으로 한다.

② 주정 외의 주류에 대한 세율은 알코올 g당 40원으로 한다.

③ 전통주로서 대통령령으로 정하는 주류 중 대통령령으로 정하는 출고 수량 이하의 것에 대한 세율과 수입주류에 대한 세율은 대통령령으로 정한다.

제22조(알코올기금의 설치 등) ① 국가알코올정책위원회는 알코올로 유해음주를 감소하고 알코올로 인한 폐해 예방사업의 원활한 추진에 필요한 재원을 확보하기 위하여 알코올기금(이하 "기금"이라 한다)을 설치한다.

②기금은 다음 각 호의 재원으로 조성한다.

1. 제22조제1항의 규정에 의한 부담금
2. 기금의 운용 수익금

제23조(알코올기금의 부과·징수 등) ① 국가알코올정책위원회는 주류에 함유된 알코올 1그램(g)당 20원의 기금을 부과·징수한다.

②제조자들은 매월 1일부터 말일까지 제조장 또는 보세구역에서 반출된 주류의 수량과 산출된 기금의 내역에 관한 자료를 다음 달 15일까지 국가알코올정책위원회에 제출하여야 한다.

③ 국가알코올정책위원장은 제2항의 규정에 의한 자료를 제출 받은 때에는 그 날부터 5일 이내에 기금의 금액과 납부기한 등을 명시하여 제조자들에게 납부고지를 하여야 한다.

④ 제조자들은 제3항의 규정에 의하여 납부고지를 받은 때에는 납부고지를 받은 달의 말일까지 이를 납부하여야 한다.

⑤ 국가알코올정책위원장은 부담금을 납부하여야 할 자가 제4항의 규정에 의한 납부기한 이내에 기금을 납부하지 아니한 때에는 30일 이상의 기간을 정하여 이를 독촉하여야 한다. 이 경우 체납된 부담금에 대하여는 100분의 10에 상당하는 가산금을 부과한다.

⑥ 국가알코올정책위원장은 제5항의 규정에 의하여 독촉을 받은 자가 그 기간 이내에 기금과 가산금을 납부하지 아니한 때에는 국세체납처분의 예에 의하여 이를 징수한다.

제24조(최소가격제) 국가알코올정책위원장은 유해음주를 예방하기 위하여 표준한잔(알코올 함량 12그램)의 소매가격이 1,000원 이상이 되도록 최소가격 정책을 시행하도록 하여야 한다.

제5장 음주폐해예방과 치료

제25조(술에 취한 상태에서의 운전 금지) ① 누구든지 술에 취한 상태에서 자동차등(「건설기계관리법」 제26조제1항 단서에서 따른 건설기계 외의 건설기계를 포함한다)을 운전하여서는 아니 된다.

② 경찰공무원(자치경찰공무원은 제외한다. 이하 이 항에서 같다)은 교통의 안전과 위험방지를 위하여 필요하다고 인정하거나 제1항을 위반하여 술에 취한 상태에서 자동차등을 운전하였다고 인정할 만한 상당한 이유가 있는 경우에는 운전자나 술에 취하였는지를 호흡조사로 측정할 수 있다. 이 경우 운전자는 경찰공무원의 측정에 응하여야 한다.

③ 제2항에 따른 측정 결과에 불복하는 운전자에 대하여는 그 운전자의 동의를 받아 혈액 채취 등의 방법으로 다시 측정할 수 있다.

④ 제1항에 따라 운전이 금지되는 술에 취한 상태의 기준은 운전자의 혈중알코올농도가 0.03퍼센트 이상인 경우로 한다.

⑤ 국가 및 지방자치단체는 음주운전을 예방하고 그 폐해를 감소시키기 위하여 교육, 규제와 단속, 환경 조성 등의 필요한 시책을 강구하여야 한다. 측정의 빈도와 벌칙에 대한 내용은 대통령령으로 정한다.

제26조(음주폭력 등의 방지) ① 국가 및 지방자치단체는 음주로 인한 성폭력, 가정폭력, 아동학대 등의 간접음주피해자를 보호·지원할 수 있는 서비스를 제공하여야 한다.

② 국가 및 지방자치단체는 음주로 인한 공공질서의 훼손이나 소란·폭력 발생을 예방하고 감소시키기 위하여 주취자에 대한 치료·보호 사업 등 필요한 시책을 강구하여야 한다.

③ 술취한 사람에게 주류를 판매하여서는 아니된다.

④ 주취폭력자에 대하여 일반폭력과 동일하게 취급한다. 제1-4항의 구체적인 내용과 벌칙은 대통령령으로 정한다.

제27조(알코올의존자의 치료와 재활 등) ① 국가 및 지방자치단체는 알코올의존자를 조기에 발견하여 치료,

재활 및 사회복귀에 필요한 서비스를 제공하기 위하여 지역사회의 치료·재활 전문기관을 지원할 수 있다.

② 국가 및 지방자치단체는 알코올의존자 가족의 정서적·경제적 피해 등을 최소화하기 위하여 관련 프로그램 개발·시행, 교육, 보호서비스 제공 등을 지원할 수 있다.

③ 제1, 2항의 구체적인 내용은 대통령령으로 정한다.

제6장 환경의 조성

제28조(전문인력의 양성) ① 국가 및 지방자치단체는 알코올정책종합계획의 시행에 필요한 전문인력을 양성하여야 한다.

② 국가알코올정책위원장 또는 시·도지사는 제1항에 따른 전문인력의 양성을 위하여 대통령령으로 정하는 바에 따라 대학·연구소 등 적절한 인력과 시설 등을 갖춘 기관·단체를 알코올정책수행을 위한 전문인력 양성기관으로 지정·관리할 수 있다.

③ 국가알코올정책위원장은 예산의 범위에서 제2항에 따른 전문인력 양성기관의 운영에 소요되는 경비의 전부 또는 일부를 지원할 수 있다.

④ 제2항에 따른 전문인력 양성기관의 지정 및 관리 등에 필요한 사항은 대통령령으로 정한다.

제29조(조사 및 연구) ① 국가 및 지방자치단체는 알코올정책종합계획의 시행을 위하여 필요한 조사 및 연구를 실시하여야 한다.

② 국가는 제1항에 따른 조사 및 연구를 원활히 수행하기 위하여 연구센터를 설치할 수 있다.

③ 국가 및 지방자치단체는 제1항에 따른 조사 및 연구를 수행하기 위하여 대통령령으로 정하는 바에 따라 대학·연구소 등의 기관·단체에 조사 및 연구를 위탁할 수 있다.

제30조(민간의 참여) 국가 및 지방자치단체는 국가알코올정책종합계획의 효과적인 수행을 위하여 민간부문이 원활히 참여할 수 있는 환경을 조성하여야 한다.

제31조(국제교류의 활성화) 국가 및 지방자치단체는 알코올정책과 관련된 국제기구 및 국제회의에 참여하고, 정보교환 및 공동조사연구 등 국제협력사업의 추진을 통하여 국제교류를 활성화하여야 한다.

제7장 보칙

제32조(비밀누설의 금지) 이 법에 따라 알코올정책종합계획에 관한 업무에 종사하는 자 또는 종사하였던 자는 그 업무상 알게 된 비밀을 다른 사람에게 누설하여서는 아니 된다.

제33조(권한의 위임·위탁) ① 국가알코올정책위원장은 이 법에 따른 권한의 일부를 대통령령으로 정하는 바에 따라 시·도지사에게 위임할 수 있다.

② 국가알코올정책위원장은 이 법에 따른 업무의 일부를 대통령령으로 정하는 바에 따라 알코올정책종합계획 시행과 관련된 기관 또는 법인에 위탁할 수 있다.

제34조(보고 및 관계장부 등의 확인) ① 이 법의 시행을 위하여 필요하다고 인정하는 때에는 기획재정부장관은 주류의 제조업자에게, 시·도지사는 수입판매업자에게, 시장·군수·구청장은 도매업자 및 소매인에게 각각 그 업무에 관한 보고를 하게 할 수 있다.

②기획재정부장관은 주류의 제조업자에 대하여, 시·도 지사는 수입판매업자에 대하여, 시장·군수·구청장은 도매업자 및 소매인에 대하여 각각 그 소속직원으로 하여금 관계장부 또는 서류등을 확인 또는 열람하게 할 수 있다.

③제2항의 규정에 의하여 확인 또는 열람을 하는 직원은 그 권한을 표시하는 증표를 지니고 이를 관계인에게 내보여야 한다.

제8장 벌칙

제35조(벌칙) 제32조를 위반하여 업무상 알게 된 비밀을 누설한 자는 2년 이하의 징역 또는 1천만 원 이하의 벌금에 처한다.

제36조(벌칙) 다음 각 호의 1에 해당하는 자는 1년 이하의 징역 또는 1000만 원 이하의 벌금에 처한다.

1. 제11조제1,2,3항의 규정에 위반하여 주류판매면허를 받지 아니하고 소비자에게 주류를 판매한 자
2. 주류판매인으로서 제15조를 위반하여 주류를 우편판매, 통신판매 및 전자거래의 방법으로 소비자에게 판매한 자
3. 제11조제1항의 규정에 위반하여 허가를 얻지 아니하고 주류수입판매업을 영위한 자
4. 제17조제1항의 규정에 의한 광고물의 제거 등 시정에 필요한 명령이나 조치를 이행하지 아니한 자
5. 제17조제4항의 규정에 의한 주류의 수입 또는 판매의 제한 등 시정에 필요한 명령이나 조치를 이행하지 아니한 자
6. 제18조의 규정에 위반하여 금품제공 등의 행위를 한 자
7. 제19조제7항의 규정에 의한 경고문구가 표시되지 아니하거나 이를 위반한 경고문구를 표시한 주류를 제조 또는 수입한 자

부 칙

이 법은 공포 후 6개월이 경과한 날부터 시행한다.

Co-Hosts Closing Remarks



Mr. Derek Rutherford

Chair, Global Alcohol Policy Alliance

Friends on behalf of the global alcohol policy board,

It gives me great pleasure, to thank, first of all, professor Sungsoo Chun for all his work in making such a wonderful conference. I don't think he could have done this without the support of Miriam Welch and all her helpers and the smiling faces of the young people greeting us as we traverse these corridors trying to find our assembly rooms.

We do have regional cooperation, we work at regional level. And already ThaiHealth has been thanked and we should also continue to be thankful for the work that ThaiHealth Foundation does, not only in their own country, not only in the region but internationally. And especially we would like to thank Sally Casswell, because she put the program together. And I think it has been one of our best programs. So thank you very much, Sally. And I want to thank David Jernigan, because together with Sally and ourselves prior to the Syracuse conference in 2000, we worked together in forming this and they have been my main strength during that period. So thank you again very much, because this is your result as well. And I would like to thank the National Assembly for sending Mr. Choonjin Kim. It's very good that we end with the presentation for the strategy for Korea. I'm delighted that a parliamentarian has found the time to come along and receive that and work for it in his assembly. Thank you so much.

This conference is witness to an enormous boost to raising awareness to the alcohol problem and the scientific elements needed to determine effective policies to reduce alcohol related harm independent of commercial interest. I hope when the WHO representative, Mr. Dag Rekve returns back to WHO, Geneva, that he will report that this conference is witness to the fact that the WHO global strategy has created a climate of concern for effective action based on the ten actions outlined in the strategy.

But there is a growing international movement, of public health advocates, research scientists and civil society groups determined to meet the challenge to create a movement, an international social movement at both national, regional and international levels to foster the political will to meet the challenge of countering forces that are obstacles to effective policies.

Victor Hugo quoted a German poet. I'll quote a French poet now. Encouraged us by his remarks that all the forces in the world are not so powerful as an idea whose time has come. And as we leave and continue our journey and we meet in Edinburgh in two years. May we also be aware, as David has reminded us of the words spoken by myself at the beginning of our conference, of the words of the German poet Gerhardt. And may those words be our guide and our strength for persevering in our actions.

Knowing is not enough. We must apply. Willing is not enough. We must do.

Co-Hosts Closing Remarks



Choon-Jin Kim

*Co-Chair, Local Organizing Committee for GAPC2013
a Member of the National Assembly*

Dear respected GAPC presenters and attendees,

I would like to take this opportunity to thank you all for coming so far to help Korea and the global community of health workers. I hope that this excellent conference would have provided some necessary tools for you to take home to continue to advance the level of health in your own countries. I really believe that this was a worthy expenditure of your time, funds and energy. It was not for nothing that you came to Korea.

Something of great value has been accomplished during your stay “in the Land of the Morning Calm”. Further necessary ground work for the advancement of modern, progressive and effective alcohol policy has been laid here. You all have been a part of a historical moment in Korea and our desire is that this moment be extended into your own countries and have a positive effect on the lives and health of the populations of those nations. I personally am proud to have a small part in this effort.

Now there is serious work ahead for each of us and especially in countries like Korea with a substantial burden from the high rates of alcohol harms. Let us take courage from the presence of such a professional and knowledgeable and competent family of researchers, writers and teachers. I had not expected such a truly rich offerings of information to verify the need for better and modern alcohol policy. I can now see more clearly what has to be done in Korea. And the possibility of solid progress is laid out with convincing rates of evidence.

I am greatly encouraged for the near further advancement in health alcohol policy for the protection of the Korean people. I believe that what we now do here in Korea may have a positive effect on the similar needs of other nations. In this way, this is truly a global effort when modern nations of the world set the example in progressive alcohol policy publication and establishment. We can be certain that this example will prove to be of use to other nations in the development of their own policies to protect and elevate the health of their home populations.

Again I thank you all for making an effort for Global Health advancements. Welcome once more to Korea and I have high hopes that we will see you again in the near future. Have a safe return to your homes and great success in further research and teaching and administration.

Thank you.

Co-Hosts Closing Remarks



Yong-Ik Kim

*Co-Chair, Local Organizing Committee for GAPC2013
a Member of the National Assembly*

I'm very pleased to see the closing ceremonies. It was very impressive and more impressive than I have ever seen. And I'm quite sure that you will move mountains. I tell you this because you are more political than any politicians

I'm very happy to see you all in Korea for the GAPC2013 Seoul conference. This is a gathering of alcohol policy and alcohol harms experts from so many countries around the world. You have taken the time and expenses of coming to help Korea and the global community with huge problems. Many of us in Seoul have been fighting this battle and we felt almost alone sometimes.

When I see all of you here, I receive great encouragement and I know I'm in the presence of true professionals. I'm sure in the years to come there will be a population of Koreans in many countries who owe their life and health and prosperity to this very Seoul conference. I will look back on this occasion and be able to see the turning point in the alcohol harms conflicts in Korea.

In the future there will also be those in the countries represented in this room today who also have benefited from the example of taking time to make a report and sacrifice for the health and prosperity of the global community. They will be encouraged and inspired by what you have done and what you are doing as I have seen. When you are tired and little discouraged, just remember that you are not forgotten and your effort is not in vain.

Korea thanks you again and has personal gratitude for what you have done for us. Please have a safe trip home and enjoy the rest of your stay in our grateful country. Outside is one beautiful day of Korean autumn. Don't miss it.

Thank you very much.

ANNEX



Indoor Activities



Conference Speakers, Panelists, Chair/Moderators

Monday, 7 October 2013

Plenary 1: Opening Performance (9:00-10:30)

Welcome Speeches from Co-hosts

Chair: Mr. Derek Rutherford

WHO Global Strategy by Mr. Dag Rekve

Alcohol's Harm to Others by Dr. Thaksaphon Thamarangsi

Concurrent Session 1 (11:00-12:30)

1.1 Social Effects

Chair: Prof. Ronaldo Lanranjero

Dr. Vivek Benegal: Impact of Alcohol Misuse on Family Economy: Data from India

Mrs. Areekul Puangsuwan: Association of drinking pattern and work performance of industrial workers

Dr. Chang Bo Kim: Prevention of Alcohol-Related Harms Project of Seoul City

1.2 Advocacy 1 (Networking)

Chair: Prof. Udomsil Srisangnam

Baigalmaa Dangaa: Networking Government and NGOs to combat with alcohol harm in Mongolia

Mr. David Kalema: Building synergies for a common alcohol response: challenges and opportunities from the east African alcohol policy alliance (eaapa)

Mr. Chamroeun Mak: Cambodian youth movement for national alcohol policy formulation

Ms. Yoonjung Han: What determines community organizations to participate in partnerships for health promotion programs to reduce alcohol consumption?

1.3 Violence

Chair: Prof. Jennie Connor

Mr. Neil Martin: The impact of alcohol on policing in the north east of England

Ms. Soobi Lee: The effects of alcohol-related factors on the violent crimes

Lawyer Shakya Nanayakkara: The prevention of domestic violence through changing the permissive environment surrounding alcohol use

Dr. G. Raj Singh: Responding to the burden of alcohol-related violence and injuries - a New Zealand NGO's prospective

1.4 Family Harms

Chair: Dr. Anne Marie Laslett

Ms. Hanh Hoang Thi My: Harms to the family from drinking in Vietnam

Mrs. Mphonyane Mofokeng: Effects of alcohol on the family: Destruction behind quenching the thirst

Mr. Ediomu-Ubong Nelson: Alcohol harm to 'intimate' others: exploring the cycle of drinking, violence and domestic problems in Oron, Nigeria

Concurrent Session 2 (14:00-15:30)

2.1 Health Effects

Chair: Mr. Michael Carr

Dr. Cheryl Cherpitel: Findings from global studies of alcohol and injury in the emergency department

Prof. Sungsoo Chun: Correlates between national total alcohol consumption and alcohol-related

harms – international perspectives

Ms. Lydia S. Asante: Comparative Study of Alcohol-related Injuries Based on Emergency Department Interviews in Three Countries

Assoc. Prof. Dr. Narongsak Noosorn: Alcohol related non-communicable diseases and alcohol consumption in northern Thailand: a matched case-control study

2.2 Advocacy 2 (Building Capacity)

Chair: Dr. Evelyn Gillan

Ms. Torunn Sæther: Addressing policy change through multilevel approach - public sector and civil society: training manual to support evidence-based policy development in low income settings

Ms. Savera Kalideen: Alcohol advertising media advocacy and training in South Africa

Prof. Thomas Babor and Dr. Katherine Brown: EU-USA civil society dialogue: Advocating for effective alcohol policy

Prof. Sally Casswell: Building Capacity in the Pacific – ‘Reducing Alcohol Related Harm A population approach’ an alcohol module in WHO NCD Training Manual

2.3 Sexual Harms

Chair: Dr. Eunjin Choi

Mr. Martin P. Davoren: Hazardous alcohol consumption among third-level students: what are the gender differences, second-hand effects and high risk behaviours associated with its use?

Mr. Hari Kesh Sharma: Linkages of alcohol use with sexual risk behavior

Ms. Sekela Mwambuli: Family planning, alcohol abuse & substance using Tanzania women

Associate Research Fellow Jina Jun: Childhood sexual/physical assault, drinking, depression, and risky sexual behaviors of white and African-American women

2.4 Effects on Children and Youth

Chair: Dr. David Jernigan

Dr. Anne-Marie Laslett: National estimates of alcohol-related child abuse and neglect: A problem for marginalised families or a substantial minority?

Dr. Khanpaseuth Sengngam: Baseline survey on alcohol harm to others in Laos PDR.

Mr. Craig Ross: Early adolescent exposure to low levels of alcohol advertising associated with increased risk of alcohol initiation

Ms. HyeonSuk Kim: Multilevel analysis between alcohol use trajectories: Parent, peer, school, and neighborhood factors among Asian Americans

Concurrent Session 3 (16:00-17:30)

3.1 Determinants

Chair: Prof. Wonjae Lee

Miss Kaniittha Thaikla: Alcohol consumption among impoverished households in northern Thailand

Ms. Kyung Yi You: A study on alcohol consumption, drinking patterns and income level

Mr. Linus Ndonga: Alcohol and non-communicable disease: promise of grain amaranth

Miss Jintana Jankhotkaew : Poorer you are, more chance you have: distribution of alcohol-related problems across Thai households

3.2 Advocacy 3 (Community Action and Support)

Chair: Prof. Isidore Obot

Dr. Marja Holmila: Community-based alcohol prevention - local models of alcohol prevention

Mr. Tandin Chogyel: Community action on reducing harmful use of alcohol in Bhutan

Mr. Colin Shevills: Building community and political support for minimum unit price in the north east of England

Ms. Riina Raudne: Formative research based social media advocacy campaign to curb alcohol harms in Estonia

3.3 Gender & Alcohol

Chair: Prof. Maxine Newell

Prof. Neo Morojele: Changed attitudes and alcohol-related harm among women who frequent bars in South

Africa: A qualitative study
Dr. George Bakhturidze: Alcohol consumption problems by gender in Georgia
Mr. Suhardi: Clusters of female drinkers in certain districts in eastern part of Indonesia

3.4 Drink-Driving

Chair: Prof. Thomas Babor
Ma. Luz Muchada Philippines: Community based road safety initiative: reducing road traffic injuries in Guimaras, Philippines
Assoc. Prof. Ousa Biggins: Factors on motorcycle drunk driving behavior in Bangkok metropolitan

Tuesday, 8 October 2013

Plenary 2 (9:00-10:30)

Chair: Prof. Udomsil Srisangnam
Global Responses to WHO Alcohol Strategy by Prof. Thomas Babor
Economic agreements and alcohol regulation by Dr. Evelyn Gillan
Moving forward on Alcohol Marketing by Prof. Charles Parry

Concurrent Session 4 (11:00-12:30)

4.1 Marketing

Chair: Mrs. Areekul Puangsuwan
Ir Wim Van Dalen: Interrelationships between alcohol marketing exposure, and adolescents' drinking behaviours: consequences for policy results of analyses of WHO data in four African countries
Ms. Nongnuch Jaichuen: Alcohol Brand Merchandise and Thai Youths
Mr. Anietie Etteyit: Assessment of alcohol advertising and compliance with advertising regulations in Nigeria: a study of select advertisements
Dr. Kong Mom: The industry keeps violating regulation banning alcohol advertising and promotion associating with winning prizes

4.2 Density Location of Alcohol Outlets

Chair: Dr. Taisia Huckle
Ms. Orratai Waleewong: Outlet Surrounding Youth or Youth Surrounding Outlets: A Case Study of Thai University Effort
Mr. Alvin Wong: Where, when, and why do young adults binge drink? Insights to guide alcohol policy development in Hong Kong
Ms. Cassandra Greisen: Tale of two cities working to reduce alcohol outlet density and related harms

4.3 Advocacy 4 (National Policy)

Chair: Prof. Haekook Lee
Ms. Rebecca Ramirez: Lessons learned from diverse experiences in changing alcohol Taxes in the USA
Prof. Linda Bauld: Developing 'health first', the UK's independent alcohol strategy: A case study of an effective advocacy initiative
Mr. Dag Endal: Malawi – a best practice in alcohol policy formulation
Mr. Francis Phiri: Influencing national alcohol policy in ZambiaChair:

4.4 Price and Taxation

Chair: Dr. Thaksaphon Thamarangsi
Dr. Bundit Sornpaisarn: An alcohol taxation method that can prevent drinking initiation and reduce alcohol

consumption and its related harms: empirical evidence from Thailand
Dr. David Jernigan: Social and health effects of changes in alcohol prices: findings of a research collaborative
Dr. Martin Wall: Estimating price response functions for youth risk groups
Prof. Benjamin Yip: The impact of cutting alcohol duties on drinking patterns in Hong Kong

4.5 National Health Insurance Symposium

Chair: Prof. Robin Room

Health Consequences of Alcohol Drinking and Attributable Medical Care Expenditure in Korea: Korean Cancer Prevention Study, 1992-2011 by Prof. Sun Ha Jee

Concurrent Session 5 (14:00-15:30)

5.1 Marketing

Chair: Dr. Evelyn Gillan

MSc Jurriann Witteman: Alcohol advertisement induces craving and promotes relapse among detoxified alcoholics: implications for alcohol policy

Ms. Sondra Davoren: Adshame: digital, advocacy for advertising reform

Prof. Natwipa Sinsuwarn and Prof Parichart Sthapitanonda : Messages from the alcohol industry: The textual analysis of 10 years alcohol-advertising among global and local brands

5.2 Restriction of Time/ Amount/ Age

Chair: Mr. Oystein Bakke

Dr. Taisia Huckle: The lowering of the minimum purchase age in New Zealand is associated with a long term impact on alcohol-involved crashes

Ms. Sopit Nasueb: Follow-up on law compliance of off-premise alcohol retailers on minimum purchase age restriction

Prof. Kypros Kypri: Effects of restricting pub closing times in Newcastle Australia 5 years on

Mr Rogers Mutaawe: Sale of alcohol to minors: Non Compliance to legal age restriction in Uganda

5.3 Advocacy 5 (Issues based)

Chair: Ms. Savera Kalideen

Mr. Dag Endal: Half the world's population do not drink alcohol – What should the policy implication be?

Ms. Raimee Eck: Unwanted profits from underage drinking in the united states

Dr. Donald Zeigler: Cancer associations' policies and advocacy on alcohol control –Are associations standing up for alcohol control?

Ms. Bhavna Mukhopadhyay: Advocacy for regulating alcohol in films

5.4 Price and Taxation

Chair: Prof. Charles Parry

Prof. Roger Chung: Alcohol tax policy and related mortality. An age-period-cohort analysis of a developed Chinese population, 1981 – 2010

Dr. Jean Kim: The competing effects of alcohol tax eliminations and random breath testing: evidence from Hong Kong

Mr. Indrek Saar: Association between alcohol prices and alcohol-related traffic accidents in Estonia

Concurrent Session 6 (16:00-17:30)

6.1 International Alcohol Control Study

Chair: Dr. Robert Geneau

Prof. Sally Casswell: Comparisons of alcohol consumption in Thailand, Mongolia and New Zealand (from the International Alcohol Control Study (IAC))

Dr. Sarah Callinan: Which heavy drinkers are we looking for? First results from the international alcohol control study

Dr. John Holmes: Public support for alcohol policy in Scotland and England: evidence from the UK arm of the

international alcohol control study

Ms. Junghee Kim: Correlation between alcohol consumption and alcohol dependence according to frequency of daily drinking Chair

6.2 Liquor Licensing

Chair: Prof. Kypros Kypri

Prof. Robin Room: Regulating alcohol availability to reduce the harm: effective licensing and enforcement measures

Ms. Sondra Davoren: Risk and responsibility: Harm minimisation strategies in Australian liquor licensing laws

Asst. Prof. Dr Surasak Chaiyasong: Impacts of alcohol control act 2008 on physical availability of alcohol in Thailand: What do we get after 5 years?

Mr. Francis Phiri: Liquor licensing: Social harm reduction challenges in Zambian context

6.3 Advocacy 6

Chair: Prof. Isidore Obot

Fithor Muhammad: The simple policy is the strategy of trade control and regulation of alcohol in the world

Ms. Weranuch Wongwatanakul: Modern Thai alcohol policy movement: The triangle network and their collective outcomes from the past decade

Ms. Rebecca Williams and Ms Amy Robinson: Turning evidence into practice - using the 5 C's to achieve a successful outcome

Mr. Colin Shevills: 'See what Sam sees' – building support in north east England for greater alcohol marketing restrictions

6.4 Industry Influences

Chair: Prof. Udomsil Srisangnam

Hansoo Ko: Expected failure: a case study on a hospital sponsored by alcohol industry in Korea

Prof. Jeff Collin: Trade is global, health is parochial: the UK government, the alcohol industry and global health

Mr. Sven-Olov Carlsson: Concerted actions of big alcohol

Lawyer Shakya Nanayakkara: Strategies to undermine alcohol policies

Wednesday, 9 October 2013

Concurrent Session 7 (9:00-10:30)

7.1 National Alcohol Control Policy

Chair: Prof. Kwanhkee Kim

Assist. Prof. Dr. Surasak Chaiyasong: Perception of Policy Enforcement and Supports to Current and Future Policies in Thailand

Mr. Rogers Kasirye: Raising alcohol policy awareness agenda in a non-responsive state. A case for Uganda.

Mr. Hari Kesh Sharma: Changing alcohol scenario in India: challenge to research, policy and planning

7.2 Enforcement Implementation & Evaluation of Alcohol Policy

Chair: Dr. David Jernigan

Dr. Minki Kim: For stricter regulations on the smart media's alcohol advertising in Korea

Dr. Mieun Yun: An Evaluation: Korean national alcohol policy in Korea

7.3 Global Action

Chair: Prof. Thomas Bobor

Mr. Hans Schmitz: The global health policy community on alcohol control: Successes of evidence-based advocacy

Mr. Maik Dünnbier: Alcohol in all policies – unleashing the power of alcohol control policies and preventing, reducing alcohol harm in all its forms

Mr. George Hacker: Building and connecting local advocacy for global alcohol-policy change

Mrs. Andrine Winther: Alcohol marketing without borders

7.4 Community Action and Coalition Building

Chair: Dr. Evelyn Gillan

Mr. Robert Pezzolesi: Citizen engagement for alcohol policy change at the local level: The US Experience

Ms. Angela Culpin: Engaging communities in local alcohol policy development: an example of community action in Auckland, New Zealand.

Assoc. Prof. Dr. Helen Lasimbang: Community empowerment in reducing alcohol related harm in Sabah, Malaysia.

Ms. Lucy Lopez: City Hall Metropolitan Lima Public Regulation for Alcohol Control: Follow up Mechanisms

Plenary 3 & Closing (11:00-13:00)

Chair: Prof. Sungsoo Chun

Ideal National Alcohol Policy by Prof. Sally Casswell

Latin America Public Health Network on Alcohol by Prof. Ronaldo Laranjeira

National Alcohol Control Act of Korea by Prof. Okreun Moon

Summary & Declaration by Prof. David Jernigan



List of Poster Presentation

Author	Title
Abdulsuko Dina	The prevention of alcohol and drugs abuse in the community through the process of Shura : A case study of Ban Kokyang Shura Council , Sakom Subdistrict , Chana District, Songkhla Province, Thailand.
Aeree Sohn	Stress, internet addiction and drinking behavior among adolescents
Aires Gameiro	Global action to an effective alcohol harm reduction: The case of Europe, Portugal and Atlantic regions
Alex Johandi	Women alcoholic centers as the forum to solve the women alcoholic problem
Amrita Namasivayam	Reasons for Drinking (and Not Drinking) among youth and young adults in Singapore: Findings from the youth consumer insights survey
Amy Robinson	National policy to local practice - A community action response to achieving an evidence based Local Alcohol Policy for Auckland, New Zealand.
Arun Boonsang	Situation of alcohol consumption in Thailand: Past to present and future trend
Benjamin Yip	Simplification of the Alcohol Use Disorder Identifucation Test (AUDIT) for screening male patients with hazardous use of alcohol and alcohol use disorder in primary care setting
Binoy Mathew	Alcohol industry interference in India: "Games the industry plays"
Binoy Mathew	Liquor consumption in India
Bohye Lee	The longitudinal effects of alcohol use and depression on suicidal ideation in Korean adolescents
Carlos Williams	Alcohol - a threat to women, health, peace and security in Papua New Guinea: Approaches of the US health team in Melanesia

Chanathip Ketkool	Factors influencing to the intention to consume alcohol of Suan Dusit Rajabhat University students in Bangkok, Thailand
Chester Bryan Gardose	Alcohol consumption and its behavioral manifestation
Chisanga Mfula	Controlling the density harmful use, unauthorized production and outlets of alcohol at community level to prevent and reduce cardiovascular diseases in Zambia
Colin Shevills	Proxy provision of alcohol in the North East of England
Colin Shevills	Following in the footsteps of tobacco control: The UK's first regional programme tracking population level alcohol harm
Daovieng Douangvichit	Exploring awareness and attitudes related to alcohol consumption in Lao PDR
David H Kim	Alcohol dependence and intake volume by types of alcoholic beverages consumed
David Jernigan	Influencing youth exposure to alcohol marketing: Using alcohol brand data to inform policy debates
Deepti Singh	Underage drinking policy in India highlight contradictions: Calls for a national comprehensive policy
Divya Kumari	Does partner alcohol consumption influence use of maternal healthcare services: Evidence from India
Easton A. Reid	The influence of alcohol, meat and saturated Fat consumption Patterns on lifestyle intervention-based cardiometabolic risk factor reduction
Ei Sandar U	Drinking habit of medical doctors in my Myanmar 2009
Elizabeth Ogott	Stop alcohol consumption: End violence against girls and young women
Enkhtuya Palam	Alcohol related knowledge, attitudes and behaviours of Mongolian adults: Findings of population surveys
Eunhi Choi	The relationship between high risk drinking and depression by clinical nurse

Eunjoo Kim	The study of drinking patterns of college freshmen in South Korea
Evelyn Yang	Building community capacity for local action to reduce alcohol-related harms: The role of community collaboratives to support and implement alcohol policies
Fiona Lo	Price elasticity of alcoholic beverages in Hong Kong
Franck Garanet	The alcohol consumption among pregrers living with HIV in one clinical center of Ougadougou(Burkina Faso)
Franck Garanet	Prevalence and determinants of alcohol consumption among peole living with HIV in Ouagadougou(Burkina Faso)
Heethawakage Sampath Damika De Seram	How it can be use for alcohol prevention - A Sri Lankan Experience
Heethawakage Sampath Damika De Seram	Project on immunizing children against the media virus which promotes alcohol and tobacco
Hyeonsuk Kim	Alcohol use behavior and acculturation from adolescence to young adulthood among Asian American adolescents
Hyungtae Kim	Nutrient intake status of Korean drinkers
Hyunkyung Oh	The relationship between existence of spouses and drinking habits in Korean adults
IMAM MOCHNY	Mismanagement of alcoholism in Indonesia
Iris Yogev	A comprehensive model for a coherent alcohol strategy
Jaekyoung Lee	A content analysis of alcohol advertising in Korea: Comparison of beer and soju advertising
Jeehyun Hwang	Factors of high risk drinking of male and female employees
Jeff Lee	Prevention - Smart Parents: Ways for parents and caregivers to prevent alcohol and drug use by their children
Jennie Connor	Alcohol attributable deaths in New Zealand: Gender, age and ethnic differences

Jihye Im	Influence of problem drinking on suicide ideation and attempt among Korean adolescents : Analysis of 2012 the Korea Youth Risk Behavior Web-Based Survey(KYRBS)
Jina Jun	Gender disparities in typologies of alcohol use and presence of depressive symptoms in Korean adults
Jirapron Kamonrungsan	Youth groups and Thai alcohol policy process
Jisoon Im	Association between drinking attitude in alcohol use and A1 allele in dopamine D2 receptor gene
John Thang	Paradox of alcohol restriction in Myanmar
John Vianney Amany	The ABC's of alcohol and substance abuse prevention: A holistic approach to harm reduction
Jonas Ngulube	Community-led action
Kannapon Phakdeesettakun	Impact of alcohol-free funeral campaign, Lampang province, Thailand
Kaveesha Glappaththi	Community response towards alcohol in Sri Lanka
Kosal May	Alcohol research & evidence based policy
Kristina Sperkova	Inspire freedom campaign - Together for women and girls
Latsamy Siengsounthone	Alcohol consumption behaviour, availability and effects of individual alcohol use in Lao PDR
Lawrence Engurat	Community action to combat alcohol abuse in Uganda through telephone counselling
Le Thi Lan Phuong	Evaluating the protective effect of BSP(Dry powder from hibiscus calyces) on alcohol - induced acute hepatotoxicity in mice
Leane Ramsoomar	Interrelationships between community, family, peer and individual influences on late adolescent alcohol use: Implications for policy in SA
Louis Kamulegeya	Prevalence and associated factors of alcohol use patterns among university students in Uganda
M. Ihsan Kaadan	Stigma attached to alcohol addiction in Muslim countries, and how to erase it?
Maria Assumpta Nabukenya	Parent-child relationship factors of young alcohol abuse patients in rehabilitation

Mok Sokha	KYA the theory of change (community change maker logic model)
Mok Sokha	Community youth base network alcohol consumption intervention
Monica Swahn	Alcohol marketing and drunkenness among students in the Philippines: Findings from the nationally representative global school-based student health survey
Monika Arora	Addressing affordability, access and advertising of alcohol in India: Public health perspective
Monika Arora	Monitoring alcohol industry in India
Monika Arora	Socio-economic patterning of alcohol use in India, 2009-10
Mufutau Yunusa	Harm to others: A report on alcohol use and spouse / child battering in Sokoto Metropolis, Nigeria
Mufutau Yunusa	Is alcohol use related to risky sexual behavior in commercial sex workers in Sokoto, Nigeria
Natwipa Sinsuwan	CSR activities of alcohol industry in Thailand: challenging problems and possible solutions
Neelamani Rajapaksa-Hewageegana	Reduction of alcohol intake by plantation postpartum mothers related to breastfeeding
Neil Martin	The alcohol rolling programme in Her Majesty's Prison Durham, England
Neo Morojele	Convergence of alcohol use and related problems among males and females in Cape Town, South Africa
Nguyen Le Viet Hung	Effects the reducing-level of liver enzymes of the water extract of sho-saiko-to on ethanol-induced hepatotoxicity in mice
Nishikant Singh	Alcohol and adult mortality in India: Connections, evidences and possibilities for prevention
Nitta Roonkaseam	The marketing practices of the alcohol industry in Thailand: A ground-breaking marketing
Nopawan Oupkham	Buddhist approach for alcohol treatment and rehabilitation

Nualta Apakuakul	Alcohol problem among multicultural communities
Nualta Apakupakul	Alcohol selling among teenagers around the study institute, Southern Thailand
Paul Ndegwa	Strategic interventions to reduce gender-based violence and sexual assault among police officers due to excessive alcohol consumption, Nakuru, Kenya
Pham Diep	Vietnamese students experience harms from other drinkers
Rahab Mwiti	Addressing alcohol related harm, Nakuru, Kenya
Rakesh Lal	Health sector response to control harmful use of alcohol in India
RASOLOMANANA Holiarisoa Fanjanirina	An assessment of alcohol consumption and reasons for drinking among youth in three different contexts in Madagasikara 2013
Rebecca Williams	Women and alcohol - Why gender matters
Rutja Phuphaibul	Community action against drinking among teenagers: School-community based program
Sally Casswell	Calculating and estimating real price response across countries using International Alcohol Control Survey data
Sanghamitra Pati	Putting alcohol prevention into health professional education: A situational assessment in India
Santosh Sharma	Factors associated with alcohol use among Female Sex Workers (FSW) in a high HIV prevalence Northeast state of India
Savera Kalideen	The financial costs of alcohol-related harm in South Africa
Seonwha Seo	Earlier initiation of drinking and the effect on bone mineral density of Korean young women
Seunghee Yang	A study on the drinking problem drinking and alcohol abstinence self-efficacy of female college students.
Shakya Nanayakkara	Challenging alcohol expectancies among children and youth
Sin Sovann	Impact of alcohol use and alcohol marketing on

	social and gender, Cambodia ,
Siri Hettige	Community intervention as a strategy to prevent alcohol abuse in Sri Lanka
Sohee Won	A study on the relationship between alcohol consumption and smoking behaviors
Suchada Paileeklee	Alcohol drinking and consequences among secondary school student in the Northeastern Thailand
Suladda Pongutta	Is alcohol consumption influenced by natural disaster? : Experience from Bangkok flood 2011
Suranga Wanniarachchi	Improving socio-economic status and family wellbeing by changing alcohol behavior
Suriah Suriah	Education concept for children of street in prevention alcohol consumption (Case study in shelter house "SIKOLA" in Makassar city, South Sulawesi, Indonesia)
Thanita Wongjinda	Drinking and smoking onset among Thai populations: Changes in generations
Ubol Kongkaew	The supportive self help group in persons with alcohol use disorder
Utpal Das	Alcohol related harms and role of civil society organization in India
Vasuki Utravathy	The socio-environmental factors associated with early exposure to alcohol among youth in Singapore
Vasuki Utravathy	Cooperation with the private sector to promote responsible drinking
Wasinee Wongin	The effect of alcohol– related violence
Wendy Kyler	Alcohol involved sexual assault and post trauma interventions to decrease self medication alcohol use: A review of the literature
Wisdom G Dube	Discover your health-age approach: A community action towards alcohol related harm
Yun ZUO	Information Communication Network Platform (ICNP) via alcohol-related harms

Side Meetings

Time	Topic	Host
<i>Sunday, October 6, 2013</i>		
10:00-17:00	Board Meeting	Global Alcohol Policy Alliance (GAPA)
10:00-17:00	International Collaboration for "Harm to Others"	World Health Organization(WHO) & ThaiHealth
10:00-16:00	SAAPA Board Meeting	FORUT
<i>Monday, October 7</i>		
13:00-14:00	Open Information Session on Harm to Others from Drinking	WHO & ThaiHealth
<i>Wednesday, October 9</i>		
14:00-18:00	Board Meeting	GAPA
14:00-18:00	International Alcohol Control Project	International Alcohol Control (IAC)
14:00-18:00	Editors Seminar	Korean Institute on Alcohol Problems (KIAP)
<i>Thursday, October 10</i>		
10:00-17:00	International Alcohol Control Project	IAC
10:00-17:00	International Collaboration for "Harm to Others"	WHO & ThaiHealth
10:00-16:00	ADD Annual Consultation Meeting	FORUT
<i>Friday, October 11</i>		
9:00-13:00	AEP	AEP
10:00-16:00	ADD Annual Consultation Meeting	FORUT
14:00-16:00	Korean Society of Alcohol Science Meeting	Korean Society of Alcohol Science (KSAS)

List of International Organization Committee (IOC) Members

- Mr. Derek Rutherford (UK, Chairperson of GAPA)
- Prof. Sally Casswell (New Zealand, Chairperson of APAPA)
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- Dr. SARu Irhaj (India)
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International Organizations

WHO | IOGT-International | FORUT | IDRC | APAPA | INHPF | Thai Health | SHORE | Bloomberg School of Public Health(Johns Hopkins University) | School of Public Health(Massey University) | Institute of Alcohol Studies

Domestic Organizations

Korean Society of Alcohol Science | Korean Institute on Alcohol Problems | Korean Society For Health Education and Promotion | Korean Academy of Addiction Psychiatry | The Korean Society for School Health, The Korean Society of School Health | Korean Councils Union for Health Management and Education | The Korea Public Health Association | International Temperance Association | National Health Promotion Solidarity | Consumers Union of Korea | Korean Alcohol Counselors Association | Daniel Medical Foundation | Seoul National University Graduate School of Public Health | Yonsei University Graduate School of Public Health | Korea Health Promotion Foundation | Korean Academic Society of Occupational Health Nursing

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