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Statement submitted by International Alliance for Responsible Drinking, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.



^{*} The present statement is issued without formal editing.



Statement

The International Alliance for Responsible Drinking (IARD) is a not-for-profit organization supported by international beer, wine and spirits producers dedicated to addressing the issue of harmful drinking, a contributing factor for three major non-communicable diseases (NCDs) and acute injuries.

As an organization in consultative status with the United Nations Economic and Social Council (ECOSOC) since 2011, IARD supports the implementation of the World Health Organization (WHO) Global Strategy to Reduce the Harmful Use of Alcohol, as well as global targets set by the world's governments around reducing harmful drinking in the United Nations Action Plan on NCDs. It also supports the identification of appropriate indicators for monitoring progress within the framework of the Sustainable Development Goals (SDGs).

Member States have set ambitious goals to address health within the SDG framework. The inclusion of a reduction in harmful drinking as a global target (3.5) is an appropriate one; because of its relationship with chronic disease and acute harm, as well as its relationship with social, demographic, and economic factors, harmful drinking is a key health concern, but also a preventable one.

As the Economic and Social Council reviews the SDGs, including Goal 3, during the high-level political forum on sustainable development, it is appropriate to signal that the selection of appropriate indicators for measuring progress towards the reduction of harmful drinking, indicator 3.5.2, will be key in determining success and ought to be consistent with the Global Monitoring Framework in WHO's Global Action Plan on NCDs 2013-2020.

The current indicators based simply on coverage of interventions, or on alcohol per capita (APC), are inadequate to capture variations in drinking patterns that constitute harmful drinking. They are also inadequate for identifying and addressing those groups within the general population most at risk for harm, including young people, women, socially excluded groups, and those at the lower end of the socioeconomic scale.

For consistency with the Global Monitoring Framework in WHO's Global Action Plan on NCDs, two additional elements ought to be considered for the SDG indicator 3.5.2. In addition to APC, and to cover missing aspects of the target, the indicator ought to include prevalence of both underage drinking and heavy episodic drinking (HED), which is linked with acute outcomes (accidents and injuries).

The ability to monitor changes in these indicators can assist governments to identify appropriate solutions and implement prevention measures to safeguard the health of future generations. An emphasis on risk and harm allows for tailored approaches that include all-of-society engagement, rather than sole reliance on government intervention. Targeted approaches can also help to focus resources and share the burden of engagement and cost among all relevant stakeholders. They include educational efforts and prevention strategies aimed at those at greatest risk for harm.

Aligning targets and indicators in the SDG plan with existing initiatives will help to streamline approaches, allow for consistency and cross-measurement, and ensure synergy among these various global efforts to improve health worldwide.