Response from Institute of Alcohol Studies to European Action Plan 2012-2020: Implementing regional and global alcohol strategies

The Institute of Alcohol Studies (IAS) is an independent organization that aims to serve the public interest on public policy issues linked to alcohol, by advocating for the use of scientific evidence in policy-making to reduce alcohol-related harm.

We welcome the opportunity to provide comments on the latest draft WHO European Action Plan 2012-2020. The IAS terms of reference mean we have an interest in this process from the UK perspective, but through our membership of EUROCARE and the Global Alcohol Policy Alliance (GAPA) our involvement in the alcohol policy takes on a European and global dimension.

Overall we are supportive of the proposals outlined in this document and welcome the evidence-based approach taken to produce a multidimensional framework of action to reduce levels of alcohol related harm in Europe. The recognition that effective alcohol policy is strongly associated with improved human, health and social capital is extremely important in this policy arena, when health and social inequalities are becoming more prevalent.

We are particularly enthused by the acknowledgement of the role civil society organisations can play in supporting alcohol policy and welcome the recommendation that, “as a minimum, all countries would be expected to... have an adequately resourced nongovernmental sector, free of potential conflict of interest with the public health interest, to give voice to civil society” (p7). As an independent NGO we are happy to collaborate and participate constructively to this process moving forward.

An area of the draft Action Plan we have identified as in need of strengthening is the requirement for public understanding and support for alcohol policies in Member States. Whilst it is recognized that “public and political support for the content of alcohol action plans is crucial” (p7), the main emphasis of the document appears to be providing a list of policy requirements of Member States, with little reference to the need to gain support from the public as a first step to developing effective national strategies.
It is essential that the cultural differences between Member States are acknowledged and that the Action Plan does not appear to be providing a ‘one size fits all’ approach. In order to emphasize this we recommend that each Member State be required to have a research function to investigate public understanding of alcohol policy as part of the initial development of each national action plan. Measures of knowledge, attitudes and opinions about alcohol and alcohol policy through barometer surveys and opinion polls of random samples of the population are cited as indicators for measuring the effectiveness of ‘leadership, awareness and commitment’ (p6). However, rather than being conducted retrospectively we suggest this research be undertaken from the outset.

The IAS welcomes the progress made by the WHO in developing regional and global alcohol strategies. We hope these brief comments are constructive and look forward to future engagement activities relating to this process.

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