Institute of Alcohol Studies response to WHO Global Alcohol Strategy consultation

About IAS

The Institute of Alcohol Studies (IAS) is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol. For more information please visit www.ias.org.uk

Consultation response

IAS welcomes the opportunity to respond to the WHO consultation on the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol since its endorsement, and the way forward. IAS worked with other civil society organisations and the WHO Secretariat to support the development of the Strategy and since 2010 has actively promoted the evidence and policy interventions it recommends to reduce rates of alcohol harm.

1) **What, in your organization's view, have been the most important achievements, challenges and setbacks in implementation of the WHO global strategy to reduce the harmful use of alcohol since 2010?**

The leadership taken by WHO in developing the Global Strategy to Reduce Harmful Use of Alcohol (GAS) has contributed to significant alcohol policy progress internationally. The **support provided to WHO Regional Offices and Member States**, both in terms of an **evidence-based policy framework** and **collection of data and monitoring policy outcomes**, has led to a number of developments. In the European Region, the GAS provided the blueprint for the WHO European Action Plan to Reduce the Harmful Use of Alcohol 2012-2020[i]. At country level, a number of European countries have introduced national alcohol strategies based on the GAS framework of effective and cost-effective policies: Scotland[ii], Republic of Ireland[iii], Estonia[iv] and Russia[v] are notable examples where national governments have introduced regulations on affordability, availability and promotion of alcohol, decisions which were informed by the WHO GAS. In England, Public Health England produced an evidence review of the effectiveness and cost-effectiveness of alcohol control policies based on the GAS framework of interventions[vi].

Whilst Europe remains the heaviest drinking region in the world, **the reduction in per capita consumption** since the publication of the GAS can be seen as a significant step in the right direction for public health. Understanding the drivers for changes in drinking behaviours, including the impact of policy interventions, will be an important factor in building on this progress to date and striving for further reductions in consumption and associated harms. In

this respect, **the establishment of the WHO Global Information System on Alcohol and Health** can be seen as an important achievement of the GAS implementation workplan. This database can also provide vital insights for regions where alcohol consumption rates are increasing.

The GAS has established international recognition for alcohol as a major risk factor for health and social problems. It has equipped WHO, member state policy officials and also wider civil society representatives to advocate successfully for **alcohol to be included in major, high-profile UN strategies**, most notably the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases[vii] and UN Sustainable Development Goals[viii]. The establishment of the **WHO Forum on Alcohol, Drugs and Addictive Behaviours** has created a platform for civil society and academic representatives to network and exchange knowledge, **facilitating policy learning and supporting advocacy efforts at the global and local level.**

As acknowledged in the discussion paper accompanying this consultation[ix], the **resources available to support the implementation of the GAS at all levels continue to be inadequate in the face of the magnitude of alcohol-attributable health and social burden**. This has been a major challenge and has no doubt significantly hampered progress in implementing the GAS.

The second major challenge has been **the lack of political will at all levels to take action to reduce alcohol harm**. A significant contributing factor to policy inertia has been a **lack of recognition of the scale and breadth of alcohol harm**. It is noted in the discussion paper that mortality resulting from alcohol consumption is higher than that caused by diseases such as tuberculosis, HIV/AIDS and diabetes; a fact which is not well known or understood outside of alcohol policy circles. Moreover, the impacts of alcohol beyond public health on social and economic issues are colossal yet not well understood. Proponents of the GAS face the challenge of **better understanding the needs and priorities of decisionmakers who have thus far proven resistant to alcohol control policies**. Greater insight into why the GAS has not gained support among some member states and/or groups of policy officials is needed in order to inform a more tailored approach to advocating for its implementation moving forward.

Perhaps the most debated challenge to implementing the GAS has been the **actions and influence of the alcohol economic operators.** The 'alcohol industry' contains a wide range of prominent actors, dominated by a handful of multinational companies. These global alcohol firms engage in a number of commercial strategies to increase their revenue, including targeting new customers, particularly women and the global poor, developing new 'occasions' to encourage drinking, and encouraging 'trading up' to more expensive products[x]. The economic goals of these companies are in direct conflict with the objectives of the GAS: increased sales and consumption of alcohol will result in greater levels of harm[xi].

Consequently, alcohol industry actors have worked to obstruct alcohol policy progress and the implementation of the GAS.

The alcohol industry exerts significant influence over social and political perceptions and responses to alcohol. It does so through a number of different types of activity. It develops alliances, both internally through trade associations and social aspect public relations organisations (SAPROs), but also with non-industry allies, such as think tanks. It uses corporate social responsibility programmes – not just altruistically for the social good, but as a tactical way to resist regulation, or as an additional way to promote commercial goals such as increasing awareness and positive sentiment towards their product. Academic research suggests such self-serving goals are the dominant motivation for such activities[xii]. Industry groups seek to influence research, both by funding researchers, but also by summarising and disseminating findings. They also engage directly with policymakers – shaping and responding to consultations, but also through unsolicited lobbying. In certain cases, they use economic incentives, such as employment opportunities to inform and bolster such lobbying. Trade and litigation offer a final source of influence. By shaping trade rules so that they reflect their interests and using these regulations to challenge unfavourable laws, the alcohol industry can resist unwanted political change. One of the most notable examples in the UK of such activity was the legal challenge mounted by the Scotch Whisky Association against the Scottish Government which resulted in a five-year delay to the introduction of Minimum Unit Pricing.

2) **What, in your organization's view, should be priority areas for future actions to reduce the harmful use of alcohol and strengthen implementation of the global strategy to reduce the harmful use of alcohol?**

The continued promotion of the GAS policy framework will be vital to securing a reduction in alcohol harm worldwide. It is important that **WHO facilitates policy learning** by keeping abreast of evidence developments and evaluation data from countries and regions which have implemented alcohol interventions, and promoting this knowledge to relevant stakeholders. **Particular attention should be paid to developments since 2010 regarding digital marketing practices and options for regulating online alcohol promotions.**

Strengthening the civil society response to alcohol harm worldwide should also be a priority for future action to progress the objectives of the GAS. As outlined above, the **WHO Forum on Alcohol, Drugs and Addictive Behaviours** has been a positive knowledge-exchange platform and networking opportunity, but it could evolve to become an action-oriented network with a work programme designed to support the implementation of the GAS that is informed by members and fully resourced. Given that travel and subsistence costs of convening the Forum present a barrier to low-resourced organisations (particularly in low- and middle-income countries) participating, IAS suggests that better use of telecommunications facilities should be explored.

An active, engaged and well-coordinated global civil society network will be able to provide essential non-financial support to WHO Secretariat in the implementation of the GAS. However, **greater financial resources are required to effectively secure meaningful reductions in alcohol harm worldwide.** WHO should continue to explore revenue raising opportunities, with a particular focus on **promoting alcohol taxes and other fiscal measures as a means for Member States to secure additional resources to tackle the burden posed by alcohol.** Furthermore, WHO should prioritise the **development of resources to produce cost benefit analyses of alcohol policy interventions, to demonstrate return on investment to Member States.**

A key priority area for action moving forward is **responding to the challenge posed by alcohol economic operators**, as outlined above. One issue that has been consistently challenging in the implementation of the GAS is the ambiguous way in which it addresses terms of engagement with the alcohol industry. This is evident in its inclusion within the list of actors who "have important roles in enhancing the global action" (para 45); and their being "especially encouraged to consider effective ways to prevent and reduce harmful use of alcohol within their core roles" as "developers, producers, distributors, marketers and sellers of alcoholic beverages." (para 45d). Such language has consistently been distorted by leading alcohol producers and industry organisations to depict themselves as partners in health governance at national and international levels[xiii]. While we recognize and value the consistency with which WHO has sought to clarify such misrepresentation[xivxv], confusion generated remains an important challenge internationally. **Our view is that there is an increasingly recognised need for guidance for member states in managing interactions with the alcohol industry and in preventing and managing conflicts of interest.** We note the recent development of a WHO tool that addresses such challenges for member states in nutrition policy[xvi]. Alongside the guidelines for implementation of Article 5.3 of the WHO Framework Convention of Tobacco Control[xvii], this represents an important innovation in managing the terms of engagement with unhealthy commodity industries, for which alcohol policy currently lacks an equivalent.

In building upon the work of the GAS, **there is scope for ongoing improvement in the extent to which actors from policy spheres beyond health are engaged in genuinely multi-sectoral approaches to alcohol policy**. As outlined above, the broad socio-economic impacts of alcohol remain insufficiently recognised, and consequently opportunities are being missed to develop effective collaborations with officials, policymakers and advocacy organisations focused on key issues such as **poverty and inequalities, criminal justice, violence against women and girls and climate change**. **The inclusion within the SDGs of a commitment to ensure policy coherence for sustainable development (17.14)[xviii] constitutes a major opportunity.** The extent to which effective alcohol policy can serve to catalyse progress across multiple goals and policy fields means that it is well placed to respond to what is becoming the defining challenge of the SDGs; namely identifying co-ordinated and integrated policy approaches capable of advancing diverse agendas.

3) Any additional comments?

IAS is supportive of the ambition of GAPA and other civil society actors seeking to explore the **development of a legally binding instrument to support member states in more effectively implementing the policies recommended in the GAS**. We recognise that there may be multiple routes towards such an instrument, and that a framework convention is one potential approach to advancing effective global governance for alcohol.

Finally, we wish to congratulate the WHO staff responsible for delivering the GAS programme. We recognise this is an extremely challenging portfolio, yet the achievements over the past decade have been considerable and there is much hope for progress beyond 2020.

Institute of Alcohol Studies
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[i] WHO (2012) European Action Plan to Reduce Harmful Use of Alcohol. Accessed on 30/10/19 at http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf?ua=1

[ii] Scottish Government (2018) Alcohol Framework 2018: Preventing Harm. Accessed on 30/10/19 at https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/11/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/documents/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/govscot%3Adocument/00543214.pdf

[iii] Houses of the Oireachtas (2018) Public Health Alcohol Act 2018. Accessed on 30/10/19 at https://www.oireachtas.ie/en/bills/bill/2015/120/

[iv] WHO Europe (2019) Participatory Approaches to reaching the Sustainable Development Goals: Estonia. A multipronged alcohol policy involving all of society. Accessed on 30/10/19 at http://www.euro.who.int/__data/assets/pdf_file/0006/398427/20190328-h1715-sdg-topic-estonia.pdf?ua=1

[v] The Lancet (2019) Russia's alcohol policy: a continuing success story. Accessed on 30/10/19 at https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32265-2/fulltext

[vi] Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost Effectiveness of Alcohol Control Policies: An evidence review. Accessed on 30/10/19 at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf

[vii] WHO (2013) Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020. Accessed on 30/10/19 at https://www.who.int/nmh/events/ncd_action_plan/en/

[viii] UN Sustainable Development Goals (2015). Accessed on 31/10/19 at https://sustainabledevelopment.un.org/?menu=1300

[ix] WHO (2019) Discussion Paper: Implementation of the Global Strategy to reduce the Harmful Use of Alcohol since its endorsement, and the way forward. Accessed n 31/10/19 at https://www.who.int/docs/default-source/alcohol/2010-strategy/discussion-paper.pdf?sfvrsn=a171471c_2

[x] Institute of Alcohol Studies (2018) Alcohol Industry Factsheet. Accessed on 31/10/19 at http://www.ias.org.uk/uploads/pdf/Factsheets/FS%20industry%20012018.pdf

[xi] Global Alcohol Policy Alliance (2013) Statement of Concern: International public health community respond to the global alcohol producers' attempts to implement the WHO Global Strategy to Reduce Harmful Use of Alcohol. Accessed on 31/10/19 at: https://globalgapa.org/wp-content/uploads/2015/05/WHO-Statement-of-Concern-2013.pdf

[xii] Babor, T, Robaina, K, Brown, K, Noel, J et al (2018) Is the alcohol industry doing well by 'doing good'? Findings from a content analysis of the alcohol industry's actions to reduce harmful drinking. BMJ Open 2018:8e024325 accessed on 31/10/19 at https://bmjopen.bmj.com/content/8/10/e024325

[xiii] GAPA Statement of Concern (2013)

[xiv] Chan, M (2013) Doctors and the alcohol industry: an unhealthy mix? Letter in reply to BMJ feature on the alcohol industry, 11 April 2013. Accessed on 31/10/19 at https://www.bmj.com/content/346/bmj.f1889/rr/640534

[xv] Torjesen, I (2019) Partnering with alcohol industry on public health is not okay, WHO says. BMJ, 2019; 365 accessed on 31/10/19 at https://www.bmj.com/content/365/bmj.l1666

[xvi] WHO (2017) Safeguarding against possible conflicts of interest in nutrition programmes: Approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level. Accessed on 31/10/19 at https://www.who.int/nutrition/consultation-doi/comments/en/

[xvii] WHO (2008) Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control. Accessed on 31/10/19 at https://www.who.int/fctc/guidelines/article_5_3.pdf?ua=1

[xviii] UN Sustainable Development Goals (2015)