Response to consultation on the WHO European Programme of Work, 2020-2025

About IAS

The Institute of Alcohol Studies 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

Introduction

Europe is the heaviest drinking region in the world with 9.8 litres of pure alcohol per person (15 + years), well-above the global average of 6.4 litres. Drinking alcohol is associated with a risk of developing more than 200 health conditions.[1] Every day in EU+ countries around 800 people die from alcohol attributable causes (291,000 per year).[2] The main cause of death due to alcohol in 2016 was cancer (29% of alcohol-attributable deaths).[3]

The Institute of Alcohol Studies (IAS) welcomes the opportunity to contribute to the World Health Organization's (WHO) Europe Region Work Plan. Alcohol harm impacts on almost all aspects of our society. It increases the susceptibility to infectious disease; lowers economic output; contributes to traffic collisions, crime, and accidents; as well as being a key cause of non-communicable diseases (NCDs). The WHO plays an essential role in setting the standard for effective alcohol policy however the implementation of these policies remains a challenge. A concerted effort is needed globally, and in Europe in particular, to implement the WHO 'best-buys' for reducing alcohol harm[4] should be a central plank of the 2020-2025 work plan.

The Core Priorities

IAS broadly supports the core priorities identified in the Work Plan, however we agree with the submission of the European Public Health Alliance (EPHA) that more focus needs to be given to tackling the NCDs epidemic and that this should be recognized in a flagship initiative. We also welcome the focus on health inequalities, and we agree that COVID-19 has compounded this challenge. Alcohol is a key driver of health inequalities. For instance, while those from lower socio-economic backgrounds drink either the same or less than their wealthy counterparts they experience a greater degree of harm. This is known as the

[1] WHO (2018). Global status report on alcohol and health <https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf>
[2] WHO Europe (2019). Status report on alcohol consumption, harm and policy responses in 30 European countries 2019 <https://bit.ly/32K3gaC>
[3] WHO Europe (2019). Status report on alcohol consumption, harm and policy responses in 30 European countries 2019
[4] World Health Organisation (2017). Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of noncommunicable diseases <https://www.who.int/publications/i/item/9241546352>

'alcohol harm paradox'.[5] We would encourage further consideration of the role of commercial interests in driving these inequalities, for instance, work in Scotland found that the density of alcohol outlets correlated both with increased alcohol-related harms and increasing deprivation.[6]

In the context of the ongoing COVID-19 pandemic we believe that there is an opportunity for the Work Plan to highlight the importance of preventing NCDs in promoting an effective recovery. The crisis, and the social and economic shock it has caused, risks driving unhealthy behaviours and therefore a surge in NCDs. Further, unhealthy commodities such as alcohol place considerable pressure on health systems, which need the additional space and support to handle the pandemic. For example, data indicate that in England 25% of Emergency Doctors' time is taken up in dealing with alcohol-related incidents[7]. Furthermore, alcohol strongly associates with traffic collisions which can require attention from police, ambulances, emergency rooms, and intensive care units: around a quarter of road fatalities in Europe are estimated to be alcohol-related.[8]

Considering the three priority areas as a whole (universal health coverage, protecting against health emergencies and promoting health and well-being), we would support further analysis of the synergies between them. These are especially evident when considering NCDs. For example, increasing taxes on alcohol can have the combined effect of raising revenue to support high-quality universal health coverage, promoting health and well-being by reducing the consumption of alcohol and consequentially increasing the overall health of a population and thus its resilience to health emergencies.

Universal health coverage

We support the suggestion from the EHPA that prevention and health promotion should be considered an investment. In England it is estimated that ever £1 spent on alcohol treatment will bring in £3 of social return.[9]

Protecting against health emergencies

We believe that further direct reference should be made to the role of NCDs in the COVID-19 crisis. One of the clear lessons from COVID-19 is that high levels of NCDs can leave us vulnerable to infectious diseases, and more focus should be given to proactively tackling them.

Promoting health and well-being

We strongly believe that this section should reference the commercial determinants of health. Rather than framing a focus on 'safer, healthier, and better lifestyles, we agree with EPHA that the language of 'better living environments' would be more suitable. This would

[5] Wood, S. and Bellis, M. Socio-economic inequalities in alcohol consumption and harm: Evidence for effective interventions and policy across EU countries. Health Equity Pilot Project (HEPP). European Commission <https://ec.europa.eu/health/sites/health/files/social_determinants/docs/hepp_screport_alcohol_en.pdf>

[6] Alcohol Focus Scotland and Centre for Research on Environment, Society and Health (2018). Alcohol Outlet Availability and Harm in Scotland. Glasgow: Alcohol Focus Scotland <https://bit.ly/3fPxzR5>

[7] The Institute of Alcohol Studies (2015). Alcohol's impact on emergency services <http://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf>

[8] SafetyNet (2009, accessed 17 July 2020). Alcohol. Co-financed by the European Commission. <https://ec.europa.eu/transport/road_safety/sites/roadsafety/files/specialist/knowledge/pdf/alcohol.pdf>

[9] Public Health England (2018). Alcohol and drug prevention, treatment and recovery: why invest? <https://bit.ly/3jqeHdt>

reflect the focus of the work plan on improving the social and physical environment and more accurately capture the need to change the environment in which decisions are made.

We would again urge further consideration of the co-benefits of tackling NCDs. For instance, as is described previously, reducing alcohol will improve road safety and as such make it safer for pedestrians and cyclists. More directly, alcohol's role in anti-social behaviour can lead to less-healthy environments, for example a study in the UK found that people commonly reported that other people's drinking led to them being harassed, afraid in a public place, or kept awake at night.[10] These all make our environment less liveable and less healthy.

The flagship initiatives

Flagship initiative 1. Mental health

We warmly welcome the Mental Health Coalition. We believe it would be enhanced by a reference to addiction and/or dependency: the stigma faced by those with alcohol, or other addictions, can be enormous. Further, greater recognition of the links between substance use and mental health is also warranted. A so called 'dual diagnosis' of an alcohol and mental health problem can make accessing services and treatment particularly difficult.[11] In England, problem drug use and harmful alcohol use are common in community mental health patients and a history of alcohol misuse is frequently present in cases of suicide.[12]

Flagship initiative four. Healthier choices

We support EPHA's suggestion of shifting the emphasis in flagship initiative four: 'Healthier choices: incorporating behaviour insights' to 'Policies for healthy living environments.' Enabling healthy choices is key, but it is essential to recognize that they take place within structural environments. For example, the three 'best buys' for alcohol recommended by the WHO are a focus on price, marketing, and availability, all change the overall environment in which healthy choices are made rather than placing the emphasis on the individual.[13] In sharp contrast to this, alcohol industry narratives tend to focus on individual choices, and downplay the broader population drivers of increased alcohol consumption.[14] In this context it is essential that the WHO advocates a wider view of the determinants of ill-health.

Even if viewed through the context of individual choice, greater recognition is needed of the impact of commercial actors driving unhealthy choices. For example, the reach and pervasiveness of alcohol promotion is enormous: an estimated $760 million is spent by alcohol companies on sports sponsorship globally and a study of 50 episodes of the top five highest rated shows on Netflix and Amazon Prime found that 94% of them contained alcohol.[15] Further, the general absence of labels on alcohol products that contain calorific,

[10] Institute of Alcohol Studies (2015). Alcohol's Harm to others <http://www.ias.org.uk/uploads/pdf/ias%20reports/rp18072015.pdf>
[11] Centre for Mental Health and Institute of Alcohol Studies (2018). Alcohol and mental health <http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp31042018.pdf>
[12] Public Health England (2016). Health matters: harmful drinking and alcohol dependence <https://bit.ly/30xJsEO>
[13] World Health Organisation (2017). Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of noncommunicable diseases
[14] Hessari, NM. et al. Alcohol industry CSR organisations: what can their twitter activity tell us about their independence and their priorities? A comparative analysis. International Journal of Environmental Research and Public Health <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6427731/>
[15] Institute of Alcohol Studies (accessed 17 July 2020). Marketing. (Factsheet) <http://www.ias.org.uk/Alcohol-knowledge-centre/Marketing.aspx>

nutrition, or health information, lead to individuals substantially underestimating the caloric content of alcohol and being largely unaware of the health risks, including cancer.[16] This context, with the enormous disparity between the reach of public health messages and the influence of industry means that, regulation is a necessary component in a discussion of promoting healthy choices.

A fifth flagship initiative. Tackling the NCDs epidemic.
We firmly support the call from EPHA for the inclusion of a fifth flagship initiative on tackling the NCDs epidemic. Europe leads the world in alcohol consumption, and one in four deaths in those aged 20-24 are attributable to alcohol.[17] NCDs are an urgent problem and a renewed focus is essential in tackling them.

Maximising country impact

The COVID-19 pandemic has dramatically changed societies across Europe, and this has placed a renewed urgency on the collection of data. In the context of alcohol, the lockdowns in many European countries changed how people consume alcohol. Further, the ongoing economic and social ramifications of the crisis are also likely to change drinking patterns. Additionally, existing trends such as the rising importance of online promotion and sales may have been accelerated. In this context the collection of data on consumption, health consequences, and industry practices will be essential in guiding and monitoring national and regional work.

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[16] Alcohol Health Alliance UK (2018). How we drink, what we think. <https://bit.ly/3eQAMyl>
[17] WHO Europe (2019). Status report on alcohol consumption, harm and policy responses in 30 European countries 2019