IAS Response to first draft of the WHO Global alcohol action plan 2022 to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol

Key points

The Institute of Alcohol Studies welcomes the opportunity to comment on the first draft of the WHO Global Action Plan (2022-2030) to effectively implement the Global Alcohol Strategy (2010). The overarching vision of the Global Strategy remains extremely important: alcohol continues to place a significant burden on individuals, families and communities and rates of mortality, morbidity and social harms are at unacceptable levels. The COVID-19 pandemic has brought alcohol harm into sharp focus; therefore, the Action Plan will be of critical importance in contributing to the global recovery from the pandemic and supporting the achievement of UN targets and goals including the SDGs and preventing and controlling NCDs.

IAS has identified several opportunities to strengthen the Action Plan draft, to better enable the WHO Secretariat to achieve its goal of considerably reducing morbidity and mortality due to alcohol use as well as related social consequences. Summary key points are outlined below, with further details provided in our full submission.

Structure

1. Whilst it is clear the draft Action Plan has been condensed following consultation with stakeholders, the first draft would still benefit from some structural revisions to make it more focussed and concise. **We recommend that actions and targets are reviewed and revised to produce a more concise and focussed set of measurable indicators against which to evaluate progress of the Action Plan.**

2. Proposed actions for individual stakeholder groups (Member States, WHO Secretariat, international partners, civil society organisations and academia) and proposed measures for economic operators should be consolidated and listed separately to the Action Areas. **We specifically recommend that proposed measures for alcohol industry bodies are listed separately, with clear details of how the conflicts of interest between economic objectives and public health goals will be dealt with via the Action Plan.**

Content

3. The important role of the three "best buy" alcohol policies and those included in the WHO SAFER initiative should be made more explicit. **Action area 1 should therefore specifically relate to the implementation of the "best buys" and associated targets and indicators should refer to each of these policies individually, as opposed to the existing combined term of "high-impact policy options and interventions".**

4. As concluded in a 2018 global study by the Global Burden of Disease Collaborators, it is now clear that there is no safe level of alcohol consumption, a position which is endorsed by WHO. The term "harmful use of alcohol" is therefore no longer compatible with evidence that has developed since the publication of the Global Strategy in 2010 and may contribute to public confusion about the perceived health benefits of drinking. **We recommend that the term "harmful use" is updated to "alcohol use" and/or "alcohol-related harms" throughout the Action Plan, with a summary of the evidence supporting this amend included in the introduction.**

5. As outlined in the draft Action Plan, the economic benefits of effective alcohol policies are clear. **We recommend that a specific action is allocated to the WHO Secretariat to develop toolkits for Member States to better communicate the returns on investment from "best buy" policies and other measures outlined in the SAFER programme.**

6. We welcome the proposal to reconvene the WHO Expert Committee on Problems Related to Alcohol Consumption. However, **we recommend that the remit of the Committee be expanded to include providing recommendations on the way forward. We also recommend that this committee be tasked with exploring important policy options referred to in the draft Action Plan, including "calls for a global normative law on alcohol at the intergovernmental level,** modelled on the WHO Framework Convention on Tobacco Control, and discussions about the feasibility and necessity of such a legally binding international instrument" (p.7).

Role of industry

7. The Action Plan gives due recognition to conflicts of interest in alcohol policy, which we firmly support. However, we are concerned that while conflicts of interest are identified as a challenge to the implementation of the Global Alcohol Strategy, concrete steps to tackle them are insufficiently prominent in the Action Plan. **We recommend that, as part of the Action Plan, WHO develop principles and guidance for Member States in identifying and managing conflicts of interest associated with engaging alcohol industry stakeholders in alcohol policy processes. We recommend that the development of proper governance mechanisms to protect against conflicts of interest in alcohol policy should form part of the Action Plan's operational objective 2.**

8. It is important to recognise that the alcohol industry is a diverse group of stakeholders, including industry-funded NGOs and research institutes. This broad definition should apply to actions in the Plan which seek to limit industry engagement. **Specifically, proposed action 1 under Action Area 6 for international partners, civil society organisations and academia (p.27) should stipulate that independence should be maintained from all alcohol industry bodies, not just producers and distributors.**

Full IAS submission

Introduction

The Institute of Alcohol Studies welcomes the opportunity to comment on the first draft of the WHO Global Action Plan (2022-2030) to effectively implement the Global Alcohol Strategy (2010). We are pleased to note that a number of amendments have been incorporated into this document following previous consultation with Member States and other key stakeholders. We acknowledge the huge task that rests with the WHO Secretariat and wish to support this process as best we can alongside civil society partners. We also welcome the publication of responses to the previous consultation on this issue and request that WHO continue to be transparent in all processes related to development of the Action Plan.

The overarching vision of the Global Strategy remains extremely important: alcohol continues to place a significant burden on individuals, families and communities and rates of mortality, morbidity and social harms are at unacceptable levels. The COVID-19 pandemic has brought alcohol harm into sharp focus, with reports of increased high-risk drinking, alcohol-related deaths and domestic violence in many countries, including the UK[1]. The goal of the Action Plan is therefore of critical importance in contributing to the global recovery from the pandemic and supporting the achievement of UN targets and goals including the SDGs and preventing and controlling NCDs.

IAS has identified a number of opportunities to strengthen the Action Plan draft, to better enable the WHO Secretariat to achieve its goal of considerably reducing morbidity and mortality due to alcohol use as well as related social consequences. Our suggestions are grouped under three headings: 1) structure, 2) content and 3) the role of the alcohol industry.

1. Structure

Whilst it is clear the draft Action Plan has been condensed following consultation with stakeholders, the first draft would still benefit from some structural revisions to make it more focussed and concise. There are currently a number of repetitive statements, actions and targets. Such a large number of commitments risks diluting the impact of the Action Plan and increasing the burden on stakeholder reporting. **We recommend that actions and targets are reviewed and revised to produce a more concise and focussed set of measurable indicators against which to evaluate progress of the Action Plan.** For example, global targets 1.1, 1.3 and 2.1 could be amalgamated to form a single goal relating to the proportion of countries that have protected citizens through the introduction and enforcement of SAFER alcohol policies:

[1] Public Health England (2021). Monitoring Alcohol Consumption and Harm during the COVID-19 Pandemic. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1002627/Alcohol_and_COVID_report.pdf accesses 20 August 2021.

Global target 1.1: By 2030, 75% of countries have introduced and/or strengthened and sustainably enforced implementation of high-impact policy options and interventions

Global target 1.3: By 2030, 80% of the world's population are protected from the harmful use of alcohol by sustained implementation and enforcement of high-impact policy options with due consideration of national contexts, priorities and available resources.

Global target 2.1: By 2030, 75% of countries have developed and enacted a written national alcohol policy that is based on best available evidence and supported by legislative measures for effective implementation of high-impact strategies and interventions.

Likewise, global targets 4.1, 4.2 and 6.1 could be reviewed and revised to develop one target linked to increased capacity and resources.

Global target 4.1: 50% of countries have increased capacity and infrastructure for implementation of high-impact strategies and interventions to reduce the harmful use of alcohol.

Global target 4.2: 50% of countries have increased capacity to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage.

Global target 6.1: 50% of countries have increased available resources for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.

Proposed actions for individual stakeholder groups (Member States, WHO Secretariat, international partners, civil society organisations and academia) and proposed measures for economic operators should be consolidated and listed separately to the Action Areas. This will provide the opportunity to review each stakeholder group's list of specific actions and measures to ensure they are relevant, appropriate and avoid repetition throughout the document. The present structure leads to stakeholder actions and measures that are not always suitable, or that represent repetitions from other sections.

Perhaps the most concerning aspect of the current structure is that it lends legitimacy to alcohol industry bodies in every section of the Action Plan, allocating proposed measures for economic operators throughout the document. This contradicts the preamble text which identifies the influence of the alcohol industry as a major challenge to progress of the Global Strategy, and it also contradicts the WHO-led SAFER initiative which "recognizes the need to protect public health-oriented policy-making from interference by the alcohol industry"[2].

[2] WHO (2019) The technical package SAFER: A world free from alcohol related harms. Available at file:///Users/katherineseveri2/Downloads/9789241516419-eng%20(1).pdf Accessed 19 August 2021.

Alcohol industry bodies do not have relevant contributions to make to each Action Area and their inclusion in the spirit of 'multi-stakeholder engagement' is clumsy and potentially harmful. For example, including a proposed measure for economic operators under Action Area 4, Capacity Building, offers an instruction from WHO for alcohol companies to increase their capacity to produce and sell their products:

> *Economic operators in alcohol production and trade are invited to implement capacity-building activities within their sectors of alcohol production, distribution and sales, and refrain from engagement in capacity-building activities outside their core roles that may undermine or compete with the activities of the public health community.*

This represents a clear contradiction to the public health goals of the Action Plan. **We recommend that proposed measures for alcohol industry bodies are listed separately, to avoid such unintended consequences, with clear details of how the conflicts of interest between economic objectives and public health goals will be dealt with via the Action Plan**. Further recommendations on the role of the alcohol industry are provided below.

2. Content

The draft Action Plan is a comprehensive document covering a wide range of issues related to alcohol harm. The preamble and introductory texts are especially useful in setting the scene, addressing key challenges to alcohol policy progress at the global level. However, the content of the specific actions and targets could be strengthened to better enable the Action Plan to meet its goal. We make several recommendations in this regard below.

The important role of the three "best buy" alcohol policies and those included in the WHO SAFER initiative should be made more explicit. It should be clear that evidence shows the most effective and cost-effective means of reducing alcohol harm is to increase alcohol prices through taxation and other fiscal measures (such as minimum unit pricing), enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising and enforce restrictions on the physical availability of alcohol. **Action area 1 should therefore specifically relate to the implementation of the "best buys" and associated targets and indicators should refer to each of these policies individually, as opposed to the existing combined term of "high-impact policy options and interventions".**

As concluded in a 2018 global study by the Global Burden of Disease Collaborators[3], it is now clear that there is no safe level of alcohol consumption, a position which is endorsed by WHO[4]. Alcohol consumption plays a causal role in several types of cancer, including that of the breast, colon, liver, oesophagus, oral cavity, larynx and oropharynx and the risk of developing cancer increases with any amount of alcohol consumed. However, public

[3] Griswold, M. G., Fullman, N., Hawley, C., Arian, N., Zimsen, S. R., Tymeson, H. D., ... & Abate, K. H. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, *392*(10152), 1015-1035.

[4] WHO Regional Office for Europe (2020a). Alcohol and Cancer in the European Region, an appeal for better prevention. Available at: https://apps.who.int/iris/bitstream/handle/10665/336595/WHO-EURO-2020-1435-41185-56004-eng.pdf?sequence=1&isAllowed=y. Accessed 20 August 2021.

awareness about alcohol as a cancer risk is low and confusion remains about the perceived health benefits of drinking. This lack of awareness can be attributed to a lack of independent health promotion campaigns about alcohol's health harms combined with alcohol industry misinformation strategies. A 2018 qualitative analysis of alcohol industry websites and documents indicates that the industry engages in misrepresentation of evidence about the alcohol-related risk of cancer[5]. The term "harmful use of alcohol" is therefore no longer compatible with evidence that has developed since the publication of the Global Strategy in 2010 and may contribute to public confusion about the perceived health benefits of drinking. It is an imprecise term and implies there is a level of use which is "safe". **We recommend that the term "harmful use" is updated to "alcohol use" and/or "alcohol-related harms" throughout the Action Plan, with a summary of the evidence supporting this amend included in the introduction. We also recommend that actions under Action area 2 refer to the need to increase public awareness that there is no safe level of alcohol consumption.**

We welcome the amended language in the draft Action Plan relating to the need to prevent drinking among pregnant women (as opposed to all women of child-bearing age). We note the unfortunate media attention that was awarded to this line in a previous version, driven by alcohol industry bodies wishing to discredit WHO[6]. This is an example of how alcohol industry acts in opposition to public health goals, seeking to undermine efforts to reduce alcohol harm through evidence-based policies. However, this episode also highlighted the challenges faced by health professionals when delivering guidance about drinking during pregnancy, and the need for consistent independent heath advice. Analysis of alcohol industry-funded websites has identified major omissions and misrepresentations of the evidence on key risks of alcohol consumption during pregnancy[7], contributing to confusion and misunderstanding among the public. Research from the UK shows that a lack of training and standardised guidelines from government agencies can act as a barrier to midwives delivering alcohol advice to pregnant women[8]. **We recommend that Action area 2 includes an action for the WHO Secretariat to develop guidance for delivery of alcohol advice to women who are pregnant or trying to conceive and guidance on preventing, identifying, and managing foetal alcohol spectrum disorders (FASD). This will better support Member States in their efforts to protect at-risk populations, as outlined in Action 1 of Action area 2.**

As outlined in the draft Action Plan, the economic benefits of effective alcohol policies are clear. In addition to research conducted under the auspices of the WHO that demonstrated high returns on investment for "best buys" (p.8) a recent OECD report concluded that

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[5] Petticrew, M., Maani Hessari, N., Knai, C., & Weiderpass, E. (2018b). How alcohol industry organisations mislead the public about alcohol and cancer. *Drug and alcohol review*, *37*(3), 293-303.

[6] London Evening Standard. 17 June 2021. Women of childbearing age should not drink - WHO. Available at https://www.standard.co.uk/news/world/who-sexist-nhs-banning-pregnant-women-alcohol-b941139.html Accessed 20 August 2021

[7] Lim, A.W et al. (2019) Pregnancy, fertility, breastfeeding, and alcohol consumption: An analysis of framing and completeness of information disseminated by alcohol industry–funded organizations. Journal of studies on alcohol and drugs, 80(5), pp.524-533.

[8] Schölin, L et al (2019). Alcohol Guidelines for Pregnant Women: Barriers and enablers for midwives to deliver advice. Available at https://www.ias.org.uk/uploads/pdf/IAS%20reports/rp37092019.pdf Accessed 20 August 2021.

tackling alcohol harm is an "excellent investment"[9]. We support the Action Plan statement that "studies on the costs and benefits of alcohol control measures and development of investment cases can help to overcome resistance to effective alcohol control measures in view of financial and other revenues associated with alcohol production and trade" (p. 23) however the current draft does not include an action to take this forward. **We recommend that a specific action is allocated to the WHO Secretariat to develop toolkits for Member States to better communicate the returns on investment from "best buy" policies and other measures outlined in the SAFER programme.**

We welcome the proposal to reconvene the WHO Expert Committee on Problems Related to Alcohol Consumption. However, **we recommend that the remit of the Committee be expanded to include providing recommendations on the way forward.** This will ensure the Committee's remit fully addresses the 2019 WHA decision 72(11) asking the Director-General to report on "the implementation of WHO's Global Strategy to reduce the harmful use of alcohol since the first decade since its endorsement, and the way forward". **We recommend that this committee be tasked with exploring important policy options referred to in the draft Action Plan, including "calls for a global normative law on alcohol at the intergovernmental level,** modelled on the WHO Framework Convention on Tobacco Control, and discussions about the feasibility and necessity of such a legally binding international instrument" (p.7).

3. Role of the alcohol industry

We welcome the Action Plan's acknowledgement of the major challenge presented by alcohol industry actions to undermine, interfere with and obstruct health policy goals. We also welcome the effort to tightly define the role of industry. However, as outlined above, we believe that across the document as a whole this effort is undermined by the inclusion of the alcohol industry in every action area. Irrespective of how effectively the limited role of the alcohol industry is defined, this implies that they can contribute towards every aspect of the action plan, which is not the case. It also raises the risk that actions for industry may do more harm than good in an effort to fit within a framework that is relevant to public health actors only. As outlined above, we recommend the discussion of industry activities is confined to a specific section, with all "proposed measures" consolidated according to the limited roles attributed to them. This would give scope to more precisely delineate their role, without creating the false impression that industry have an active role in all areas, and helping to protect against erroneous and damaging claims of partnership.

We further recommend that any benefits associated with industry dialogue are made explicit. Specifically, evidence on how dialogue with industry helps WHO in its objective to secure the enactment, enforcement and evaluation of SAFER strategies. If no benefits can be demonstrated, then the industry dialogue must be questioned. Justification is needed for why WHO is committing to meet with industry representatives more frequently than public health stakeholders. If no justification can be offered, we suggest that WHO reduce the frequency of meetings with industry.

[9] OECD (2021) Preventing Harmful Alcohol Use. Available at https://www.oecd-ilibrary.org/sites/6e4b4ffb-en/index.html?itemId=/content/publication/6e4b4ffb-en Accessed 20 August 2021.

It is important to recognise that the alcohol industry is a diverse group of stakeholders, including industry-funded NGOs and research institutes. Evidence demonstrates involvement of the range of alcohol industry bodies, including NGOs and research institutes in receipt of alcohol industry funding, leads to detrimental alcohol policy outcomes[10]. This broad definition should apply to actions in the Plan which seek to limit industry engagement. **Specifically, proposed action 1 under Action Area 6 for international partners, civil society organisations and academia (p.27) should stipulate that independence should be maintained from all alcohol industry bodies, not just producers and distributors.**

The Action Plan gives due recognition to conflicts of interest in alcohol policy, which we firmly support. However, we are concerned that while conflicts of interest are identified as a challenge to the implementation of the Global Alcohol Strategy, concrete steps to tackle them are insufficiently prominent in the Action Plan. For example, they are not recognised in the operational objectives nor is the WHO Secretariat tasked with monitoring or countering commercial influences. This role currently falls exclusively to civil society, with Member States tasked with protecting policy from industry interference, however no guidance currently exists on how to do this for alcohol policy. Further, measures to manage conflicts of interest are also largely absent from key instances where they could occur, such as when the WHO Secretariat maintains a dialogue with the industry. The absence of such measures contrasts with WHO's approach to nutrition policy, where a multi-sectoral approach will be accompanied by a risk assessment and management tool for safeguarding against conflicts of interest.

We recommend that, as part of the Action Plan, WHO develop principles and guidance for Member States in identifying and managing conflicts of interest associated with engaging alcohol industry stakeholders in alcohol policy processes. We recommend that the development of proper governance mechanisms to protect against conflicts of interest in alcohol policy should form part of the Action Plan's operational objective 2.

Institute of Alcohol Studies
August 2021

[10] McCambridge, J., Mialon, M. and Hawkins, B., 2018. Alcohol industry involvement in policymaking: a systematic review. *Addiction*, *113*(9), pp.1571-1584.