

Reply to the WHO Consultation on Monitoring Framework and Targets for the Prevention and Control of Non-Communicable Diseases

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IOGT International is the largest worldwide community of non-governmental organizations with the vision and mission to independently enlighten people around the world on a lifestyle free from alcohol and other drugs. We work with alcohol policy issues by promoting scientific evidence-based policies independent of commercial interests, as well as with other drugs policies.

Therefore IOGT International has closely followed the global political and research processes to prevent and control the burden of Non-Communicable Diseases (NCDs).

We are thankful for the opportunity to contribute to the drafting of the Monitoring Framework and Targets for the Prevention and Control of NCDs.

IOGT International recognizes the growing global momentum for preventing and controlling NCDs. We support the increasing international awareness of and concern with Non-Communicable Diseases and their corresponding risk factors, like alcohol and tobacco.

Global Priority Targets and Indicators. Alcohol a major risk factor for NCDs

Non-Communicable Diseases (NCDs) – heart disease, cancer, diabetes, chronic respiratory diseases – that are responsible for a huge part of the global burden of disease – in high-income as well as in middle- and low-income countries. 63% of deaths – world wide – are due to NCDs.

Therefore IOGT International recommends (see below) to prioritize indicators and targets that prevent the occurrence of NCDs and related mortality. Consequently we recommend to put public health first and to adopt targets on all major risk factors, for a comprehensive, sustainable and effective approach to relieving the world of the NCDs burden.

The “WHO Global Status Report on Noncommunicable Diseases”, 2010, notes: “NCDs are caused, to a large extent, by four behavioral risk factors: [...] tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol”.

There is a strong link between alcohol and NCDs, especially cancer, cardiovascular disease, liver disease, pancreatitis and diabetes. Alcohol is causally linked to eight different cancers. The cancer risk increases with the volume consumed. 3.4% of the global NCD-related burden of deaths can be attributed to alcohol. The corresponding figure for net years of life lost (YLL) is 5.0% and for net disability adjusted life years (DALYs) 2.4%.

Alcohol takes an exceptionally high toll in the growing number of middle-income countries. In some regions, one in five male deaths is attributed to alcohol and nearly half of all alcohol-attributable deaths occur from NCDs. In 2008, 60% of all deaths in the world, a total of 38 million people, died from the four main NCDs: Cancers, chronic respiratory diseases, diabetes and cardiovascular diseases. 80% of these deaths occurred in low- and middle-income countries.

Alcohol can also significantly drain family budgets, since costs for NCD-related health care, medicines, and costs for alcohol diverts households’ income and resources from ensuring food and nutrition security and from basic education.

These NCD deaths in low- and middle-income countries will occur at lower ages than in high-income countries, causing an even greater impact on the total disease burden. This way NCDs lead to losses of educational investments and labour productivity of societies.

Under this burden millions of children do find and will find it difficult and even impossible to acquire education and get out of the vicious circle of poverty.

IOGT International emphasises that the prevention and control of NCDs and their four main risk factors lies within the Best Interest of the world's children – as outlined in the Convention of the Rights of the Child – and should therefore be addressed with comprehensive and effective measures. Below we outline these measures to be introduced as Indicators and targets for the NCD Framework.

The Consultation Process

Given the clear scientific evidence, alcohol has had its place among the major risk factors for NCDs during the drafting process of the here discussed Monitoring Framework and Targets for the Prevention and Control of NCDs. IOGT International recognizes that the initial WHO draft, from 21 December 2011, included a target of a 10% relative reduction in per capita consumption of liters of pure alcohol among persons aged 15+ years. Surprisingly and quite shockingly this target has been omitted in the present discussion paper.

IOGT International and our members, coming from low-, middle- and high-income countries from across the world are very worried about this development.

The removal of the per capita alcohol consumption (APC) target from the initial WHO draft discussion paper on NCDs is partly because Member States are concerned that APC is not a valid indicator of harmful alcohol use.

IOGT International therefore highlights that this concern of some Member States goes contrary to strong, profound and consistent scientific evidence.

We understand that another concern was voiced relating to apparent difficulty of obtaining an accurate measure of APC, which could be hindered by the supply of unrecorded, informal alcohol.

IOGT International therefore emphasizes the great work done by WHO over the years in terms of tracking per capita alcohol consumption. This work has resulted in three highly useful Global Status Reports (1999, 2004, 2010). WHO has been highly involved in documenting and reporting in this field since 1974. From 1996 all the data was gathered and systematized in the Global Alcohol Database, which has been further developed and upgraded into the Global Information System on Alcohol and Health.

In short that means that including a target on per capita alcohol consumption would be in accordance with the established commitments of WHO through the WHO Global Strategy to reduce the harmful use of alcohol. This strategy is also promoted by the Political Declaration from the United Nations High-level Meeting on NCDs: Paragraph 43f refers to “the full range of options as identified by the Global Strategy”.

Criteria for Indicators and Targets

Five criteria to guide the selection of indicators and targets are offered in the second WHO discussion paper of 22 March 2012:

- 1) High epidemiological and public health relevance
- 2) Coherence with major strategies, notably the priorities of the Global Strategy for the Prevention and Control of NCD and its Action Plan, the Political Declaration, and the WHO framework for health systems priorities to monitor exposures, outcomes, and health systems response.

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- 3) Availability of evidence-based effective and feasible public health interventions.
- 4) Evidence of achievability at the country level, including in low- and middle-income countries.
- 5) Existence of unambiguous data collection instruments and potential to set a baseline and monitor changes over time.

Given the removal of the per capita alcohol consumption target from the draft discussion paper, IOGT International finds it fundamentally important to point out that alcohol easily qualifies for priority on all five of the criteria.

- 1) Even though only half the global population drinks alcohol, it is the world's third leading cause of ill health and premature death, after low birth weight and unsafe sex (for which alcohol is a risk factor). The impact of alcohol use is greater than tobacco and is especially large in middle income countries.
- 2) Alcohol is stated as one of the four main shared risk factors for non-communicable diseases in the Global Strategy for the Prevention and Control of NCD and its Action Plan, as well as in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. There is also an established commitment in the WHO Global Strategy to reduce the harmful use of alcohol.
- 3) There are many well researched, hence evidence-based, effective public health interventions available for alcohol. E.g. the book *Alcohol: No Ordinary Commodity*, where 15 of the world's leading alcohol researchers summarize the scientific evidence of the effectiveness of alcohol policy interventions, describes 22 different interventions with moderate or high degree of effectiveness, according to the authors' classification.
- 4) The interventions listed in *Alcohol: No Ordinary Commodity* are classified as to degree of cross-national testing. All of the 22 interventions mentioned above have high ratings on this aspect.
- 5) Good surveillance and monitoring systems for per capita consumption of alcohol are already in place in many parts of the world. Where there is substantial unrecorded alcohol consumed, there are established methods used in WHO's Global Information System on Alcohol and Health for estimating its volume.

Having carefully considered the scientific evidence of both the global NCD burden, as well as the harmful use of alcohol as one of the major NCDs risk factors, always bearing in mind the experience our members have from day-to-day work with the issues of community and family well-being, as well as poverty eradication, societal development and a life in human dignity, IOGT International once more urges for the inclusion of the following target into the Monitoring Framework and Targets for the Prevention and Control of Non-Communicable Diseases:

Per Capita Alcohol Consumption (APC) and harmful use of alcohol

APC is an appropriate and relevant measure of harmful alcohol consumption and alcohol harm.

There is clear and well-established scientific evidence for the correlation of alcohol harm with the harmful use of alcohol in the form of excessive and heavy alcohol use.

This is strengthened by the linear risk increase for many alcohol-related NCDs. For instance in the cases of cancer already moderate consumption of alcohol entails an increased risk. As there is no apparent threshold for the risk there is no consumption of alcohol that can be said to be free from risk.

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The decrease of adult per capita consumption is therefore an important target in order to reduce the global burden of NCDs.

In independent research literature strong support for the effectiveness of population-wide, general interventions and policies can be found and over the years more and better evidence has been collected for the total consumption model. When the total consumption increases in a given society, along with it comes an increase in the prevalence of heavy alcohol users – defined in terms of a high annual alcohol intake. Research has shown that the level of harm decreases when the level of alcohol use in a population goes down.

IOGT International wants to highlight that resolutions from the UN General Assembly as well as WHO World Health Assembly have repeatedly given support to the concept of APC. The general level of alcohol use seriously matters for the health problems caused by alcohol. Both UN and WHO resolutions commit to population-wide interventions like increase of alcohol tax; restrictions in availability.

That there is a relationship between per capita alcohol consumption and excessive or heavy use of alcohol is well established by several, independent scientific evaluations. Although alcohol causes harm even when not consumed excessively or heavy, it should be uncontroversial that excessive or heavy consumption is considered harmful.

In a review of the evidence for the effectiveness and cost-effectiveness of policies to reduce the harm caused by alcohol, published in The Lancet 2009, the authors state: “Ecologically there is a very close link between a country’s total alcohol per head consumption and its prevalence of alcohol-related harm and alcohol dependence, implying that when alcohol consumption increases, so does alcohol-related harm and the proportion of people with alcohol dependence and vice versa.”

In “Alcohol: No Ordinary Commodity, 2nd edition”, the authors state that “there is a strong relationship between the total consumption of alcohol in a population and the prevalence of people who are heavy drinkers.” However, when total consumption increases, it is not only the consumption of heavy drinkers that increases. Alcohol use usually increases in all consumer groups.

Following this reasoning, IOGT International and our members from all over the world find it important to reinstate the following target and indicator into the Monitoring Framework and Targets for the Prevention and Control of Non-Communicable Diseases: 10% relative reduction in persons aged 15+ alcohol per capita consumption; with the connected indicator: per capita consumption of litres of pure alcohol among persons aged 15+ years.

Conclusive summary. A lesser NCD burden is possible

Non-Communicable diseases are a paramount global problem, on all continents and regions and in terms of public health and well-being of human beings, as well as in terms of economic development and prosperity and societal development.

From this realization and awareness, that the global community has come to address, there grows the need for a comprehensive approach and effective measures to prevent and control NCDs and their major risk factors.

Alcohol harm is in itself a major burden for public health, well-being, societal development and a life in dignity and freedom of human beings all over the world. But the “harmful use of alcohol” is also one of four major risk factors for NCDs.

And therefore IOGT International encourages the WHO and Member States to stand firm by the

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Political Declaration adopted by the General Assembly in September 2011 that recognizes harmful use of alcohol as one of the four main risk factors to NCDs and the critical importance of reducing the level of exposure of individuals and populations to these modifiable risk factors.

We also encourage and support WHO and Member States to stand firm by the Political Declaration of the General Assembly to advance the implementation of population-wide interventions in order to reduce the impact of alcohol, together with the other main risk factors

And last but not least IOGT International and our members encourage and strongly support WHO and governments to stand firm by the WHO Global Strategy to Reduce the Harmful Use of Alcohol on the influence on public health of the general level of consumption of alcohol in a population, and on the proposed interventions based on current scientific knowledge, such as availability and pricing policies.

Having reflected on this, bearing in mind the long way the global community has come to tackle the burden of NCDs put on humans and societies all over the world, it becomes very clear that any comprehensive approach to prevent and control NCDs must include measures that reduce and prevent alcohol harm and the harmful use of alcohol.

IOGT International acknowledges in this context the work done and the recommendations given by such a huge number of important institutions: the World Economic Forum and the World Bank being just two prominent ones among many who clearly recommend population measures to address the risk factors. In terms of alcohol those measures being: "Increase taxes, ban advertising, restrict access", (World Bank report, "The Growing Danger of NCDs. Acting now to reverse course" and World Economic Forum report with Harvard University, "The global economic burden of NCDs).

Additionally IOGT International sees the importance of highlighting that even the criteria for indicators and targets that emerged during the consultation process, allow no other conclusion than to include "the harmful use of alcohol" and the related target of reducing total consumption.

Given all these premises, and having on mind all the independent scientific evidence of which we mentioned only a small selection here, it becomes obvious that the "10% relative reduction in persons aged 15+ alcohol consumption (APC)" with the associated indicator "per capita consumption of litres of pure alcohol among persons 15+ years" is an indispensable element of any meaningful strategy to prevent and control NCDs.

Moreover, IOGT International and our members know it from our work in the communities all over the world that including the above mentioned target really lies within the Best interest of the children of the world, which is something all Member States who ratified the Convention of the Rights of the Child (CRC) have compelled themselves to giving it primary consideration in policy decisions.

We encourage Member States to stand by their CRC commitment and do the best for children.



Sven-Olov Carlsson

International President

IOGT International, Stockholm, April 16, 2012

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