

Reinvigorating independent evidence – a response to the IARD consultation contribution on WHO Discussion paper from October 29, 2014:

"SUBMISSION ON BEHALF OF THE INTERNATIONAL ALLIANCE FOR RESPONSIBLE DRINKING (IARD)
ON WHO DISCUSSION PAPER 'FRAMEWORK FOR COUNTRY ACTION ACROSS SECTORS FOR
HEALTH AND HEALTH EQUALITY'"

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International Alliance for Responsible Drinking proposal on

"Also central to IARD's mission will be supporting implementation of the Beer, Wine and Spirits Producers' Commitments to Reduce Harmful Drinking launched in 2013 (www.producerscommitments.org). Building on longstanding efforts in this area, producers undertook these Commitments in recognition that harmful use of alcohol is a risk factor for NCDs and to support WHO's work in this field."

IOGT International response:

Highlighting the **Statement of Concern** by a global coalition of the public health community¹,
from February 2013. Summary of the statement:

On October 8, 2012, thirteen of world's largest alcohol producers issued a set of commitments to reduce the harmful use of alcohol worldwide, ostensibly in support of the World Health Organization's 2010 Global Strategy to Reduce the Harmful Use of Alcohol. As an independent coalition of public health professionals, health scientists and NGO representatives, we are submitting this public Statement of Concern to the WHO Secretariat in response to the activities of the global alcohol producers. Based on their lack of support for effective alcohol policies, misinterpretation of the Global Strategy's provisions, and their lobbying against effective public

¹ Statement of Concern, The international public health community response to the global alcohol producers' attempts

health measures, we believe that the alcohol industry's inappropriate commitments must be met with a united response from global health community.

Our reservations can be summarized as follows:

- 1) The commitments are based on questionable assumptions, as stated in the signatories' Preamble.
- 2) The actions proposed in the five commitments are weak, rarely evidence-based and are unlikely to reduce harmful alcohol use.
- 3) Prior initiatives advanced by the alcohol industry as contributions to the WHO Global Strategy have major limitations from a public health perspective.
- 4) The signatories are misrepresenting their roles with respect to the implementation of the WHO Global Strategy.

This statement calls upon the WHO and its Regional Offices to clarify the roles and responsibilities of "economic operators" in the implementation of the WHO Global Strategy; implement stronger conflict of interest policies and continue to avoid partnerships with the commercial alcohol industry, its "social aspects" organizations and other groups funded by the commercial alcohol industry. Member States are urged to ensure resources are available to provide evidence-based input for policy development, which is independent of commercial and vested interests. They are also encouraged to establish funding sources independent of commercial and other vested interests to carry out research and public health advocacy work.

In addition, we recommend that the global alcohol producers refrain from engagement in health-related prevention, treatment, research and traffic safety activities, as these tend to be ineffective, self-serving and competitive with the activities of the WHO and the public health community. The global producers are encouraged to cease their opposition to effective, evidence-based alcohol policies, and refrain from product innovations that have high abuse potential and appeal primarily to youth and other vulnerable groups.

Finally, we recommend that the public health community avoid funding from industry sources for prevention, research and information dissemination activities; refrain from any form of association with industry education programs; and insist on industry support for evidence-based policies.

It is concluded that the global producers' activities in support of the WHO Global Strategy are

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compromising the work of public health experts, the WHO, its Regional Offices, and the NGOs working in the public health area to deal with the global burden of disease attributable to alcohol. Unhealthy commodity industries such as the global alcohol producers should have no role in the formation of national and international public health policies.

Section 1: Values and principles

International Alliance for Responsible Drinking proposal on

"The discussion proposes that when selecting priority health issues the four main NCDs and their risk factors must be a priority, given that we know 'what works' (page 6), amongst other things. However, it focuses exclusively on so-called 'best buys' or 'highly cost-effective interventions' without specifying what these are. The 'best buys' interventions usually promoted to address harmful use of alcohol are excise tax increases, restrictions or bans on alcohol advertising and promotion and restrictions on the availability of alcohol."

IOGT International response:

The IARD argument that the discussion paper fails in "specifying what ['best buys' or 'highly cost-effective interventions'] are" completely misses the point.

The WHO DISCUSSION PAPER 'FRAMEWORK FOR COUNTRY ACTION ACROSS SECTORS FOR HEALTH AND HEALTH EQUALITY' (draft October 29, 2014) explains the following in its chapter on the background:

"The resolution is based on a history of commitment from institutions and WHO Member States to the promotion of health and health equity, and effort towards universal health coverage, the social determinants of health, and combating both communicable and Noncommunicable diseases (NCDs). It draws on various resolutions, statements and commitments adopted by WHO Member States, including:

- "The 2011 Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases (A/RES/66/2) and the 2014 Outcome Document of the High-level Meeting of the United Nations General Assembly on the Comprehensive Review and Assessment of Progress Achieved

in the Prevention and Control of Noncommunicable Diseases (A/RES/68/300);"

This clearly places the discussion paper in line with, among others, the "[Global Action Plan for the Prevention and Control of NCDs 2013-2020](#)". The World Health Assembly adopted the Global Action Plan on NCDs including specifically highlighted "policy options and cost-effective interventions" to achieve the nine voluntary global targets – for all four risk factors for NCDs. In the case of harmful use of alcohol those are²:

- **Regulating commercial and public availability of alcohol**
- **Restricting or banning alcohol advertising and promotions**
- **Using pricing policies such as excise tax increases on alcoholic beverages**

Each of these best buy policy options, which are widely accepted in the public health community, including the [World Health Organization](#)³, [World Bank](#)⁴, the [World Economic Forum](#)⁵, [Harvard School of Public Health](#)⁶ and national governments, is accompanied by a footnote explaining that each intervention is in fact to be considered: "Very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person."

This means that the WHO Member States hold the effectiveness and cost-effectiveness to be matter of fact, well supported by independent evidence from around the world.

The inclusion of the "best buys" or "highly cost-effective interventions" in the discussion paper is essential and IOGT International supports it strongly. It is unnecessary to further specify these interventions because they are detailed in the WHO NCDs Global Action Plan – and we understand this discussion paper to be in line with and to build on the achievement of the WHO NCDs Global Action Plan.

² WHO Global Action Plan for the Prevention and Control of NCDs 2013 – 2020, Appendix 3, p. 67

³ Scaling up action against Noncommunicable diseases: How much will it cost? – prepared by the World Health Organization (2011)

⁴ The Growing Danger of NCDs. Acting now to reverse the course, World Bank (2011)

⁵ From Burden to 'Best Buys': Reducing the economic impact of NCDs in low- and middle-income countries, World Economic Forum, World Health Organization (2011)

⁶ [The Global Economic Burden of Non-communicable Diseases](#) – prepared by the World Economic Forum and the Harvard School of Public Health (2011)

Section 1: Values and principles

International Alliance for Responsible Drinking proposal on

"The focus on a set of interventions exclusively on the basis of cost-effectiveness is flawed thinking and contradicts the WHO Global Strategy to Reduce Harmful Use of Alcohol (GAS). Prioritizing the three interventions referred to above does not allow for those interventions that, although perhaps more costly to implement in the first instance, are likely to be more effective in reducing harm."

IOGT International response:

A number of points the IARD is making are incorrect:

- 1) Focus on the best buys in alcohol policy interventions does not contradict the WHO GAS. In fact, Annex II of the WHO GAS, specifically the paragraphs 1, 6, 7 and 8 highlights the high-impact, sound evidence-base and cost-effectiveness of the best buy measures⁷.
- 2) Prioritizing the best buys intervention saves lives – as the WHO NCDs Global Action indicates (see above). It does not prohibit governments from using other measures, but it makes clear that for impactful promotion of health and health equality resources ought to be deployed effectively and thus the best buy measures are crucial. It is important to highlight that the WHO NCDs Global Action Plan does outline other policy options, too.
- 3) That measures, which might be "perhaps more costly to implement in the first instance, are likely to be more effective in reducing harm." Is simply wrong and contradicts overwhelming independent evidence, the WHO GAS and the WHO NCDs Global Action Plan. The alcohol industry conveys through this position how out of touch with independent scientific evidence it is. The best buys are proven to be cost-effective and high-impact not just in the short term, as the IARD suggests. These high-impact alcohol policy interventions are called cost-effective because they develop their strongest and most sustainable impact in the long term.

Alcohol: No Ordinary Commodity – Research and Public Policy, 2nd Edition⁸, the collaborative

⁷ Global strategy to reduce the harmful use of alcohol, WHO (2010), Annex II, p. 32ff.

⁸ Babor, Caetano, Casswell, Edwards, Giesbrecht, Graham, Grube, Hill, Holder, Homel, Livingston, Österberg, Rehm, Room, Rossow (2010) Alcohol: No Ordinary Commodity. Research and public policy, Second edition, p. 243 ff.

effort by an international group of alcohol policy experts to present the accumulated scientific knowledge that has direct relevance for alcohol policy development on all levels, presents the following overview of the cost-effectiveness and high-impact policy options:

	<u>Strategy/ intervention</u>	<u>Effectiveness</u>	<u>Breadth of research support</u>	<u>Cross-national testing</u>
<u>Affordability</u>				
	Alcohol taxes	+++	+++	+++
	Minimum price	?	+	0
	Bans on price discounts and promotion	?	+	0
	Differential price by beverage	+	+	+
	Special or additional taxation on alcopops and youth- oriented beverages	+	+	+

	<u>Strategy/ intervention</u>	<u>Effectiveness</u>	<u>Breadth of research support</u>	<u>Cross-national testing</u>
<u>Availability</u>				
	Ban on sales	+++	+++	+++
	Bans on alcohol use in public spaces	?	+	+
	Minimum legal purchase age	+++	+++	++
	Rationing	++	++	++
	Government monopoly of retail sales	++	+++	++
	Hours and days of sale restrictions	++	++	+++
	Restrictions on density of outlets	++	+++	++
	different availability by alcohol strength	++	++	++

	<u>Strategy/ intervention</u>	<u>Effectiveness</u>	<u>Breadth of research support</u>	<u>Cross-national testing</u>
<u>Restrictions on marketing</u>				
	legal restrictions on exposure	++/ +	+++	++
	Legal restrictions on content	?	0	0
	Alcohol industry's voluntary self-regulation codes	0	++	++

	<u>Strategy/ intervention</u>	<u>Effectiveness</u>	<u>Breadth of research support</u>	<u>Cross-national testing</u>
<u>Education and persuasion</u>				
	class room education	0	+++	++
	college student normative education and multicomponent programmes	+	+	0
	brief interventions with high risk students	+	+	0
	mass media campaigns, including driving under the influence campaigns	0	+++	++
	warning labels and signs	0	+	0
	social marketing	0	++	0

IARD also claims:

"The three interventions are largely unproven in their ability to reduce alcohol related harm, rely upon an evidence base that is limited in geographic scope and economic impact modeling, do not take into account the importance of national, cultural and institutional conditions in the different Member States and may also have unintended and negative consequences."

IOGT International response:

This statement is incorrect. Alcohol taxes, alcohol marketing regulations and alcohol policies limiting the availability of alcohol are supported by strong independent evidence, originating from different parts of the world, and over a long period of time – as proven by the diagrams above.

The IARD claim is not consistent with what is known about the most effective, evidence-based alcohol policies, as it implies erroneously that individual-level programs directed at high-risk alcohol users are more feasible and effective than what the public health community widely recognizes today as the best buys of price, availability and marketing controls. The matter of the fact is that the measures the IARD is opposing are so effective, that they threaten the profits of the alcohol producers that are financing the IARD.

There's clear independent evidence, from different parts of the world that shows how impactful alcohol policy measures are. Those that are cost-effective also do have a much higher impact than those that are more expansive (which the alcohol industry is proposing).

Section 1: Values and principles

International Alliance on Responsible Drinking proposal on

"The GAS explicitly provides "a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level..." By contrast, the approach in the discussion document seems to promote only a limited number of interventions to reduce the harmful use of alcohol, which would not be appropriate for many WHO Member States."

IOGT International response:

Yes, WHO GAS does provide for a range of policy options, which are grouped into 10 recommended target areas – out of which the three best buys are superior in both impact and evidence-based. Therefore it is with good reason to highlight and emphasize them. Highlighting does not mean excluding and governments have all possibilities to complement the best buys interventions with other policy interventions.

It must be said that the WHO GAS also provides for a set of guidelines, eight in number, which are not mentioned in the discussion paper either. It seems like the IARD is cherry picking what suits its interests best to be included in the discussion paper, instead of advocating what is most appropriate for the purpose of achieving health equality and facilitating action for health across sectors.

IOGT International holds that it is sensible to highlight the best buys because by their nature, they are policy interventions that reap greatest benefit to other sectors, too.

Therefore IOGT International strongly recommends the inclusion of best buys in any future drafts of the discussion paper. That best buys would not be appropriate “for many WHO Member States” is incorrect, too. The WHO Member States adopted the NCDs Global Action in 2013, committing to action such as: “At least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.” In doing so, Member States chose to highlight the three best buys that are most cost-effective in achieving the voluntary global target⁹.

⁹ WHO Global Action Plan for the Prevention and Control of NCDs 2013 – 2020, Appendix 3, p. 67

Section 1: Values and principles

International Alliance on Responsible Drinking proposal on

"Excessive taxes, advertising bans and tight restrictions on availability tend to displace consumption and move it into less expensive and/or informal and illicit markets and products, rather than reduce harmful use. Unregulated alcohol can have serious health consequences. It can also undermine the rule of law."

IOGT International response:

A couple of points have to be made in response to these misleading IARD claims:

- 1) Alcohol products that the alcohol industry –the companies behind the IARD – is manufacturing, distributing, marketing and selling around the world do cause most of alcohol harm in the world.¹⁰
- 2) The alcohol industry has a troubled and problematic relationship with evidence-based, high-impact alcohol policy measures, embodied in the best buys. The alcohol industry's approach to depict these measures as sources for all kinds of negative consequences goes against an overwhelming amount of independent evidence. The IARD is aiming at discrediting effective policy measures to replace them with ineffective ones. Commenting on the best buys, the alcohol industry has an obvious conflict of interest. Additionally, the alcohol industry has amassed a track record of opposing, undermining, and systematically violating evidence-based alcohol control measures.¹¹

¹⁰ Freudenberg, N. (2014) Lethal But Legal: Corporations, Consumption, and Protecting Public Health

¹¹ Profit Over Human Rights – Big Alcohol Out Of Context In Public Health Policy Making (2013) IOGT International booklet

Section 1: Values and principles

International Alliance on Responsible Drinking proposal on

"Thus these three interventions can be difficult and costly to implement in practice, and can be ineffective against harmful use. This is particularly the case in low- and middle-income countries with a large and affordable unrecorded alcohol sector, which can represent 50% or more of the total alcohol market. It is clear that the 'best buys' would place a substantial regulatory burden on many developing countries, diverting both scarce resources and manpower for unproven benefits, which would be better applied to improving health systems."

IOGT International response:

A couple of points have to raised in response to these misleading IARD claims:

- 1) Noncommercial alcohol is a complex issue that includes home brewing, illicit distillation, and diversion of legal alcohol to the informal market to avoid taxes. The harm associated with noncommercial alcohol is primarily a function of its alcohol content not the toxic ingredients (e.g., methyl alcohol) that are sometimes responsible for alcohol poisonings. As such, it is not the role of the alcohol producers to conduct scientific research and take the lead in combatting noncommercial alcohol. The industry lacks expertise in dealing with this complex issue, and they have an obvious conflict of interest in their advocacy for low-cost alternatives to noncommercial alcohols. Indeed, some industry activities listed in their Global Initiatives document as contributions to the WHO GAS, such as lobbying to reduce the excise tax on a new sorghum beer product, could increase alcohol harm while failing to address the problems associated with noncommercial alcohol. Governments, health ministries and public health officials are the most appropriate parties to address the harms associated with noncommercial alcohol, not the alcohol industry and its trade associations or social aspects organizations. Their sole purpose is to secure the supply of commercial alcohol and to earn profits from it. Their responsibility is to comply with current laws and regulations.
- 2) In regions where the unrecorded alcohol consumption is high, this fact necessarily has to be taken into account when planning strategies and interventions to reduce alcohol-related harm. Interventions directed to the formal, legal production and sale have to be combined with actions to control the unrecorded market. It is in the interests of

governments from both a fiscal and a policy perspective to move towards eliminating illicit production and sale and to bringing informal supply under the taxation system.¹²

The best buy policy interventions have an important role in not only reducing but preventing harm caused by alcohol – for instance in preventing the early onset of youth alcohol use by banning alcohol advertising, a measure that has been found highly impactful and cost-effective in countries around the world. Therefore the best buy interventions are not running in opposition to building a strong and sustainable health system, in fact they support this end¹³. Especially in low- and middle income countries alcohol harm puts tremendous pressure on weak health systems and other sectors of society¹⁴. For example, at least five out of the eight Millennium Development Goals are negatively impacted by alcohol – meaning alcohol harm poses an obstacle to achieving these MDGs¹⁵. Evidence from Thailand shows that the introduction of the taxation method called, 'Two-Chosen-One' (2C1) that “combines specific taxation (as a function of the alcohol content) and *ad valorem* taxation (as a function of the price), resulting in an effective tax rate¹⁶” that puts a higher tax both on beverages which are preferred by frequent alcohol users and on beverages which are preferred by potential alcohol consumption neophytes, compared to either taxation system alone.

- 3) Restricting alcohol outlet density has been found to be highly impactful on reducing (domestic) violence and other forms of gender-based violence in communities¹⁷ – thus easing the burden on the health systems.
- 4) The best buys do, in fact, not pose any “substantial regulatory burden” because by being evidently cost-effective (see above) it means that the costs associated with putting these measures in place are outweighed by the benefits of these measures. In contrast, self-regulation by the alcohol industry has been proven to be not only ineffective, but to be even systematically violated by the alcohol industry itself.

Section 1: Values and principles

¹² Diyanath Samarasinghe (2009) UNRECORDED ALCOHOL

¹³ Stahl, Wismar, Ollila, Lahtinen, Leppo (editors) (2006) Health in All Policies. Prospects and potentials

¹⁴ Diyanath Samarasinghe (2009) ALCOHOL AND POVERTY: some connections

¹⁵ The Overlooked Obstacles for Achieving Millennium Development Goals, IOGT International Press Rel., Oct. 17, 2012

¹⁶ Sornpaisarn (2011) Alcohol taxation policy in Thailand: implications for other low- to middle-income countries

¹⁷ Kathryn Stewart: How Alcohol Outlets Affect Neighborhood Violence

International Alliance on Responsible Drinking proposal on

"The evidence base for advertising bans as a way to reduce NCDs or harmful use of alcohol is extremely weak at best. Econometric and cross-sectional studies have failed to show a clear causal relationship between marketing expenditure and any indicator of harmful drinking. Where an association has been reported in a handful of longitudinal studies, it is very weak in real terms and does not make a compelling case that advertising causes harmful drinking."

IOGT International response:

This is another erroneous claim by the alcohol industry. It is well proven and widely accepted in the public health community that alcohol marketing targeting children and youth, both causes them to start using alcohol at an earlier age and if they are already using alcohol marketing causes them to consume alcohol more frequently and in bigger amounts. The alcohol industry, including the IARD, knows this: "One British study found that 96% of 13 year olds were not only aware of alcohol advertising but had encountered it in more than five different media"¹⁸.

In fact, there is evidence that young people are actually more exposed to alcohol advertising than adults: "a European study found that young people in the UK aged 10-15 years viewed more alcohol advertisements on television than adults aged 25 years and older"¹⁹.

It's necessary to consider the following to fully grasp the contradictory and misleading claims made by the IARD: the Scientific Opinion of the Science Group of the European Alcohol and Health Forum (where ICAP used to be member at that time²⁰) stated in its report to the European Alcohol and Health Forum that "the overall description of the studies found consistent evidence to demonstrate an impact of alcohol advertising on the uptake of drinking among non-drinking young people, and increased consumption among their drinking peers. This finding

¹⁸ House of Commons Health Committee (2010) Alcohol: First Report of Session 2009-10, Volume 1. London: The Stationery Office

¹⁹ Winpenny, E. et al. (2012) Assessment of young people's exposure to alcohol marketing in audiovisual and online media. Cambridge: RAND Europe.

²⁰ EUROPEAN ALCOHOL AND HEALTH FORUM SCIENCE GROUP. MEMBERS AS OF NOVEMBER 2010

is all the more striking, given that only a small part of a total marketing strategy has been studied, ..."21

And finally it must be highlighted that the WHO GAS states: "Reducing the impact of marketing, particularly on young people and adolescents, is an important consideration in reducing harmful use of alcohol."²²

In a previous claim the IARD was trying to appear to promote the integrity of the WHO GAS. In this claim (see above), they contradict themselves and show that not the WHO GAS is their primary concern, but the elimination of impactful alcohol control measures, such as the best buys.

Section 1: Values and principles

International Alliance on Responsible Drinking proposal on

"The discussion paper therefore needs to acknowledge the full range of interventions in the WHO Global Strategy to Reduce the Harmful Use of Alcohol. There should be a reference, under 'what works' such as: 'For harmful use of alcohol, the WHO Global Strategy to Reduce Harmful Use of Alcohol identifies a comprehensive range of interventions for Member States to select from, according to their national priorities and cultural circumstances'."

IOGT International response:

The fact that the alcohol industry, through IARD, seems to be promoting policy options that are culturally appropriate is misleading and puzzling in two ways:

- 1) ICAP was found to have been aggressively promoting one-size-fits-all policy measures in Sub-Saharan Africa, proposing cost-expensive and low-impact measures that would not distinguish between culturally and geographically diverse countries, with for example

²¹ Scientific Opinion of the Science Group of the European Alcohol and Health Forum: Does marketing communication impact on the volume and patterns of consumption of alcoholic beverages, especially by young people? - a review of longitudinal studies, p. 17

²² WHO Global Strategy to reduce the harmful use of alcohol (2010), p. 15

either Muslim or Christian majority populations²³ in Sub-Saharan Africa.

- 2) While the alcohol industry maintains that best buys policy interventions were not appropriate for some countries, they keep arguing for one and the same solution, no matter the continent, country or context: self-regulation, instead of statutory regulation.

Section 4: Public Sector roles and responsibilities

International Alliance on Responsible Drinking proposal on

"The discussion paper refers to tension between health and trade. This is a matter, which affects many sectors, including the beverage alcohol industry.

The implication is that trade agreements negatively impact health policy, which is not the case. International trade agreements do not undermine or threaten the alcohol policies of member states."

IOGT International response:

This statement is another misrepresentation of the overwhelming evidence-base.

IOGT International holds that it is crucial for the discussion paper to maintain a health-first perspective because it is this perspective that is not maintained in trade negotiations and trade agreements – analyzing the CETA, TPPA and TTIP documents that are available gives proof of that and a recent LSE study underlines that.

Health always has to justify that it doesn't put unnecessary obstacles in the way of free trade²⁴. Governments from low- and middle-income countries, like Thailand, that want to exclude alcohol and tobacco products from trade negotiations with the European Union are bullied and pressured to give up that position; the WTO is used extensively to complain about

²³ Endal, D., Bakke, O. (2009) Drinks industry supplanting government role in Sub-Saharan Africa

²⁴ Khan, Pallot, Taylor And Kanavos (2015) The Transatlantic Trade And Investment Partnership: International Trade Law, Health Systems And Public Health

marketing and labeling regulations concerning alcohol; and countries are being sued for public health legislation that jeopardizes profits of the corporate consumption complex.

IOGT International strongly supports that a health-first and health in all policies approach is maintained, in order to give health equity and resilient, sustainable health systems a fair chance.

The public health community, including IOGT International, is hugely concerned with addressing Noncommunicable diseases associated with tobacco consumption, alcohol consumption, and an unhealthy diet. These are largely preventable diseases, primarily manufactured by the corporate consumption complex, including the tobacco and alcohol industries. For instance, a widespread study of developing nations²⁵ showed that by the year 2030, tobacco consumption will cause ten million deaths annually. Alcohol consumption is estimated to cause 3.8% of deaths globally. Inadequate fruit and vegetable intake alone causes approximately 2.7 million deaths annually from conditions like gastrointestinal cancer, ischemic heart disease, and stroke.

As the harmful effects of alcohol, tobacco, and poor diet continue to rise, developing countries are particularly susceptible to NCDs as a result of weak healthcare systems.

Trade in these harmful goods has negative consequences for public health, especially concerning NCDs, but concerning alcohol, also with regards to gender-based violence and communicable diseases like HIV/ Aids and Tuberculosis²⁶.

Section 4: Public Sector roles and responsibilities

International Alliance on Responsible Drinking proposal on

"There is no justification on health grounds in restricting international trade in beverage alcohol products by, for example, exempting them from international trade negotiations and agreements."

²⁵ McGrady (2011) Trade and public health: the WTO, tobacco, alcohol, and diet

²⁶ Kelsey (2013) New-generation free trade agreements threaten progressive tobacco and alcohol policies

IOGT International response:

This part speaks volumes to the intentions of IARD. The IARD is protecting the profit interest of the alcohol producers that finance it. When the alcohol industry early appeared to maintain the importance of a culturally sensitive approach to public health policymaking concerning the best buys, they are now maintaining a Universalist approach to trade policy. But the argument is flawed: non-tariff barriers are restrictions on trade that protect and promote health, for example alcohol retail monopolies.

The U.S. wine industry, for example, has been highlighting labeling requirements in the EU as a barrier that restrict trade. "Other barriers to U.S. exports of alcoholic beverages cited by the industry include high taxes²⁷..." - high taxes on alcohol are a best buy to promote health and well-being.

The LSE study says: "Regulation in support of public health goals is a common feature within the US and EU, with many aspects decentralized to national, regional and municipal level. Within this context a number of commentators contend that TTIP would open aspects of public health regulation to legal challenge. In support of this, international examples have been highlighted which relate to the labeling and advertising of food, alcohol and tobacco."²⁸

In the CETA agreement, for instance, the Canadian provinces that operate their versions of retail monopolies specifically reserved their rights to legislate in this area, on public health grounds, and putting restrictions on trade.

Moreover, there are governments that are weary of trade liberalization concerning alcohol products – and these governments should be allowed to prioritize health over trade and excluding alcohol (and other harmful substances) from trade negotiations.

²⁷ United States Trade Commission report (2001) Processed food and beverages. A description of tariff and Non-tariff Barriers for major products and their impact on trade, vol. 1

²⁸ Khan, Pallot, Taylor And Kanavos (2015) The Transatlantic Trade And Investment Partnership: International Trade Law, Health Systems And Public Health, p. 12

Section 4: Public Sector roles and responsibilities

International Alliance on Responsible Drinking proposal on

"Moreover, most alcohol consumed in the world is not internationally traded. In most countries, the overwhelming share of consumption is locally produced, with imports accounting from a small fraction of consumption."

IOGT International response:

As a matter of fact, the 10 largest beer brewers had a market share of 66% of global sales in 2010. The top 10 liquor companies had a market share of 59% in 2010. And since 1979-1980, the market share of the biggest alcohol producers has increased by 28%. In 2010 the 6 biggest alcohol companies did spend more than \$2 billion (USD) on alcohol marketing²⁹.

The majority of adults in the world do choose to live free from alcohol and the WHO GAS stipulates in Guiding Principle g) that their lifestyle choice ought to be respected and protected. It means that not trade in alcohol but alcohol control policies and a health-first approach is to be preferred and is in the Best Interest of children and young people³⁰.

²⁹ Freudenberg, N. (2014) Lethal But Legal: Corporations, Consumption, and Protecting Public Health

³⁰ Art. 3, Convention on the Rights of the Child

Section 5: International and non-state actor engagement

International Alliance on Responsible Drinking proposal on

"However, the discussion document is very light on describing the role of non-state actors and the contribution they can make and places significant emphasis on protecting member states from conflicts of interest. We think the paper should be positive and welcoming about the roles NSAs can play.

"Managing conflicts of interest will not be new to many member states, who have for years engaged NSAs in a range of their activities. We believe there are some important principles for this engagement, such as, equal treatment for all NSAs with regard to the development of policies and participation in meetings and consultations."

IOGT International response:

The activities of the IARD and the alcohol industry in general in support of the WHO GAS are compromising the work of public health experts, the WHO, its Regional Offices, and civil society working for the promotion of health and well-being and to deal with the global burden of disease attributable to alcohol. It is clear that the alcohol industry does not only have a clear conflict of interest in the policies they promote and those they oppose. Neither do they have any competence to do research, policy analysis or public health.

Support for evidence-based policy and cessation of lobbying against effective policies should be a pre-condition for any dialogue with the WHO and the public health community. The misrepresentation by the global alcohol industry and their social aspect organizations of their role in the implementation of the WHO GAS is interfering with important global health programs, such as NCDs initiatives, and should therefore be halted. Unhealthy commodity industries such as the global alcohol producers should have no role in the formation of national and international public health policies.

In the discussion of engagement with Non-state actors, this means that the discussion paper's emphasize on safeguarding WHO and Member States from conflict of interest is highly commendable and very wise. IOGT International supports this approach.

The IARD is representing economic interests, not public health concerns. The alcohol industry, like the tobacco industry, has no role to play with regard to the development of policies and participation in meetings and consultations convened by WHO. Non-State actors need to be



treated according to their nature, mission and affiliations and therefore it is essential that the discussion paper clearly addresses the importance of eliminating conflicts of interest when Non-State Actors want to engage with WHO.