

**ALCOHOL POLICY FUTURES**  
**Joint Submission WHO Web-Based Consultation 1<sup>st</sup>**  
**Draft Global Alcohol Action Plan**

**Alcohol Policy Futures**  
**Submission – WHO Consultation – First draft of the global**  
**action plan for improving WHO GAS\* implementation**

\*WHO GAS = WHO Global Alcohol Strategy

We, the Alcohol Policy Futures platform, are grateful for the opportunity to comment on the first draft and appreciate the effort by the World Health Organization in conducting an ambitious consultative process. In general, we welcome and support large parts of the first draft for the future global alcohol action plan. But we also see room for improvement and opportunities to strengthen the action plan.

**Our five priority areas for improvement of the draft alcohol action plan are:**

1. Further strengthen the focus on the alcohol policy best buy solutions, including better/ more specific targets and indicators,
2. Review the role assigned to the alcohol industry in the document, and better cover conflict of interest concerns,
3. Improve and develop the terminology, especially concerning the concept of “harmful use of alcohol”, and the definition of “economic operators”,
4. Review and improve the structure, logic, and coherence of the action plan, and
5. Strengthen review of and reporting on progress (or lack thereof) on a regular basis, including capacity building to do so, as well as resourcing.

**Detailed explanations for each of the five points**

- 1. Further strengthen the focus on the alcohol policy best buy solutions, including better/ more specific targets and indicators**

We welcome the strengthened role of the alcohol policy best buys in the first draft, as compared to the working document. However, the highest impact alcohol policy solutions are so central to the effort of reducing alcohol consumption and harm

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globally, that we suggest to further strengthen the focus on the alcohol policy best buys in particular and the SAFER technical package in general. Concretely, we recommend that action area 1 refers specifically to the alcohol policy best buys. In addition, we suggest that associated targets and indicators refer to each of these policies individually.

We welcome the inclusion of targets and indicators in the action areas. We specifically welcome and support the more the ambitious target on the reduction of per capita alcohol consumption by 2030. At the same time, on reviewing all targets of all action areas, we suggest that they be examined more closely. It is not entirely clear if there is a significant difference between specific targets, for instance 1.1 and 2.1. Simultaneously, other targets and indicators that help set benchmarks and assess progress are missing from the first draft. Additional targets could be some the these, under action area 2 (for instance):

- All countries issue mental health advice on alcohol,
- All countries have multi-stakeholder platforms free from conflicts of interest for alcohol policy development, and
- All countries invest in civil society and community-based organization to prevent and reduce alcohol harms.

It is not entirely clear either why concrete percentages have been chosen and why not higher or lower percentages or the more ambitious “all countries” target for specific points.

**2. Review the role assigned to the alcohol industry in the document, and better cover conflict of interest concerns**

We welcome the first draft’s acknowledgement of alcohol industry activities as major obstacles to effectively implement the WHO GAS in countries around the world. Nevertheless, the first draft is in conflict with itself because the acknowledgement of alcohol industry impediments to progress on alcohol-related global health and development targets is not reflected in the action areas.

The first draft implies that that the alcohol industry can contribute towards every aspect of the action plan. This is not the case. The activities of the alcohol industry have a negative impact on each action area.

The way the alcohol industry is included and the role they receive through the first draft of the global alcohol action plan further raises the risk of causing more harm to global, regional, national, and local efforts to tackle alcohol harm as public health priority.

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The action areas of the draft global alcohol action plan should not include any action for the alcohol industry.

We are mindful of the way that the WHO GAS addresses the alcohol industry. Due to their fundamental conflict of interest and vast track record of interference against effective implementation of the WHO GAS the alcohol industry plays a very different role and does not pursue public health objectives regarding the response to the global alcohol burden.

We recommend, the alcohol industry be dealt with in a single paragraph in the draft action plan, emphasizing that neither self-regulation, nor corporate social responsibility has brought any positive changes to the global alcohol burden; that the alcohol industry is interfering against WHO-recommended alcohol policy solutions, delaying, derailing and destroying attempts to implement the WHO GAS; that the alcohol industry has a fundamental conflict of interest, for instance because large parts of their profits come from heavy alcohol use; and that WHO will desist with the dialogue with the alcohol industry.

Furthermore, it is important to recognize that the alcohol industry is a diverse group of stakeholders, including industry-funded NGOs and research institutions. This broad definition should apply to actions in the Plan which aim at limiting alcohol industry engagement. Specifically, proposed action 1 under Action Area 6 for international partners, civil society organizations and academia (p.27) should stipulate that independence should be maintained from all alcohol industry bodies, not just producers and distributors.

Finally, we support the recognition of conflicts of interest expressed in the first draft. However, we are concerned that while conflicts of interest are identified as a challenge to the implementation of the WHO GAS, the action part of the draft action plan does not provide concrete steps to tackle them.

For example, conflicts of interest are not recognized in the operational objectives nor is the WHO Secretariat tasked with monitoring or countering alcohol industry interference. This role currently falls exclusively to civil society, with Member States tasked with protecting policy from alcohol 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.

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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.

**3. Improve and develop the terminology, especially concerning the concept of “harmful use of alcohol”, and the definition of “economic operators”,**

10 years is a long time. Since the adoption of the WHO GAS, the understanding of the magnitude of alcohol harms has further improved, the recognition of the impact of alcohol industry activities has further increased, and the knowledgebase of what and how to accelerate alcohol policy action has also gotten stronger. We request that the draft global alcohol action plan reflects these advances.

Moreover, the Global Burden of Disease study 2018 showed that there is no safe level of alcohol consumption. The concept “harmful use of alcohol” is thus not compatible with evidence that has developed since the adoption of the WHO GAS in 2010.

The concept of “harmful use of alcohol” however contributes to confusion about the origin of alcohol harm (it is the alcohol products and industry practices, not the individual user) and about the perceived health benefits of alcohol use.

We request that the draft global action applies the latest scientific evidence and the term “harmful use” be updated to “alcohol use” and/or “alcohol harms”.

In general, we recommend revising the nomenclature employed for discussing the global alcohol burden and alcohol policy solutions. For instance, by moving away from references to the ‘harmful use of alcohol’, and ‘economic operators’ greater clarity can be achieved, and alcohol industry-favorable framings of problems and solutions can be avoided.

For instance, ‘Economic operators’ does not clearly articulate the significant financial and vested interest that alcohol corporations and their lobby groups have in increasing the sale of alcohol.

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**4. Review and improve the structure, logic, and coherence of the action plan**

We welcome the work to improve the structure and logic of the first draft in comparison to the working document.

Nevertheless, the next draft would still benefit from structural revisions to ensure focus and clarity.

Therefore, we highly recommend the structure of the draft action plan to be reviewed and improved further. Making the draft global alcohol action plan even more concise and focused will facilitate its uptake and implementation.

We recommend reviewing and improving actions and targets to produce a more concise and focused set of measurable indicators against which to evaluate progress of the Action Plan. A focus on quality over quantity would further improve the draft action plan.

**5. Strengthen review of and reporting on progress (or lack thereof) on a regular basis, including capacity building to do so, as well as resourcing.**

Compared to other areas of global health, the governance, infrastructure, resourcing as well as review and reporting of alcohol policymaking worldwide is under-developed and remains inadequate, considering the magnitude of the alcohol burden and the need for urgent alcohol policy action.

We welcome that some aspects of this problem have been indirectly addressed in the working document. Governance, infrastructure, resourcing, and review and reporting matter for the quality and frequency of discussions, leadership and commitment to alcohol policy development and implementation.

Regarding review and reporting: We recommend annual WHO publications about alcohol harm and/or policy development – as in tobacco control. This is essential to promote awareness, track progress and maintain the momentum.

Secondly, the need to report more frequently to the WHO governing bodies, preferably through a regular stand-alone agenda item, has become clear over the last ten years.

We therefore request the action plan to clearly outline the need for biennial reporting to the World Health Assembly (WHA) on the progress of its implementation, at least for the duration of the action plan (2022-2030).

Regarding resourcing, already in the process of developing the action plan, governments should make stronger commitments to support WHO's work on alcohol and the Secretariat and regional offices in turn should allocate resources commensurate with the global alcohol burden. Improved resourcing should

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facilitate technical support to member states to improve their monitoring and reporting capacity.

Regarding governance and infrastructure enhancements for alcohol policy development and implementation, some APF partners suggest concrete improvements in their individual submissions. This dimension is crucial for the development of robust, sustainable structures of collaboration, knowledge, and experience exchange and to promote commitment and leadership.

**On behalf of Alcohol Policy Futures:**

1. Alcohol Action Ireland,
2. Alcohol Control and Policy Network (ACPN), Kenya,
3. Alcohol and Drug Information Center (ADIC), Sri Lanka,
4. Alcohol Focus Scotland,
5. Asia Pacific Alcohol Policy Alliance (APAPA),
6. East African Alcohol Policy Alliance (EAAPA),
7. EHYT, Finland,
8. European Alcohol Policy Alliance (Eurocare),
9. FORUT Norway,
10. Foundation for Alcohol Research and Education (FARE), Australia,
11. Institute of Alcohol Studies (IAS), UK,
12. IOGT-NTO, Sweden,
13. IOGT-NTO Movement, Sweden,
14. Lithuanian Tobacco and Alcohol Control Coalition (NTAKK),
15. Movendi International,
16. Scottish Health Action on Alcohol Problems (SHAAP), Scotland,
17. Serenity Harm Reduction Program Zambia (SHARPZ), Zambia,
18. Dutch Institute for Alcohol Policy STAP, Netherlands,
19. Southern African Alcohol Policy Alliance (SAAPA),
20. Stop Drink Network, Thailand,
21. Student Campaign against Drugs (SCAD), Kenya,
22. Tanzania Network Against Alcohol Abuse (TAAnet),
23. Uganda Alcohol Policy Alliance (UAPA),
24. Vision for Alternative Development, Ghana,
25. Youth against Alcoholism and Drug Dependence (YADD), Zimbabwe

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