

## MOVENDI INTERNATIONAL SUBMISSION – 11 SUGGESTIONS FOR IMPROVEMENTS

Movendi International is the largest independent global social movement for development through alcohol prevention. We unite, strengthen, and empower civil society to tackle alcohol as a serious obstacle to development on personal, community, societal, and global level. We are 130+ member organizations from 53 countries and in 2020 together we reached more than 24,000,000 people. We stand for the most comprehensive response to alcohol harm, working with prevention and treatment and rehabilitation, as well as with advocacy, awareness raising campaigns and to expose and counter the unethical business practices of the alcohol industry.

We are grateful for the opportunity to comment on the first draft and appreciate the effort by the World Health Organization to conduct an ambitious consultative process. In this submission we are making 40+ concrete proposals for improvements, organized in 11 categories of suggestions.

### 1. Ensure bolder targets and bigger ambition

The last decade did not see the action, commitment, and progress commensurate with the magnitude of alcohol harm. Therefore, it is crucial that the new global alcohol action builds on bold targets and big ambitions to create much needed and long-missing momentum on all levels.

- We call for a bold and ambitious overall target of a 30% reduction of per capita alcohol consumption until 2030.
- And in addition, we propose a bold and ambitious target to maintain the global percentage of past-year alcohol abstainers among the global adult population at 2016 levels.

Both targets have clear public health and sustainable development implications and illustrate what is necessary to protect more people from alcohol harms.

Countries have shown that alcohol policy development is effective in putting them on track towards the 10% APC reduction target of the NCDs Global Action Plan, but it is also clear that bigger ambitions are necessary, especially for high-burden countries.

The action plan should be rooted in a much stronger case for action, building on recent, compelling evidence about the benefits and potential of alcohol policy.

- Bigger ambition should be expressed by strengthening further the case for action. It should contain the potential of alcohol policy to catalyze health and development investments.

Implementation of the three best buys would result in a return on investment of \$9 for every \$1 invested. Already in 2010, the World Health Report outlined that: “Raising taxes on alcohol to 40% of the retail price could have an even bigger impact [than a 50% increase in tobacco taxation]. Estimates for 12 low-income countries show that consumption levels would fall by more than 10%, while tax revenues would more than triple to a level amounting to 38% of total health spending in those countries.” And the recent OECD report also contributed new evidence about the impact of the alcohol policy best buys. It outlines the triple dividend of preventing alcohol harm. Investing in evidence-based, high-impact alcohol policy solutions helps achieve three positive outcomes, especially also in the context of the pandemic:

1. Alcohol policy solutions help protect people’s immune system during COVID-19,
2. Alcohol policy solutions help protect societies’ health system functioning, and
3. Alcohol policy solutions contribute to a healthier and more productive population.

The OECD report shows that there is a strong economic case for upscaling investment in alcohol policy. So called prevention packages are recommended.

The Prevention Packages could save 3.5 million life years and US\$ PPP 16 billion every year. Investing in Minimum Unit Pricing could save US\$ 207 billion (adjusted for purchasing power), according to the OECD. In addition to OECD countries, also low- and middle-income countries would greatly benefit from alcohol policy implementation. This should further strengthen the case for action as outlined in the draft action plan.

An analysis conducted for The Task Force on Fiscal Policy for Health estimated that over 50 million premature deaths could be prevented if countries implemented excise tax increases large enough to raise product prices of tobacco, alcohol and sugary beverages by 50% over the next 50 years. The analysis further found the impact of these taxes, projected to yield over US\$20 trillion in revenue, would be highest in low- and middle-income countries, where consumption and associated healthcare costs and productivity losses are growing.

- This evidence should form the central case for action in the draft global alcohol action plan because it locates alcohol policy immediately and directly within wider efforts to achieve universal health coverage, to reach the SDGs, and to build back stronger after the pandemic.

A third critical consideration regarding the ambition of the draft action plan and the progress it seeks to facilitate is whether current targets are ambitious enough and whether it is clear why specific targets are chosen: why 80% and not 100% or why 50% and 75%?

- We suggest improving this dimension of the targets and make it more plausible, as well as to select bolder targets.
- We suggest reviewing and revising each action area to increase the level of ambition and to propose even bolder actions, targets, and indicators in the draft action plan.

The fourth crucial aspect of raising the ambition is the lack of a global binding treaty in alcohol control. The last decade has not brought about the change needed to protect more people from alcohol harm.

- To facilitate transformative change, WHO should commit to explore the possibility and feasibility of legally binding instruments and review the evidence to assess how an instrument could contribute to better protect and promote the human right to health through alcohol policy development and implementation. Legal measures have proved effective in managing other NCD risk factors.

## **2. Craft stronger conclusions evaluating the decade of WHO GAS implementation**

WHO GAS implementation over the last ten years has been ineffective, inadequate, and outdated. Some of the evidence should be presented to better describe the need for bolder, more ambitious actions.

- We ask for stronger conclusions and clearer messages regarding the evaluation of the decade of WHO GAS implementation in this section.

Alcohol availability regulation remains inadequate, according to findings from the WHO Global Alcohol Status 2018, to compound the situation, alcohol is becoming more widely and easily available. The number of licenses to produce, distribute and sell

alcohol – a marker for increased rather than decreased availability – is increasing in much of the world, particularly in lower-income countries.

Levels of treatment coverage vary substantially across countries but are inadequate everywhere. Only 14% of reporting countries indicated high treatment coverage, i.e., treatment coverage of more than 40%. But 28% of reporting countries indicated very limited or close to zero treatment coverage.

Alcohol marketing regulations remain inadequate, too. Digital alcohol marketing restrictions are far behind technological innovation in the alcohol industry. 28% of countries had no regulations on any media type, in 2016, most of them being in the African or Americas regions.

While 95% of all reporting countries implement alcohol excise taxes, fewer than half use the other price strategies highlighted in the WHO GAS – such as adjusting taxes to keep up with inflation and income levels, imposing minimum pricing policies, or banning below-cost selling or volume discounts. This shows that alcohol pricing policies remain inadequate. For example, a 2017 only 59% of responding countries had implemented a tax increase on alcoholic beverages since the adoption of the WHO GAS. Only a third of countries adjust those taxes regularly for inflation, and eight countries (five of them in the WHO European Region) reported increasing their subsidies for alcohol production.

- It is important that this analysis is added to the chapter about WHO GAS implementation.
- For the SAFER strategies there should be minimum quality standards developed, such as adjusting alcohol taxes to inflation, to establish global quality norms for alcohol policy development.

### **3. Better consider the needs of the most vulnerable and devise stronger actions to protect those at risk of being left behind**

Protecting children, youth, and adults from pressures to start consuming alcohol and supporting them in their "non-consuming" behavior is a guiding principle of the WHO GAS. This is important in all countries, but of special concern in low- and middle-income countries where most people live free from alcohol.

The fact that alcohol has become more available, comparatively more affordable and that marketing is reaching ever further into people's lives shows that action has been

inadequate to protect and support children, youth and adults who do not consume alcohol.

The alcohol industry is pushing aggressively into the “markets” of emerging economies – meaning they target ever younger populations and highly vulnerable communities. Children, youth, and adults in low- and middle-income see their human right to health threatened by the alcohol industry and have little protection from alcohol policy measures.

- Attention to this dimension of alcohol prevention and control should be elevated in the draft action plan because of its well-documented public health and sustainable development implications.

High-burden countries in the global south have also been the biggest champions for better alcohol prevention and control in the last decade, championing better national, regional, and global responses. Since alcohol harm affects the most vulnerable people, communities, and societies disproportionately, it is vital for the global alcohol action plan to place their needs and rights front and center.

- We request to strengthen this dimension of global social justice in the draft action plan, to invest more resources into developing normative guidance on how to implement action to promote the WHO GAS guiding principles, such as g), and to develop stronger capacity at national, regional, and global WHO levels for technical assistance, normative guidance, and protection against alcohol industry interference.

#### **4. Improve and enhance the structure and apply best practices from other WHO action plans**

We welcome the work to improve the structure and logic of the first draft in comparison to the working document. Nevertheless, we highly recommend the structure of the draft action plan to be revised. Making the draft global alcohol action even more concise and focused will aid its uptake and implementation.

##### **4.1 Proposed operational principles**

We welcome and support the operational principles. We believe they add value in support of the overarching guiding principles of the WHO GAS.

As we have identified previously, WHO has lacked action to operationalize the WHO GAS guiding principles. More can and should be done to leverage the principles. The set of operational principles is not yet complete, and the entire section should be expanded with more explanations and substance, for examples as in WHO Global Action Plan for Physical Activity (GAPPA).

Therefore, we propose at this stage to add the following operational principles:

- Proportional universality,
- Policy coherence, and
- Alcohol in all policies – mainstreaming approach.

#### 4.2 Objectives

We have concerns regarding objectives 1 and 3: the “prevention and treatment capacity of health and social care systems for disorders due to alcohol use and associated health conditions” is singled out in objective 3, but objective 1 comprises all high-impact policy solutions; but alcohol taxation capacity matters greatly in the context of UHC, too – for example.

Another concern regards objective 4: awareness raising about alcohol industry interference is not mentioned. In the era of sustainable development, objective 4 should reasonably mention alcohol as obstacle to the SDGs, too. Both dimensions, alcohol industry interference and alcohol as obstacle to development, are not yet properly covered in the first draft of the action plan.

- We recommend reviewing the objectives and reconsider which actions are particularly highlighted and which are not to ensure the most cost-effective measures receive due attention and the framing of the overall action plan focuses on a comprehensive set of high-impact measures, instead of a few ones that have been singled out more than others.

#### 4.3 Proposed key areas for global action

Broadly, we welcome and support the set of 6 key areas for global action building on the WHO GAS provisions, including the quantity and quality of the actions. However, some of them are repetitive; some are in the wrong place of the action plan; some should be removed, and some can be merged; and they all should be streamlined and prioritized.

- We request streamlining the global actions by avoiding repetition, reducing overlap, and adding prioritization.
- We also recommend for the actions and key indicators to be time-bound to facilitate better evaluation and assessment of implementation and progress. A focus on quality over quantity would further improve the draft action plan.
- We request for the action plan to illustrate that the operational objectives have a clear bearing on the global actions for WHO and Member States.
- We suggest reviewing the number and quality of actions in each action area and to reassess the logic placement of actions – not all are currently in their right

place and the current list of actions are not always the most impactful ones.

Examples for consideration:

- Area 1, action 1: One element of SAFER is specifically highlighted but it is unclear what the purpose is and why others are not specifically mentioned; the framing distorts the entire point.
- Area 2, action 3: fits better into action area 1 “implementation of high-impact strategies and interventions”.
- Area 4, action 2: Alcohol taxation is missing and should clearly be among the priority actions of global and regional networks of national technical counterparts.
- Area 4, action 4: The Secretariat’s capacity to provide technical assistance needs to be increased to provide adequate and timely support to Member States for all alcohol policy best buys, protection against alcohol industry interference, as well as monitoring and reporting capacity; it is unclear why only “unrecorded alcohol” is mentioned in this action.
- Area 4, action 7: The action is framed as technical capacity building but belongs into the SAFER technical work; it is again unclear why screening and brief intervention is singled out, while the three best buys are not addressed in similar fashion.
- Area 5, action 1: This action clearly belongs into the awareness raising action area; it should either be shortened or placed under a different action area.

#### 4.4 Primary responsibility for action

It is important that the action plan makes it clear who has primary responsibility and obligation to implement the WHO GAS and achieve the global targets – the Member States and WHO.

- We ask for the action plan to illustrate that the operational objectives and principles have a clear bearing on the action actions for WHO and Member States. (See comments and suggestions above).
- We propose to include civil society and international partner action in a separate section and to focus on Member States and WHO action in the “Framework for action” section, as proposed below.

### 5. Ensure greater focus on the SAFER strategies

We support the focus on the most cost-effective alcohol policy solutions and suggest expanding their place in the action plan. This should be clear in the global action areas but should also be a through line in the entire action plan, beginning with the analysis



of the decade of WHO GAS implementation, where a focus on the implementation of the alcohol policy best buys – that has largely fallen short of necessity – is currently missing. Also, the benefits of implementing the alcohol policy best buys should be outlined much better (see suggestions above).

- We request a review of where and why specific high-impact alcohol policy solutions are singled out and specifically highlighted and why others are not. The biggest focus, attention, and space should be awarded the three best buys in alcohol policy.

## 6. Facilitate country action

In addition to a stronger focus on the highest-impact alcohol policy solutions, especially the three best buys, an even stronger focus on facilitation of country action is the second most crucial element of the draft global alcohol action plan to improve implementation of the WHO GAS. It is country action on the best buys that matters most for protecting more people from the harms caused by the products and practices of the alcohol industry.

### 6.1 National mechanisms for stronger country action

- We recommend strengthening the country action dimension in the draft action plan. Four excellent interventions to achieve this are:
  - Institutionalized permanent coordinating entity within the national government for alcohol policymaking, consisting of senior representatives from all relevant departments of government as well as representatives from civil society, academia, and professional associations.
  - National governments conduct regular (if possible annual) alcohol policy roundtables/ meetings with national leaders and civil society to discuss latest alcohol policy issues.
  - Countries have a distinct mechanism to safeguard alcohol policymaking from actual, perceived, or potential conflicts of interest with alcohol industry actors; and
  - National governments establish sustainable mechanisms to collect, analyze, review, and disseminate indicators related to health and development aspects of alcohol (including consumption patterns, sales, health outcomes, social impacts, economic harm, alcohol industry actions, and more) routinely and longitudinally.

These are actions to be taken to develop best practice mechanisms to advance national action, ensure accountability and promote a long-term commitment to



alcohol policymaking. These are also indicators for success that show ambition and bold action (see above).

### 6.2 More support for WHO to help deliver country impact

- Additionally, WHO needs to be resourced at all levels, including regional and country offices, to be able to provide substantial and appropriate technical assistance to Member States helping deliver country impact through the implementation of SAFER, including protection against conflict of interest.

Such WHO country impact assistance entails ensuring policy coherence across health, trade, education, sports, and all other relevant policy areas is critical for facilitating country action.

- The draft action plan should address policy coherence considerations more clearly. The draft action plan should also more strongly recognize the value of law in the formulation and implementation of cost-effective alcohol policies.

## 7. Don't normalize Big Alcohol through the global alcohol action plan

Evidence shows that the alcohol industry is the major obstacle to implementation of the WHO GAS. Evidence is also clear that the alcohol industry undermines, impedes, and blocks alcohol policy development on national and local levels.

### 7.1 Reframe how the alcohol industry is addressed throughout the draft action plan

Given this evidence, we question the role given to the alcohol industry in the first draft of the global alcohol action plan for better implementation of the WHO Global Alcohol Strategy.

- We strongly disagree with the role assigned to the alcohol industry in the draft action plan, especially in the key areas for global action. The working document remains incoherent, as is the WHO GAS.

It is critical that the action plan overcomes this incoherence, applying the lessons learned of a decade of evidence about the alcohol industry's role in delaying, derailing, and destroying attempts to implement the WHO GAS.

- We therefore request WHO to reassess the role assigned to the alcohol industry in the action plan. The abundance of activities assigned to the alcohol industry across the action areas is riddled by conflicts of interest and legitimizes industry involvement. The amount of attention WHO would need to pay to monitoring

the alcohol industry places an undue burden on the Secretariat and diverts precious resources from evidence-based work and providing technical guidance and developing global public goods for alcohol control. In line with independent scientific evidence, the role of the alcohol industry should be reduced to providing data on alcohol consumption and alcohol availability at global, regional, and national levels.

We propose:

- The number of tasks/actions proposed for the industry should be reduced, especially since they are disproportionate with the ones of the WHO secretariat. Based on the above, industry measures should not be included under each action area of the Action Plan, instead they should be placed in a single section separate from the action areas and focus on how the alcohol industry's conflicts of interest in policy development and implementation can be minimized or eliminated.
- Under the key areas for global action p.14, civil society organizations, professional associations, academia, research institutions and industry are lumped together under the wording "other stakeholders". There should be a clear separation between the alcohol industry and the other relevant stakeholders.
- The Action Plan should clearly recommend total bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion across all platforms, instead of a partial elimination of marketing to minors and other "high-risk groups" by the alcohol industry. The document should also address the amount of marketing in alcohol sponsorship of sports clearly targeting youth.
- More emphasis should also be given on the challenges of tackling the digital marketing of alcoholic drinks and the interference and infiltration of alcohol industry in communities and youth networks through sports and recreation. As the marketing practices across multiple harmful commodity industries share many similarities, such as the tobacco, High in Fat, Sugar and Salt (HFSS) food etc., the WHO Secretariat and the other UN agencies should coordinate their efforts in advancing the approaches to protect children from harmful marketing.
- In the action plan, the alcohol industry should be dealt with in a single paragraph, emphasizing that neither self-regulation, nor corporate social responsibility has brought any positive changes to the alcohol burden; that the alcohol industry is interfering against WHO-recommended alcohol policy solutions, delaying, derailing and destroying attempts to implement the WHO

GAS; and that the alcohol industry has a fundamental conflict of interest, for instance because large parts of their profits come from heavy alcohol use.

## **7.2 Terminate WHO dialogue with Big Alcohol**

Due to the fundamental and irreconcilable conflict of interest, the alcohol industry has not lived up to their self-regulatory objectives. Instead, it is actively working against them.

The alcohol industry has a track record of driving heavy alcohol use for profit maximization; political interference around the world to delay, derail, and destroy the development or roll out of Best Buy alcohol policy solutions; continuing targeting and exposure of children and youth to alcohol advertising, sponsorship and promotion; consistent failure to deliver sufficient public health outcomes via self-regulation; and counterproductive and even harmful corporate social responsibility campaigns subverting effective public health measures.

WHO's engagement with the alcohol industry has not yielded any public health gains but has been used by the alcohol industry to re-cast their image as a legitimate stakeholder in policymaking and interfere in effective implementation of the WHO Global Alcohol Strategy.

- We request: WHO should desist with dialogues with the alcohol industry whose interests' conflict with those of public health. In the same manner that WHO does not engage with the tobacco industry and abides by the International Code of Marketing of Breast-milk Substitutes, WHO should cease this harmful practice that does not serve public and global health, but instead can be seen to legitimize or further the interests of the alcohol industry.

## **8. Ensure greater focus on governance and infrastructure improvements**

Compared to other areas of global health, the governance and infrastructure for supporting alcohol policy development and implementation worldwide is underdeveloped and remains inadequate.

### **8.1 Regarding infrastructure and governance on the global level of action**

The global alcohol action plan should change and improve that and therefore ensure greater focus on and investment in governance and infrastructure improvements.

### WORLD HEALTH ORGANIZATION FIRST DRAFT

Web-based consultation on the 1<sup>st</sup> draft of an action plan to improve implementation of the WHO Global Alcohol Strategy

- We request for the inclusion of infrastructure and governance elements – in addition to those already included in the first draft of the action plan – that would raise the level of alcohol policy commitment, leadership, and action, such as:
- Arrange a global ministerial conference on alcohol under the guidance of WHO (like there is for mental health, for ending tuberculosis or for road safety for example).
- Create a global inter-agency initiative to advance alcohol taxation (and/ or alcohol marketing) (like there is for tobacco taxation).
- Institute a solid mechanism for alcohol policy to be on the agenda of WHO governing body meetings in regular, meaningful intervals (like there is for other public health priority issues and even though alcohol harm extends far beyond NCDs); and
- Civil society expert inclusion in WHO's expert groups/ committees on alcohol (like there is for other health issues and even though civil society participation has often been the driver for action and accountability).

### 8.2 Regarding infrastructure and governance on the level of national action:

9. Institutionalized permanent coordinating entity for alcohol policy development and implementation consisting of senior representatives from all relevant departments of government as well as representatives from civil society and professional associations,
10. Regular (annual) alcohol policy roundtables/ meetings with national leaders and civil society to discuss latest alcohol policy issues, and
11. Distinct mechanism to safeguard alcohol policy development and implementation against alcohol industry interference.

## 9. Improve resourcing as well as reporting and review of implementation

For a global, regional, and national conversation about the alcohol burden and policy solutions, more global public goods on alcohol harms and policy need to be developed and delivered. This provides more up to date evidence and helps ensure attention.

- We recommend annual WHO publications about alcohol harm and/ or policy development issues – as done in tobacco control, where annual reports with

different topics are produced to generate momentum for policy discussions and action.

To maintain and increase political commitment, leadership and action at all levels, regular discussions at the WHO governing bodies, including on regional level, are vital. This mattered greatly to advance tobacco control.

- We call for more frequent reporting to the WHO governing bodies, preferably through a regular stand-alone agenda item.
- We are concerned about the lack of specific time intervals for review and reporting of the implementation of the Action Plan. Given the importance of intergovernmental collaboration to prevent and reduce alcohol harm, we recommend that the Director-General be requested to report to the World Health Assembly biannually on the progress of implementing the Global Action Plan. This should include any challenges faced by Member States and the nature and extent of collaboration between UN agencies.

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 alcohol burden.

### **9.1 For consideration: how to improve monitoring, evaluation, review and reporting concretely**

To ensure accelerated action on the public health priority that is alcohol, effective monitoring and evaluation should be complemented with regular and compelling review and reporting.

Monitoring progress towards the 2030 global targets will be essential and should be done according to the SDGs indicators 3.5.1 and 3.5.2.

Population coverage of the alcohol policy best buys is another important aspect for regular monitoring and evaluation, as well as review and reporting to the WHO governing bodies for international dialogue.

All countries are encouraged to strengthen reporting of disaggregated data to reflect the dual priorities of this action plan: to decrease overall level of alcohol harm; and to reduce within-country disparities and levels of the alcohol burden in the least most affected populations, as identified by each country.

A new global monitoring framework will support countries and monitor progress on policy implementation.

Progress reports on implementation and impact will be presented to the World Health Assembly in 2024, 2026, 2028 and 2030.

## **10. Update nomenclature in line with state-of-the-art evidence**

We support revising the nomenclature employed for discussing the global alcohol burden and alcohol policy solutions. Consistent, clear, unambiguous, and evidence-based language and messages from WHO set the standards and shape both norms and discourse. Therefore, a review of problematic concepts, terms and words is crucial – both considering scientific developments over the last ten years as well as alcohol industry attempts to exploit and hijack key concepts and terms.

### **10.1 Abandon the use of the concept “harmful use of alcohol”**

The first draft contradicts itself in not properly applying the WHO definition of the concept of “harmful use of alcohol” – a fact that illustrates the flaws and pitfalls of the concept.

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 publication 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 alcoholic products and industry practices, not the individual user) and about the perceived health benefits of alcohol use. Latest evidence shows that there is no positive effect of alcohol use, only negative and even small amounts of alcohol are harmful and increase the risk of developing cancer.<sup>1</sup>

In addition, even alcohol use within most governments' guidelines could be harmful. For example, research by the American Institute for Cancer Research and WCRF International has found that alcohol intake increases the risk of at least 6 types of cancer. For three of these cancer types - breast, esophageal, and head and neck - cancer risk increases with any amount of alcohol intake, even less than one alcoholic drink per day. For public health promotion it is important to increase recognition of this risk through correct language, accurate information, labelling, campaigns, and other means.

- 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”.

### 10.2 Consult on more language/ nomenclature improvements

Beyond the concept of “harmful use of alcohol” we suggest a WHO effort to review, update and modernize the language it uses to address alcohol harm and policy solutions. This could be done through the expert committee or through other consultation mechanisms.

## 11. Convening an Expert Committee

We welcome the proposal to reconvene the WHO Expert Committee on Problems Related to Alcohol Consumption.

- We request: To cover the entire field of expertise in the response to the global alcohol burden, it will be important that WHO ensures participation in the expert committee from Knowledge Hubs, Collaborating Centers, and organizations in Official Relations with WHO.

Such an expert committee could conduct valuable work if its remit was fully in line with the 2019 WHA decision asking the WHO Director-General to report on “the implementation of the WHO Global Alcohol Strategy ... and the way forward.”

- Therefore, we recommend that the remit of the Committee be expanded to include providing recommendations on the way forward.
- We also suggest that the expert 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).
- Fourthly, we suggest a specific date for the convening of the WHO Expert Committee on Problems Related to Alcohol Consumption be specified.