

EPHA's contribution to the WHO online consultation on the First Draft of the Global Alcohol Action Plan 2022-2030

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The European Public Health Alliance (EPHA) is the leading European civil society alliance in Brussels, made up of 80 public health NGOs, patient groups, health professionals and disease groups, working to improve health and strengthen the voice of public health in Europe.

EPHA welcomes WHO's achievement in preparing the First Draft of the Global Alcohol Action Plan 2022-2030 (Draft Action Plan) and is pleased to have the opportunity to add its contribution.

From EPHA's perspective, it is of utmost importance that the Draft Action Plan recognises that there is no safe level of alcohol consumption. This fact was confirmed by accumulated scientific evidence over the past 10 years.^{1 2} Even moderate consumption of alcohol is harmful for one's health and associated with increased risk of heart diseases and stroke, liver cirrhosis, certain cancers and foetal alcohol disorders (OECD/ EU, 2020).³ It is essential to comprehensively fight alcohol-related harms to improve the understanding of low alcohol consumption risks among the general population to achieve the United Nations SDGs target to reduce by at least 10% the harmful use of alcohol by 2025. In adequation with these scientific facts, the concept of "harmful use of alcohol" should be replaced throughout the global action plan by "alcohol related harms".

To achieve effective and impactful alcohol policies, it is important to recall that parties with competing interests can play an important role in undermining public interests' policies. This is the case for the alcohol industry but also for the agri-food and advertising industries. To ensure public health policies are protected from all players that may affect the resolve to effectively act against harm by alcohol, the WHO should develop a standalone document with specific guidance to Member States on how to protect alcohol policy development, implementation, and evaluation from alcohol, agri-food and advertising industries interference.

EPHA welcomes the revision of Appendix 3 to the NCD global action plan (Resolution WHA70.11, 2017) and the introduction of a new set of enabling and recommended actions to reduce the harmful use of alcohol including increasing taxes on alcoholic beverages, enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across multiple types of media, and enacting and enforcing restrictions on the physical availability of retailed alcohol. EPHA also welcomes and supports the launch of the

¹ Viner, R. M., & Taylor, B. (2007). Adult outcomes of binge drinking in adolescence: findings from a UK national birth cohort. *Journal of Epidemiology & Community Health*, 61(10), 902-907.

² Griswold M. G., Fullman N., Hawley C., Arian N., Zimsen S. R. M., Tymeson H. D., et al. Alcohol use and burden for 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet* 2018;392: 1015-35. 10.1016/S0140-6736(18)31310-2

³ OECD/ European Union (2020), *Health at a Glance: Europe 2020: State of Health in the EU cycle*, OECD Publishing, Paris, <https://doi.org/10.1787/82129230-en>

SAFER initiative. EPHA considers it especially important to protect all citizens at all age groups from commercial communication on alcohol consumption but also on the alcohol-free alternatives. As such, EPHA suggests strengthening the role of the WHO Best-Buys and of the SAFER initiative along the Draft Action Plan and extending the advertising restrictions to the alcohol-free alternatives, which might misinform consumers.

Acknowledging the urgency to address harmful use of alcohol, EPHA proposes the use of economic, financial and social arguments alongside those focusing on public health to present alcohol policies as a multilevel, impactful and profitable investment rather than only a cost. In this light, the WHO should cooperate with other UN bodies, the OECD and the World Bank to develop a new narrative prioritising economic arguments to support the public health perspective.

The increase of people's health literacy on the risks related to alcohol consumption is also an important topic for EPHA. The Draft Action Plan rightly highlights the need to conduct studies on effective ways to increase the health literacy of people who consume alcohol. An effective way to better inform consumers on the risk related to alcohol consumption would be to implement transparent, mandatory and harmonised alcohol labelling including prominent health warning labels and the list of ingredients and nutritional information.

As the state of implementation of alcohol policies is at different stages among WHO Regions and countries, EPHA would also like to contend that the provisions of the Final Action Plan should not discourage or restrict the imposition of more stringent measures by individual Member States to protect their citizens' health.

Finally, to ensure progress and follow-up of the implementation process of the Draft Action Plan, reporting and monitoring milestones and indicators should be developed at least for the duration of the action plan (2022-2030). EPHA suggests organising a biennial reporting to the World Health Assembly (WHA) by the WHO Director General to foster intergovernmental and agencies' collaboration.