Foundation for Alcohol Research & Education

10 December 2020

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organisation (WHO)
Avenue Appia 20 1211 Geneva

Dear Director-General,

Submission on the Working document of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Working Document).

We have reviewed the Working Document for the development of an action plan to strengthen implementation of the *Global strategy to reduce the harmful use of alcohol (Global Strategy)* and have the following comments and suggestions for your consideration.

The Foundation for Alcohol Research and Education (FARE) is a not-for-profit organisation working towards an Australia free from alcohol harms. We do this through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion campaigns. We work with people and values-aligned organisations around Australia to create change to improve our collective health and wellbeing.

Alcohol is the most used drug in Australia and it causes significant harm to the Australian community. The '*Annual Alcohol Poll 2020: Attitudes and Behaviours'* shows that 17% of Australians drink more than ten standard drinks per week, (the recommended amount in the *Australian Guidelines*[i]). Alcohol products harms cause 5,700 deaths every year in Australia and a further 144,000 hospitalisations (*National Alcohol Indicators Project*[ii]). Alcohol products have consistently remained the most common drug of concern among people who have accessed specialist treatment services[iii]. It also contributes to other sources of harm, including road deaths and injuries, family and domestic violence and Fetal Alcohol Spectrum Disorder.

An effective Action Plan is needed to strengthen the Global Strategy
Target 3.5 of the United Nations Sustainable Development Goals 2030 includes the objective of strengthening the prevention and treatment of substance abuse, including the harmful use of alcohol. The vision behind the *2010 Global Strategy* is improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to the harmful use of alcohol and the ensuing social consequences.

The implementation of the Global Strategy has been uneven across the WHO regions. Between 2010 and 2018 no tangible progress was made in reducing total global alcohol consumption per capita. The overall burden of disease attributable to alcohol consumption remains unacceptably high. In 2016, the harmful use of alcohol resulted in three million deaths worldwide. Alcohol products remain the only psychoactive and dependence-producing substance that exerts a significant impact

STOPPING HARM CAUSED BY ALCOHOL
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on global population health that is not controlled at the international level by legally-binding regulatory instruments. Without a clear Action Plan, the Global Strategy will remain unrealised and the health and economic harms of alcohol product use will remain high and continue to be an obstacle to achieving the Sustainable Development Goals.

Strengthening the Action Plan

The Working Document provides a sound starting point for the development of an Action Plan. Strengths of the Action Plan include:

- The focus on the '*Implementation of High-Impact Strategies and Interventions'* or SAFER strategies
- The inclusion of global targets and indicators
- The acknowledgement of the need to increase resources required for action
- The inclusion of an objective of the need to focus on prevention and treatment being an integral part of universal health coverage.

There are also areas where the Action Plan can be strengthened, including:

1. **Prioritise actions:** Reduce and restructure the number of prioritised actions and having a greater focus on the SAFER strategies.
2. **Clarify roles:** Clarifying the role of actors, particularly ensuring that alcohol corporations and lobby groups that have a conflict of interest in financially benefiting from the sale of alcohol products are not involved in policy development.
3. **Improve governance:** Having a greater focus on governance, resourcing, review and implementation.
4. **Enhance language:** Changing the way that alcohol use and harm is referred to throughout the document by moving away from references to the 'harmful use of alcohol'.

Each of these areas are elaborated upon in the sections below.

1. Prioritise actions: focus on implementing high impact strategies

The Working Document rightly identifies the need to focus '*High-impact strategies and interventions'*. However, the document contains over 80 actions, which would benefit from a reduction and simplification. The Action Plan should focus primarily on the five most effective science-based interventions, or 'best buys', identified in the 'SAFER' high-impact strategies to ensure that limited resources can be used to have the greatest impact in reducing harm:

- **Strengthen** restrictions on alcohol availability.
- **Advance** and enforce drink driving counter measures.
- **Facilitate** access to screening, brief interventions and treatment.
- **Enforce** bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion.
- **Raise** prices on alcohol through excise taxes and pricing policies.

2. Clarify roles: coordinate action and limit industry involvement

The Working Document identifies many actions for each of the relevant actors (member states, WHO secretariat, partners, civil society, academia and economic operators). It also identifies '*Partnership, Dialogue and Coordination'* as an Action Area. However, it does not adequately outline the roles of each of these actors in this Action Plan. This particularly relates to the roles of a coordinating body and the role of economic operators.

Coordinating body - The WHO secretariat needs to institutionalise a permanent coordinating entity consisting of senior representatives from all relevant departments of government as well as representatives from civil society and professional associations.

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Economic operators - The Action Plan needs more effective safeguards against alcohol industry interference. The working document refers to 'inviting' and 'encouraging' 'economic operators' (commercial interests) to abstain from policy interference and to eliminate marketing to high-risk groups. However, these requests for voluntary restraint ignore the alcohol industry's record of persistent interference and their commercial responsibilities to their shareholders. The alcohol industry should not be involved in alcohol policy development.

3. Improve governance: more regular review and reporting on progress

The indicators and milestones in the Annex 1 are helpful, however each country also needs to identify clear and objective strategies with measurable targets based on available evidence. These can then be reported at a regular (annual) alcohol policy roundtable with national leaders and civil society. The WHO Secretariat also needs to include specific timeframe for review and reporting eg. having the Director-General report biennially to World Health Assembly.

4. Enhance language: change the way that alcohol use and harm is referred to

The way that alcohol use and harm is referred to throughout the document needs to change by moving away from references to the 'harmful use of alcohol', which incorrectly implies that there are 'safe levels' of alcohol use and 'economic operators', which does not clearly articulate the significant financial and vested interest that alcohol corporations and lobby groups have in increasing the sale of alcohol.

Thank you for your consideration.

Yours sincerely

CATERINA GIORGI
CHIEF EXECUTIVE OFFICER

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[i] NHMRC (2020) Australian guidelines to reduce health risks from drinking alcohol, https://www.nhmrc.gov.au/health-advice/alcohol

[ii] NDRI (2018) National Alcohol Indicators Project, https://ndri.curtin.edu.au/publications-resources/project-reports-and-bulletins/national-alcohol-indicators-bulletins

[iii] AIHW (2020) Alcohol and other drug treatment services in Australia 2018–19, https://www.aihw.gov.au/getmedia/44dcd395-2eb4-472c-af6e-57580c7993c4/aihw-hse-243.pdf

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