

Comments on first draft of WHO's action plan on alcohol control Submission from

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Fundamental Concern

The draft Action Plan has gone to great length detailing proposed actions for various parties from WHO secretariat, Member States, international partners, civil society organizations, academic institutions to economic operators, as well as global targets, indicators, and milestones for 2022 to 2030. In spite of this, we are disappointed that the draft has not addressed the following fundamental concerns –

1. There is not a clear and accurate definition of what harms are associated with alcohol and who are affected. Alcohol is a group I carcinogen (for which there is no safe drinking level) and is a causal factor in more than 200 disease and injury conditions, not to mention social and economic losses to individuals and society. Alcohol causes harm not only to children and youth, the unborn child, heavy drinkers, but to anyone who drinks, family members, associates, co-workers and society at large. That is, no one is immune.
2. There is inappropriate treatment of economic operators which have all along shown extensive conflict of interest in alcohol control efforts. Economic operators are not equal partners in the development of alcohol control strategies and actions, and every

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effort should be made to limit their (negative) influence at all levels of government and society, including the preparation of this Action Plan.

3. There is evasion of WHO's role as the global public health authority, advocate, leader, and coordinator in international efforts to gather, consolidate and disseminate intelligence of and warn against alcohol industry's pervasive attempts to promote and market alcohol across borders which are directed at all population groups, and influence alcohol policies and actions through direct and indirect means.
4. No explanation is given in the draft Action Plan why a global normative law on alcohol modelled on the WHO Framework Convention on Tobacco Control to allow national and subnational governments to regulate the distribution, sale and marketing of alcohol within the context of international, regional and bilateral trade negotiations, as well as to protect the development of alcohol policies from interference by transnational corporations and commercial interests will not be considered. If, for some reason, the international framework is ruled out due to objection from certain Member States, the reasons for its objection must be made explicit in the Action Plan document since the move is putting the interests of objectors, which are mostly high income countries above those of low and middle income countries, many of which are also the target of alcohol industry's expanding markets. This presents an ethical issue and intensifies health inequity across the globe and within countries.

To improve on the draft Action Plan, the WHO should

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1. Delete “harmful use of” from the term “harmful use of alcohol” as “harmful use” implies there is safe use, which is wrong, confusing and misleading. Set out clearly that alcohol use is harmful, in whatever form, strength and amount. Anyone who drinks or those who do not may be affected by alcohol use. As such, alcohol use should be reduced to a minimum, if not avoided altogether, across the entire population without confining to certain high-risk groups such as children and youth, pregnant women, heavy drinkers, etc. This understanding provides a firm footing for implementing the SAFER initiatives which are most impactful when targeted to the whole population e.g., enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion.
2. Remove all references to economic operators from the six action areas. Unlike other stakeholders and organisations that are requested to commit to certain activities in support of alcohol harm reduction, economic operators are ‘invited to refrain from’ a range of activities that they have been undertaking to undermine effectiveness of alcohol control policies and actions at various levels. The phrase ‘invited to refrain from’ is too weak and is not likely to produce any positive effect. As such, proposed measures by economic operators might as well be deleted.
3. Introduce a separate section highlighting the negative influence of economic operators at global, national and local levels to illustrate conflicts of interest that are inherent in their so-called ‘contributions’ to alcohol control efforts.

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4. Make a formal call to economic operators to stop interfering with alcohol control policy and measures, and support implementation of the SAFER initiatives particularly the three best buys, and require them, as responsible business entities, to include health-related consumer information on alcohol packaging (including composition, age limits, harm to health, health warning and contraindications for alcohol use).
5. As far as possible, not engage economic operators that further the interests of the alcohol industry in dialogue as this is unlikely to lead to implementation of comprehensive restrictions or bans on traditional, online, or digital marketing (including promotion, marketing and sponsorships), restriction of sales, e-commerce, and collection of data on production and sales. For instance, WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. WHO should therefore highlight why the alcohol industry should be treated differently from the tobacco industry.
6. If, and only after duly considering the risks and benefits, dialogue with the alcohol industry is considered essential, exercise particular caution and due diligence to ensure transparency, openness, accountability, and integrity. Details of all discussions and meetings held should be made publicly known and available on demand, including records of participants, meeting costs, discussion topics, decisions made and agreed actions.

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7. To build Member States' capacity, provide specific guidance on how they can protect alcohol policy development, implementation and evaluation from alcohol industry interference.
8. With immediate effect, and at regular intervals, identify the full range of public relations/ research/educational/poverty alleviation/recreational/CSR initiatives at international, national and local levels carried out by alcohol industry as forms of marketing and policy interference for dissemination and sharing across Member States and international partners. Similarly, the study on cross-border marketing of alcohol should be undertaken at regular intervals in collaboration with international academic institutions to inform policy implementation, given this is a fast-developing area.
9. Highlight the need for biennial reporting of the progress of implementation of the Action Plan to the World Health Assembly until tangible achievements have been made across Member States.
10. Make a positive response to calls for a global normative law on alcohol at the intergovernmental level, modelled on the WHO Framework Convention on Tobacco Control and commit on the next steps towards addressing the feasibility of introducing this instrument.

1 September 2021