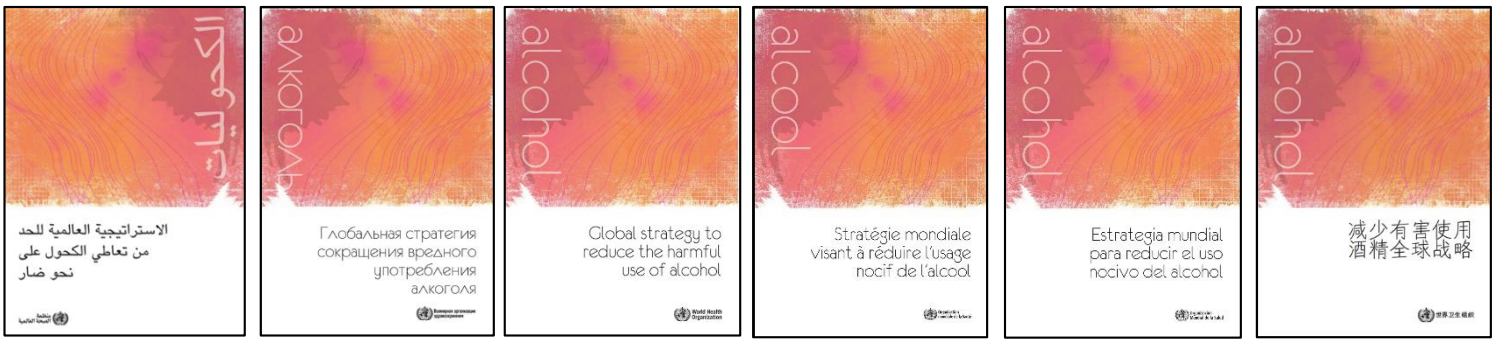

DISCUSSION PAPER

IMPLEMENTATION OF THE WHO GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL SINCE ITS ENDORSEMENT, AND THE WAY FORWARD

21. October 2019

This discussion paper was developed for the web-based consultation as a part of the process of preparing the report by the WHO Secretariat in implementation of Paragraph 3.d of decision WHA72(11), requesting the WHO Director-General "to report to the Seventy-third World Health Assembly in 2020, through the Executive Board, on the implementation of WHO's global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward".

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1 BACKGROUND

Alcohol is a psychoactive substance with toxic and dependence-producing properties and is usually consumed as a beverage. Worldwide, of the population aged 15 years and over, some 2.3 billion people are current drinkers, but some 3.1 billion people had abstained from drinking alcoholic beverages in the previous 12 months. Though alcohol consumption varies considerably around the world, and in many societies is strongly embedded in cultural norms and traditions, the health burden caused by alcohol globally is enormous. The harmful use of alcohol is among the leading risk factors for disease burden worldwide, responsible, according to the WHO estimates for 2016, for 3 million deaths (5.3% of all deaths) and 5.1% of all disability-adjusted life-years (DALYs).[1] Given the magnitude and the complexity of the problem, concerted global and regional efforts must be in place to support countries and communities in reducing the harmful use of alcohol.

The Global strategy to reduce the harmful use of alcohol, negotiated and agreed by WHO Member States in 2010 (resolution WHA63.13),[2] represents international consensus that reducing the harmful use of alcohol and its associated health and social burden is a public health priority. In the context of this strategy, the concept of the harmful use of alcohol is broad and encompasses drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes. The strategy contained a set of principles that should guide the development and implementation of policies at all levels, recommended 10 target areas for national action and set four priority areas for global action: (1) public health advocacy and partnership; (2) technical support and capacity-building; (3) production and dissemination of knowledge; and (4) resource mobilization.

Since the endorsement of the global strategy, the commitment of Member States to reduce the harmful use of alcohol has been reconfirmed in the Political declaration of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs)[3] and the Global action plan for the prevention and control of NCDs 2013–2020,[4] when the harmful use of alcohol was considered as one of the four key risk factors for major NCDs. That allowed Member States and other stakeholders to utilize synergetic opportunities, strengthen interaction and coordination between the implementation of the global strategy to reduce the harmful use of alcohol and activities on prevention and control of NCDs, and set the voluntary targets as for other risk factors for NCDs.

Furthermore, target 3.5 of Sustainable Development Goal 3 set out a commitment by governments to address the harmful use of alcohol in advancing the goal of strengthening the prevention and treatment of substance abuse (SDG health target 3.5)[5]. This reflects the broader impact of harmful use of alcohol on the health of the population and development beyond NCDs, in such areas as mental health, violence, road traffic injuries, and infectious diseases.

With its Thirteenth Global Programme of Work 2019–2023,[6] WHO is committed to ensure that by the year 2023, one billion more people will enjoy better health and well-being, one billion more people will benefit from universal health coverage and one billion more people will be better protected from health emergencies. Reducing the harmful use of alcohol could provide a significant contribution to the achievement of the "triple billion" goals and improving the health of the populations worldwide.

The WHO Secretariat presented the progress report on implementation of the global strategy to reduce the harmful use of alcohol to the Sixty-sixth World Health Assembly in May 2013, and the Health Assembly noted the report contained in document A66/27.[7] The report concluded that

resources available for implementation of the strategy at all levels continued to be inadequate in the face of the magnitude of alcohol-attributable disease and social burden. Since 2014, the harmful use of alcohol has been considered by the WHO governing bodies within the context of discussions on prevention and control of NCDs.

In May 2019, the Seventy-second World Health Assembly requested the WHO Director-General to "report to the Seventy-third World Health Assembly in 2020, through the Executive Board, on the implementation of the WHO Global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward" (decision WHA72.11). During the discussions at the Seventy-second World Health Assembly, the WHO Director-General made a commitment that "the report will be elaborated in full consultation and engagement with Member States" and requested that this be reflected accordingly in the official records.

Following the decision of the Seventy-second World Health Assembly, the WHO Secretariat embarked on the broad process of consultations that included consultations with Member States in six WHO regions, and the current discussion paper reflects the outcomes of the consultations held by the Secretariat so far.

The 146th session of the WHO Executive Board from 3 to 8 February 2020 will consider the WHO Director-General's report on the implementation of WHO's global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward, and will be invited to provide further guidance. Taking into account the guidance provided by the 146th session of the WHO Executive Board, the Seventy-third World Health Assembly from 17 to 21 May 2020 will consider the same or an updated report and decide on the way forward.

2 KEY CONTENT OF THE GLOBAL STRATEGY

Nine years have elapsed since WHO Member States endorsed the Global strategy to reduce the harmful use of alcohol. In 2010, it was envisaged that the global strategy, and corresponding regional strategies and action plans, would promote and support local, regional and global actions to prevent and reduce the harmful use of alcohol. Thus, the strategy set out five objectives:

1. Raised global awareness of the magnitude and nature of the health, social and economic problems caused by harmful use of alcohol, and increased commitment by governments to act to address the harmful use of alcohol.
2. Strengthened knowledge base on the magnitude and determinants of alcohol-related harm and on effective interventions to reduce and prevent such harm.
3. Increased technical support to, and enhanced capacity of, Member States for preventing the harmful use of alcohol and managing alcohol-use disorders and associated health conditions.
4. Strengthened partnerships and better coordination among stakeholders and increased mobilization of resources required for appropriate and concerted action to prevent the harmful use of alcohol.
5. Improved systems for monitoring and surveillance at different levels, and more effective dissemination and application of information for advocacy, policy development and evaluation purposes.

The following principles should guide the development and implementation of policies at all levels:

a) Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence.
b) Policies should be equitable and sensitive to national, religious and cultural contexts.
c) All involved parties have the responsibility to act in ways that do not undermine the implementation of public policies and interventions to prevent and reduce harmful use of alcohol.
d) Public health should be given proper deference in relation to competing interests and approaches that support that direction should be promoted.
e) Protection of populations at high risk of alcohol-attributable harm and those exposed to the effects of harmful drinking by others should be an integral part of policies addressing the harmful use of alcohol.
f) Individuals and families affected by the harmful use of alcohol should have access to affordable and effective prevention and care services.
g) Children, teenagers and adults who choose not to drink alcohol beverages have the right to be supported in their non-drinking behaviour and protected from pressures to drink.
h) Public policies and interventions to prevent and reduce alcohol-related harm should encompass all alcoholic beverages and surrogate alcohol.

The strategy lists 10 recommended target areas for national action.

1. Leadership, awareness and commitment.
2. Health services' response.
3. Community action.
4. Drink–driving policies and countermeasures.
5. Availability of alcohol.
6. Marketing of alcoholic beverages.
7. Pricing policies.
8. Reducing the negative consequences of drinking and alcohol intoxication.
9. Reducing the public health impact of illicit alcohol and informally produced alcohol.
10. Monitoring and surveillance.

A set of policy options and interventions was proposed for consideration by Member States for each of the 10 recommended target areas. Not all the policy options and interventions would be applicable or relevant for all Member States and some may be beyond available resources.

Given the magnitude and the complexity of the problem, concerted global efforts must be in place to support Member States in the challenges they face at the national level. International coordination and collaboration create the synergies that are needed and provide increased leverage for Member States to implement evidence-based measures. As such, the strategy set out 4 priority areas for global action:

1. Public health advocacy and partnership.
2. Technical support and capacity-building.
3. Production and dissemination of knowledge.
4. Resource mobilization.

3 IMPLEMENTATION OF THE GLOBAL STRATEGY DURING THE FIRST DECADE SINCE ITS ENDORSEMENT

Endorsement of the global strategy prompted the development of strategies, action plans and programme activities in WHO's regions focusing on the recommended 10 target areas and the strategy's five objectives. A regional strategy on reduction of the harmful use of alcohol was endorsed by the Regional Committee for Africa in 2010.[8] The European action plan to reduce the harmful use of alcohol 2012–2020,[9] aligned with the global strategy, was endorsed by the Regional Committee for Europe in 2011, and in the same year the plan of action for implementation of the global strategy was approved by PAHO's Directing Council in the Region of the Americas. The Regional Action Plan to Implement the Global Strategy to Reduce Harmful Use of Alcohol for the South-East Asia Region (2014–2025)[10] was endorsed by the Regional Committee in 2014. Taking into consideration that the regional strategy to reduce alcohol-related harm in Western Pacific Region was endorsed by the Regional Committee before 2010, and that reduction of alcohol-related harm is integrated into the regional strategy on mental health and substance abuse in the Eastern Mediterranean Region, all WHO regions have developed regional strategies or action plans to provide support to Member States at country level in implementation of the global strategy.

The Secretariat facilitated international networking at the regional level by creating a global network of national counterparts and supports such networks in WHO regions. This provides a platform for information exchange, experience sharing, building new partnerships to raise the awareness of public health problems attributable to alcohol, and advocating for implementation of the global strategy at all levels. The Secretariat co-sponsored and supported international conferences on alcohol policies and put implementation of the global strategy at the forefront of the programme of two WHO Global forums on alcohol, drugs and addictive behaviours held in 2017 and 2019. International research on alcohol and health has been supported within the framework of the WHO research initiative on alcohol, health and development focusing on harm to others from drinking, prevalence of fetal alcohol spectrum disorders and effectiveness of web-based interventions for hazardous and harmful drinking.

Technical tools and capacity building programmes have been developed to support alcohol policy development and implementation at national level according to the 10 recommended target areas in the global strategy, and workshops attended by technical focal points from countries and representatives of civil society organizations were organized and supported in different WHO regions.

As a collaborative effort with Member States and academia and with engagement of all three levels of WHO, the production, analysis and dissemination of knowledge on alcohol consumption, alcohol-attributable harm and policy responses in Member States has been improved by refining the WHO's Global Information System on Alcohol and Health and integrating it with the regional information systems on alcohol and health, and by regularly producing the Global status reports on alcohol and health.

In implementing the global strategy, the Secretariat has worked closely with Member States, intergovernmental organizations and major partners within the United Nations system. The Secretariat has also worked with these partners in realizing the commitments included in the United Nations' Political declarations of the High-level Meetings of the General Assembly on the Prevention and Control of NCDs,[3] and in implementing the Global action plan for the prevention and control of NCDs 2013–2020.[4]

This allowed the utilization of synergetic opportunities, strengthen interaction and coordination between the implementation of the global strategy to reduce the harmful use of alcohol and activities on prevention and control of NCDs, and set the voluntary targets, as is done for other risk factors for NCDs. Furthermore, target 3.5 of Sustainable Development Goal 3 reflects the broader impact of harmful use of alcohol on the health of populations and development beyond NCDs in areas such as mental health, violence, road traffic injuries, and infectious diseases.

The update of the evidence on cost-effectiveness of policy options and interventions undertaken in the context of an update of Appendix 3 of the Global action plan on NCDs resulted in a new set of enabling and recommended actions to reduce the harmful use of alcohol.[114] The most cost-effective actions, or "best buys", include 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. Promoting multisectoral action, building national capacity, identifying new partnership opportunities and promoting effective and cost-effective approaches to reducing the harmful use of alcohol for the prevention and control of NCDs are key goals of these "best buys". By prioritizing the most cost-effective policy measures, the WHO Secretariat, with partners, has launched the SAFER initiative with the main objective to provide support for Member States in reducing the harmful use of alcohol by enhancing the ongoing implementation of the global strategy to reduce the harmful use of alcohol and other WHO and UN instruments while protecting public health-oriented policy-making from interference by commercial interests.[12]

Dialogue continued, and in recent years intensified with nongovernmental organizations, professional associations and economic operators about ways in which they can contribute to reducing the harmful use of alcohol. The Secretariat has organized several consultations with economic operators on ways to reduce alcohol-related harm in their role as developers, producers, distributors, marketers and sellers of alcoholic beverages.

In spite of the Secretariat's efforts to provide support to countries in resource mobilization and the pooling of available resources for implementation of the global strategy, the resources available at all levels continue to be inadequate in the face of the magnitude of alcohol-attributable disease and social burden.

3.1 CHANGES IN ALCOHOL CONSUMPTION AND ALCOHOL-ATTRIBUTABLE HARM SINCE 2010

The WHO Global status report on alcohol and health 2018[1] presents a comprehensive picture of the trends in alcohol consumption, alcohol-related harm and policy responses in WHO Member States and regions as well as worldwide, including the changes that have occurred since the endorsement of the global strategy in 2010.[2]

There is no progress in reducing the total per capita alcohol consumption in the world in comparison with 2010. Estimated alcohol per capita consumption worldwide has been stable since the endorsement of the global strategy. During this period alcohol per capita consumption was reduced significantly in only one region – the WHO European Region, which surpassed a 10% relative reduction in comparison with 2010. These figures demonstrate the feasibility of a 10% relative reduction as envisaged by the global voluntary target of NCD Global Monitoring Framework, even though it is in the region with the highest baseline level of alcohol consumption. No changes are observed in the African and Eastern Mediterranean regions, but a significant increase in alcohol consumption is observed in the South-East Asia Region, with some increase in the Western Pacific Region. The current trends and projections point towards increase of total per capita consumption worldwide in the next 10 years that will make the target of 10% relative reduction by 2025 out of reach unless implementation of effective alcohol control measures succeeds in reversing the situation in countries with high and increasing levels of alcohol consumption. The global level of per capita alcohol consumption continues to be high, with current drinkers consuming on average 32.8 grams of pure alcohol per day among men and women, and more than 40 grams per day among men.

At the same time there are positive changes in the estimated prevalence of heavy episodic drinking (defined as 60 or more grams of pure alcohol on at least one occasion at least once per month) in all WHO regions, surpassing the target of a 10% relative reduction in four out of six WHO regions for the population aged 15 years and older, and in three regions (Africa, Americas, Europe) among adolescents (15–19 years of age). However, prevalence of heavy episodic drinking remains high among drinkers, particularly in parts of Eastern Europe and in some sub-Saharan African countries (over 60% among current drinkers).

The harmful use of alcohol causes 3 million deaths per year, is responsible for 5.1% of the global burden of disease expressed in DALYs and continues to be one of the leading risk factors for poor health globally[1]. Mortality resulting from alcohol consumption is higher than that caused by diseases such as tuberculosis, HIV/AIDS and diabetes[1]. Young people were disproportionately affected by alcohol compared to older persons, and 13.5% of all deaths among those who are 20-29 years of age are attributed to alcohol[1]. According to the most recent estimates in comparative risk assessment, alcohol was the seventh leading risk factor for deaths and disability in 2016 and the top risk factor among the world's population aged 15–49 years.[1]

Some positive changes are observed in alcohol-attributable mortality and morbidity in several regions since 2010, and these changes reflect not only the changes in levels and patterns of alcohol consumption, but also, and in some regions largely, demographic changes and morbidity and mortality trends in populations[1]. More than 10% reduction in age-standardized alcohol-attributable deaths is observed in the African, European and Western Pacific regions and the world, and more than 10% reduction in age-standardized alcohol-attributable DALYs – in the WHO African and European regions and in the world.[1]

3.2 ALCOHOL POLICY DEVELOPMENTS IN COUNTRIES SINCE 2010

The global situation regarding alcohol policy development and implementation at country level has somewhat improved since the endorsement of the global strategy, but it is still far from accomplishing effective protection of populations from alcohol-related harm. The percentage of countries with a written national alcohol policy steadily increased from 2010, but the majority of countries in Africa and the Americas still do not have written national alcohol policies. Many countries have revised their policies and adopted alcohol control legislation as a result of sustained advocacy and commitment by various stakeholders. Some countries reported progress in reducing the availability of alcohol and restricting the marketing and advertisement of alcoholic beverages, but the available data indicate that population coverage of regulations on physical

availability of alcohol and restrictions on alcohol marketing is significantly lower worldwide than population coverage of excise taxes. However, usually tax increases pursue the objective of generating the revenues and not a public health goal to reduce the harmful use of alcohol, and two thirds of countries with alcohol excise taxes do not tie them to inflation and often the alcohol taxes are likely to decline in real value.

Awareness-raising activities are common, but 30% of countries providing information to WHO indicate that these are funded by the alcohol industry, and there is substantial evidence that industry-funded initiatives are unlikely to be effective[1]. Community action projects regarding alcohol are widespread but they most frequently involve simply providing information, which is also unlikely to be effective in changing behaviour.

Significant progress at country level has been achieved since 2010 with laws and regulations to discourage or prevent drink–driving. The majority of countries have set blood alcohol (BAC) limits for drivers of 0.05% or lower[1]. Policies offering responsible beverage service training and requiring labels to provide alcohol content are also widespread, but just eight countries require alcohol containers to disclose the number of standard drinks they contain. Most countries also report some kind of tracking system for informal or illegal alcohol, and most countries with written alcohol policies include this in their policy texts. While population-level access to treatment for alcohol dependence remains limited or unknown in much of the world, more than half of responding countries reported having expanded access to alcohol screening and brief intervention. However, this expanded access is mostly limited to higher-income countries.

Overall, alcohol policy development and implementation have improved globally but are still far from accomplishing effective protection of populations from alcohol-related harm. The progress at country level on the ten key areas for national action outlined in the Global Strategy has been uneven and spotty at best. The least progress has been made on the three "best buys" of restricting availability of alcohol, reducing marketing of alcoholic beverages and raising prices. While almost all countries levy some kind of tax on alcohol, fewer than half report adjusting these taxes for inflation or using other price strategies such as minimum unit pricing or bans on low-cost selling and volume discounts. For alcohol marketing, the least restrictive policies continue to be the most common, and countries in the WHO African Region and the Region of the Americas were the most likely to have no restrictions at all. Despite an increase in countries adopting policies that limit alcohol advertising and marketing, restrictions on one of the fastest growing areas for this activity, the Internet and social media, are rare. Restrictions on days of sale and alcohol outlet density exist in less than one third of reporting countries, and barely half of the countries report limiting hours of sale. The number of licences 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.

The skewed prevalence of effective alcohol policies in higher-income countries raises issues of global health equity and underscores the need for greater resources and priority to be placed on supporting development and implementation of effective actions in low- and middle-income countries.

3.3 CHALLENGES IN REDUCING THE HARMFUL USE OF ALCOHOL

Considerable challenges for effective alcohol policy development and implementation remain. These are associated, inter alia, with the complexity of the problem, the intersectoral nature of many of the cost-effective solutions and sometimes limited levels of political will and commitment of governments and other stakeholders to support and implement effective measures to reduce the harmful use of alcohol in a context of international economic commitments and powerful commercial interests.

Harms from alcohol, whether to the drinker or to family members and others around the drinker, include not only a wide variety of health conditions but also a wide range of social problems, and their prevention, control and management fall under responsibility of a variety of institutions for societal response, including the health care system, the police and criminal justice system, welfare services, other community services and institutions. On an international level, the systems and their concerns fall in the jurisdiction of different intergovernmental organizations. Responsibility for dealing with the problems from alcohol is thus diffused between diverse systems, professions, government departments, and intergovernmental agencies without any one that is focused exclusively on the harmful use of alcohol.

The disease burden attributable to alcohol consumption is very high by all metrics, but 5.1% of the global burden of disease is distributed among more than 20 different health conditions, including alcohol use and other mental and behavioural disorders, major NCDs, road traffic injuries, suicides, poisonings and infectious diseases[1]. These estimates do not include, for example, the link between alcohol and depression, and many of the harms to others from alcohol drinking. The range of physical and mental health problems to which alcohol contributes makes it difficult for public health bodies to take a comprehensive approach – at global, national and subnational levels.

Use of alcoholic beverages is strongly embedded in social norms and cultural traditions in many societies. Prevailing social norms, the cultural acceptance of drinking, and mixed messages about the harms and benefits of drinking may encourage the harmful use of alcohol, delay appropriate health-seeking behaviour and weaken community action. Acceptance of drinking, and often of more than one or two drinks, is also a significant element in the concept of "responsible drinking" that points to individual responsibility as the mechanism of harm which is considered by public health experts to be strategically ambiguous and contrary to available scientific evidence and public health interest. Other concepts linked with drinking culture are related to "safe drinking" and "health benefits of drinking". The accumulated evidence indicates that alcohol consumption is associated with inherent health risks, though these risks vary significantly in magnitude and the health consequences among the drinkers. Awareness and acceptance of the overall negative impact of alcohol consumption on a population's health and safety among decision-makers and the general public remains low, which contributes to the low priority attributed to alcohol control compared to other public health issues.

Alcoholic beverage production has become increasingly concentrated and globalized in recent decades – particularly in beer and spirits, but increasingly also in wine. The significant influence of alcohol industries on political decisions which affect them had been documented at national and subnational levels. The interference of the commercial interests with public health-oriented actions in alcohol policy development and implementation include early agenda setting and lobbying to avoid the most cost-effective interventions and challenging the legal basis of effective alcohol policies. These legal challenges can undermine political commitment in absence of public health-oriented international agreement on alcohol to counter the strong influence of the commercial interests through the international trade institutions and agreements. The situation varies at national and subnational levels, though general trends toward deregulation in recent decades have often resulted in weakening of alcohol controls, to the benefit of economic interests but at the expense of public health and welfare. Competing interests across whole-of-government at country level, within the health sector and other sectors, including those related to alcohol production and trade, result in policy incoherence and weakening of alcohol control efforts.

Alcohol remains the only psychoactive and dependence-producing substance with significant global impact on population health that is not controlled at the international level by legally-binding regulatory frameworks, which limit the ability of national and subnational governments to regulate alcohol distribution, sales and marketing within the context of international, regional and

bilateral trade negotiations, as well as to protect alcohol policy development processes from interference from commercial interests. This has prompted the calls for global normative law on alcohol at the intergovernmental level, modelled against the framework convention on tobacco control and discussions about feasibility and necessity of such legally binding international instrument.

Informally and illegally produced alcohol amounts to approximately 25% of total per capita alcohol consumption worldwide, and in some jurisdictions exceeds half of all alcohol consumed by the population. The capacity to address the local informal or illicit alcohol production, distribution and consumption, including safety issues, is limited or inadequate, particularly in jurisdictions where unrecorded alcohol has a significant proportion in the total alcohol consumption.

Satellite and digital marketing presents a growing challenge for effective control of alcohol marketing and advertisements. The alcohol producers and distributors have increasingly moved to investing in digital marketing and using social media platforms which are profit-making businesses with infrastructure designed to allow 'native' marketing (brand content which is indistinguishable from other content) that is data driven and participatory. Internet marketing crosses borders with even greater ease than satellite television and is not easily subjected to national level control.

In parallel with the increased opportunity for marketing and selling of alcohol via online platforms, a rapid development of delivery systems is taking place that are putting considerable challenges on governments ability to control sales of alcohol to minors and intoxicated people.

Limited technical capacity, human resources and funding hinder efforts in developing, implementing and monitoring effective alcohol control interventions at national and local levels. Technical expertise in alcohol control measures is often lacking at national and subnational levels, but a substantial international and regional secretariat has been lacking to compile and disseminate technical knowledge. In the absence of philanthropic funding and limited WHO and other intergovernmental resources, there has been little investment in capacity building in low- and middle-income countries.

Lack of coordination and consistency across different sectors and between federal and local levels within a country contribute to the lack of or insufficient progress in alcohol control policies. In many countries it has been challenging to advocate for effective alcohol control policies and counter the interference from commercial interests in absence of sufficiently developed national monitoring systems on alcohol and health. These are needed to generate national data on the impact of the harmful use of alcohol on health. A sufficiently strong and coordinated push from civil society and academia for effective alcohol control policies is also required. Given the generally stigmatized nature of heavy drinking and multifaceted health outcomes from drinking, there have been few civil society organizations prioritizing alcohol as a health risk and prodding governments for action, as has been common for tobacco.

4 THE WAY FORWARD TO REDUCE THE HARMFUL USE OF ALCOHOL

With 3 million alcohol-attributable deaths in 2016[1] and well-documented adverse impacts on health and well-being of individuals and populations, it is a public health imperative to strengthen and sustain efforts to reduce the harmful use of alcohol worldwide. A significant body of evidence has accumulated on effectiveness of alcohol policy options, but often the most cost-effective policy measures and interventions are not implemented or enforced, and the alcohol-attributable disease burden continues to be extraordinarily large. While the principles, objectives and the 10

target areas for policy options outlined in the global strategy continue to be as relevant as in 2010, the implementation of the global strategy has been uneven around the world and the key above-mentioned challenges and emerging opportunities for reducing the harmful use of alcohol have not been successfully addressed at all levels.

4.1 OPPORTUNITIES FOR REDUCING THE HARMFUL USE OF ALCOHOL

Many opportunities may provide a path forward for WHO Member States aiming to reduce alcohol-related harms. Specific inclusion of a health goal in the SDGs, with a specific target oriented to the prevention of both narcotic drug abuse and harmful use of alcohol, and inclusion of harmful use of alcohol as one of the key risk factors in the NCD action plan, both help to keep alcohol and alcohol policies on the global, regional and national health agendas.

In recent years, alcohol consumption by youth has been dropping in a wide assortment of countries where there are regular youth surveys – throughout Europe (though less in Eastern Europe) and in English-speaking high-income societies[1]. The decline seems to be quite general across subdivisions of the population, and in a few countries for which measures are already available, the decline seems to be continuing into the next age group as the cohort ages. Whatever the causes, the fact of the change offers considerable opportunity for public health policies and programming to reduce harms from alcohol. Recent history in such areas as cigarette smoking and drink–driving suggests that it is the combination and mutual support of policy initiatives with shifts in popular sentiment which is most effective in improving public health[1].

There is a trend towards an increase in the proportion of former drinkers in populations. One of the factors contributing to this phenomenon as well as to reduction of alcohol consumption among some population groups is an increasing awareness of negative health and social consequences of alcohol consumption, and particularly its causal relationships with some types of cancer, liver and cardiovascular diseases, as well as infectious diseases such as tuberculosis (TB) and HIV. Increasing health literacy and consciousness of people provide an opportunity for strengthened prevention activities and scaling-up of screening and brief interventions in health services.[1]

Alcohol has been increasingly recognized as a factor in health inequality. Within a given society, the health and social harm from a given level and pattern of drinking is greater for poorer than for richer people, and between societies is greater in poorer than in richer societies[1]. Given the higher "harm per litre" for poorer drinkers, increased alcohol consumption will also tend to increase health and social inequalities – between genders as well as social classes. From the perspective of public health and the public interest, sustainable development requires strengthening rather than loosening the market controls on the availability, price and marketing of alcohol. Policies and programmes to reduce health inequalities and promote sustainable development need to include sustained attention to policies and programmes which will discourage the initiation of drinking by those who currently abstain, discourage increases in drinkers' amount of alcohol consumed, and actively discourage heavy drinking and harms from drinking.

Increased awareness of the commercial determinants of health provides another opportunity to strengthen development and implementation of alcohol control measures by effective counteraction of the industry interference in the alcohol policy development. A growing focus on the actions of the tobacco, unhealthy food and alcohol industries signals increased recognition of commercial drivers of harm and the importance of conflicts of interest and industry interference as barriers to effective policy adoption and implementation.

During recent years the evidence of high cost-effectiveness for a number of alcohol control measures has been strengthened, and "best buys" for reducing the harmful use of alcohol include increase in excise taxes on alcoholic beverages, bans or comprehensive restrictions on exposure to

alcohol advertising, and restrictions on physical availability of alcohol via reduced hours of sales. The latest economic analysis undertaken under the auspices of WHO demonstrated high return on investment for "best buys" in alcohol control. According to the results of this analysis, involving calculations of the cost estimates of implementation of "best buys" in 78 low- and middle-income countries, every additional US dollar invested in the most cost-effective interventions per person per year will return US$ 9.13 by 2030, and this return is higher than for similar investment in tobacco control (US$ 7.43) or prevention of physical inactivity (US$ 2.80).[13]

4.2 PRIORITY AREAS FOR STRENGTHENING IMPLEMENTATION OF THE GLOBAL STRATEGY

Though some positive global changes can be observed in 2016 in comparison with 2010 on several alcohol-related indicators, the harmful use of alcohol continues to be one of the leading risk factors for premature mortality and morbidity globally, and the global disease burden attributable to alcohol consumption is too high for complacency about the need for strengthened actions at all levels to reduce the harmful use of alcohol. Concerted actions are needed to achieve at least stabilization of increasing trends in alcohol consumption in the South-East Asia and Western Pacific regions, acceleration of the decreasing trend in the Region of the Americas, initiation of a decrease in alcohol consumption in the African Region, and continued support for positive changes in alcohol consumption in the European Region. Special efforts are needed for preventing initiation of drinking among children and adolescents as well as supporting adults who choose not to drink alcohol in their behaviour, and protecting all from pressures to drink, in line with the guiding principles of the Global strategy to reduce the harmful use of alcohol. One of the priority areas for action is to reduce the levels of alcohol consumption among drinkers.

Alcohol-related problems are not limited to only health. To bring in and deal with other relevant issues of welfare, criminal justice, inequities and human rights, long-term alliances need to be formed between public health and other agencies in recognition of the substantial overlaps between health and other types of problems associated with and caused by the harmful use of alcohol. Intra- and intergovernmental mechanisms for collaboration across different sectors involved in alcohol control should be strengthened or initiated.

At national level countries need to strengthen implementation of interventions to reduce the harmful use of alcohol, guided by the Global strategy to reduce the harmful use of alcohol and other relevant global and regional strategies, actions plans and frameworks with a focus on the most effective and cost-effective interventions as outlined in the recent WHO-led SAFER initiative, including taxation and pricing policies, drink-driving measures and comprehensive restrictions or bans on alcohol marketing and advertisement.

Health services play an important role in delivering prevention and treatment interventions to their clients in line with the principles and objectives of universal health coverage, and health professionals have an important role in raising awareness about alcohol-related harm and supporting effective alcohol control measures.

Goals and targets need to be developed and specified in line with the international global and regional monitoring frameworks, but reflecting the regional or national public health priorities, trends and opportunities. National action plans with specified objectives, indicators and time frames can help to accelerate implementation of the global strategy sand increase accountability of all relevant stakeholders in reducing the harmful use of alcohol. Establishing or strengthening national monitoring and surveillance functions and systems on alcohol and health can support alcohol policy development and evaluation and generate data in support of alcohol control measures. Studies on costs and benefits of alcohol control measures and development of "investment cases" can help to overcome resistance to effective alcohol control measures in view of financial and other revenues associated with alcohol production and trade. Strategic and well-

developed communication and advocacy is needed to raise awareness among decision-makers and general public, mobilize different stakeholders for coordinated actions to protect public health and foster political commitment to reduce the harmful use of alcohol.

Nine years have elapsed since 2010, when WHO Member States endorsed the global strategy to reduce the harmful use of alcohol. This was later reinforced by the NCD Political Declaration and Action plan, and more recently by the SDG 2030 agenda,[14] with a specific health target on substance abuse, and an indicator on total per capita alcohol consumption. The key interrelated components for global action outlined in the global strategy continue to be relevant measures to reduce the harmful use of alcohol.

4.2.1 Public health advocacy, partnership and dialogue

High-level advocacy at all levels is needed to accelerate implementation of the global strategy to reduce the harmful use of alcohol. The international day of awareness of the harmful use of alcohol could help to sustain public attention to the problem. Public health advocacy is more likely to succeed if it is well backed up by evidence and based on emerging opportunities, and if the arguments steer clear of moralization. The international discourse on alcohol policy development and implementation control should not be limited to NCDs, and should expand to other areas of health and development, including a "harm to others" perspective. Public health agencies and institutions should take the lead in promoting a public health agenda to reduce the harmful use of alcohol, building up broad partnerships and collaborative networks at all levels.

At the international level, the broad scope and magnitude of health and social problems caused by the harmful use of alcohol require coordinated and concerted actions of different parts of the United Nations system and regional intergovernmental organizations in the context of the 2030 Agenda for Sustainable Development.[14] Addressing the harmful use of alcohol requires "whole of government" and "whole of society" approaches at the international level, with appropriate engagement of non-state actors, and particularly of public health-oriented nongovernmental organizations, professional associations and civil society groups. Modern communication technologies and multimedia communication materials are needed for successful advocacy and behaviour change campaigns.

New partnerships and appropriate engagement of all relevant stakeholders are needed to build capacity and support the implementation of practical and focused technical packages that can ensure returns on investments by reducing the harmful use of alcohol in populations. A new WHO-led SAFER initiative to promote and support the implementation of "best buys" and other recommended alcohol-control measures at country level has been developed to invigorate action in countries through coordinated actions of WHO partners within and outside the United Nations system.

The political declaration of the 2018 United Nations third High-level meeting of the General Assembly on the Prevention and Control of NCDs encourages economic operators in the area of alcohol production and trade, as appropriate, to contribute to reducing the harmful use of alcohol in their core areas, taking into account national religious and cultural contexts, and to take concrete steps towards eliminating the marketing, advertising and sales of alcoholic products to minors.[15] The global dialogue with economic operators in alcohol production and trade will continue with regard to how best the industry sectors can contribute to reducing the harmful use of alcohol within their roles as developers, producers and distributors/sellers of alcoholic beverage products. The dialogue will focus on the areas of (a) traditional and online or digital marketing (including sponsorship); (b) sales, e-commerce, and delivery of alcoholic beverages; (c) production labelling of alcoholic beverages; and (d) data on production and sales of alcoholic beverages.

Regulatory controls on the market must be decided and enforced by governments, with public health interests as the primary goals. Such regulations and their enforcement need to be protected from industry interference, and appropriate monitoring mechanisms of potential interference in the processes of alcohol development and implementation have to be established. Higher attention by parties in international, regional and bilateral trade negotiations to the need and the ability of national and subnational governments to regulate alcohol distribution, sales and marketing, and thus to manage alcohol-related health and social costs is also warranted in this regard.

4.2.2 Technical support and capacity-building

In its Thirteenth General Programme of Work 2019–2023,[6] WHO aims to ensure by 2023 that 1 billion more people enjoy better health and well-being and a further 1 billion people benefit from universal health coverage. In the context of reducing the harmful use of alcohol, these goals can be translated into the objectives of increasing the proportion of the population who are protected from the harmful use of alcohol by effective alcohol control policies and increasing the proportion of people with alcohol use disorders (AUDs) and comorbid conditions who benefit from universal health coverage.

The three effective and cost-effective "best buys" of alcohol control – limiting physical availability, restricting advertising and marketing, and increasing price through taxation – are the best policy options and tools available to Member States for reducing the harmful use of alcohol. These core areas for effective action should be complemented by other recommended measures, and implementation of these measures at the country level may require strong technical assistance. This is particularly true when a health department or agency has responsibility in areas which are not limited to health service interventions, such as taxation, legislative measures or consideration of health protection from alcohol- related harm in trade negotiations. Specific technical guidance on implementation of particular policy options is needed to facilitate their implementation, monitoring and evaluation.

Global and regional networks of country alcohol focal points and technical experts will facilitate country cooperation, knowledge transfer and capacity-building. Special technical networks and platforms with engagement of technical focal points and representatives of academia and civil society organizations can focus on particular challenging technical areas such as control of digital marketing or protecting alcohol control measures within the context of supranational regulatory and legislative frameworks. Attention needs to be paid to finding and describing exemplars of good practice in the implementation of particular control areas, for instance of licensing and enforcement for alcohol sales regulations, to the development and maintenance of repositories of good practices and documents, as well as establishing visible strategic partnerships to promote international collaboration and effective alcohol control options.

4.2.3 Production and dissemination of knowledge

The data available on alcohol consumption – including its impact on health and development, and the effectiveness and cost-effectiveness of policy responses – have improved significantly in recent years. Because of developments in national monitoring and surveillance systems, more and more countries are in a position to collect, collate and disseminate reliable information on alcohol use, its health and social consequences and policy developments.

However, many countries require continued technical support for building up their national monitoring systems on alcohol and health, including the technical tools that could help to improve the data generated at country level. The global monitoring framework for control of NCDs and the SDGs of the 2030 Agenda for Sustainable Development[14] provide new impetus to the

development of national monitoring systems and present new challenges for data collection and analysis at the global level.

Effective monitoring of total per capital alcohol consumption and of treatment coverage for substance use disorders requires not only streamlined and simplified data generation, collection, validation and reporting procedures for indicators on alcohol consumption – allowing regular updates of country-level data at 1–2-year intervals with minimized time lags from data collection to reporting – but also significant methodological advances in treatment coverage indicators.

All countries are encouraged to include alcohol modules in data collection tools used in population-based surveillance activities to ensure availability of time series of data on alcohol consumption in populations and vulnerable population groups such as adolescents, women of child-bearing age and people suffering from different health conditions.

International collaborative research and knowledge production activities should focus on generation of national data on alcohol consumption and related harm that is highly relevant to alcohol policy development and implementation, development of the required research infrastructure and expertise with a focus on low- and middle-income countries, knowledge and technology transfer, to increased investment in research of implementation barriers and enabling factors for effective and cost-effective interventions, and exploring the effective ways to increase health literacy in regards to alcohol and health and a deeper understanding of the effects that harmful use of alcohol has on other people than the drinker.

4.2.4 Resource mobilization

A primary need to accelerate global and national actions to reduce the harmful use of alcohol is for resources, to support international actions as described above. The statement that the "magnitude of alcohol-attributable disease and social burden is in sharp contradiction with the resources available at all levels to reduce the harmful use of alcohol" continues to be true nine years since the endorsement of the Global strategy, which is where this statement appeared. There are no major donors with a strong interest in supporting work to reduce the harmful use of alcohol worldwide or in high-burden countries. The lack of financial support for civil society engagement at the international level stands in stark contrast with the tobacco field and increased support is needed.

The successes in some jurisdictions in reducing the harmful use of alcohol were achieved, as a rule, with internal resources using the most cost-effective interventions promoted by WHO. Positive changes in alcohol policies – and subsequently in levels and patterns of alcohol consumption and associated mortality and morbidity – in countries where drinking is heavily embedded in cultural norms and traditions indicate that progressive alcohol policy developments are feasible in spite of all challenges; indeed, they can bring public health benefits and returns on investments within relatively short periods of time. Alcohol consumption is the leading risk factor worldwide for people aged 15–49 years – the segment of the population which plays a significant role in the economic and social development of every nation. Increasing awareness of the impact of harmful use of alcohol on child development and maternal health as well as on infectious diseases such as tuberculosis and HIV may change the situation with regard to funding support for alcohol policy and programme developments, but this still has to happen.

The lack of resources to finance prevention and treatment programmes and interventions for substance use disorders calls for innovative funding mechanisms to address related SDG targets. Several innovative approaches that combine evidence-based knowledge with more "out of the box" ideas have been reported across countries and at the international level. Recently the WHO Independent High-Level Commission on NCDs recommended exploring the possibility of

establishing a Global Solidarity Tobacco and Alcohol Contribution[16] as a voluntary innovative financing mechanism to be used for the prevention and treatment of NCDs.

There are existing examples of revenues from taxes on alcoholic beverages being used to fund health promotion initiatives, health coverage of vulnerable populations and/or prevention and treatment of alcohol and substance use disorders, as well as, in some cases, supporting international work in these areas. Consideration should be given to an intergovernmental commitment to a global impost on alcohol to support this effort, with the use of the money raised by this to be governed internationally.

Other ideas for innovative funding mechanisms are directly linked to the notion that governments have the overall responsibility to implement preventive strategies and interventions and to provide access to treatment for affected persons for conditions that directly stem from the consumption of substances or services which are legally traded or operated, such as alcohol or gambling services.

There are examples where earmarked funding for the prevention and treatment of substance use disorders and related conditions is provided with funds generated from state-owned retail monopolies, from a profit levy across alcohol beverage value chains, from taxing alcohol advertising, from imposing earmarked fines for non-compliance with alcohol regulations, or from taxation and excise duties on casinos and other forms of gambling.

5 QUESTIONS FOR CONSIDERATION

1. What, in your organization's view, have been the most important achievements, challenges and setbacks in implementation of the WHO global strategy to reduce the harmful use of alcohol since 2010?

2. What, in your organization's view, should be priority areas for future actions to reduce the harmful use of alcohol and strengthen implementation of the global strategy to reduce the harmful use of alcohol

6 REFERENCES

[1] Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1, accessed 21 October 2019).

[2] Resolution WHA63.13. Global strategy to reduce the harmful use of alcohol. In: Sixty-third World Health Assembly, Geneva, 17–21 May 2010. Resolutions and decisions, annexes. Geneva: World Health Organization; 2010:23–4 (WHA63/2010/REC/1; http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-en.pdf, accessed 21 October 2019).

[3] Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, 16 September 2011. New York: United Nations General Assembly; 2011 (A/66/L.1; https://digitallibrary.un.org/record/710899?ln=en, accessed 21 October 2019).

[4] Global action plan for the prevention and control of NCDs 2013–2020. Geneva: World Health Organization; 2013 (https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf?sequence=1, accessed 21 October 2019).

[5] The goals within a goal: health targets for SDG 3. Geneva: World Health Organization; 2019 (https://www.who.int/sdg/targets/en/, accessed 21 October 2019).

[6] Thirteenth Global Programme of Work 2019–2023. Geneva: World Health Organization; 2018 (WHO/PRP/18.1; https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf, accessed 21 October 2019.)

[7] B. Global strategy to reduce the harmful use of alcohol (resolution WHA63.13). In: Progress reports: report by the Secretariat. Geneva: World Health Organization; 2013:3–5 (A66/27; http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_27-en.pdf, accessed 21 October 2019).

[8] Reduction of the harmful use of alcohol: a strategy for the WHO African Region. Brazzaville: WHO Regional Office for Africa; 2013 (https://www.afro.who.int/sites/default/files/2017-06/ahm1608.pdf, accessed 21 October 2019).

[9] European action plan to reduce the harmful use of alcohol 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf?ua=1, accessed 21 October 2019).

[10] South-East Asia regional action plan to implement global strategy to reduce harmful use of alcohol (2014–2025). New Delhi: WHO Regional Office for South-East Asia; 2014 (SEA/RC67/R4; https://apps.who.int/iris/handle/10665/136972, accessed 21 October 2019).

[11] Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization, 2017 (https://www.who.int/ncds/management/best-buys/en/, accessed 21 October 2019).

[12] SAFER: Preventing and Reducing Alcohol-Related Harms. Geneva: World Health Organization; 2018 (https://www.who.int/substance_abuse/safer/msb_safer_framework.pdf?ua=1, accessed 21 October 2019).

[13] Saving lives, spending less: a strategic response to noncommunicable diseases. Geneva: World Health Organization; 2018 (WHO/NMH/NVI/18.8; https://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf, accessed 21 October 2019).

[14] Transforming our world: the 2030 agenda for sustainable development. New York: United Nations; 2015 (https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf, accessed 21 October 2019).

[15] Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Time to deliver: accelerating our response to address non-communicable diseases for the health and well-being of present and future generations. New York: United Nations General Assembly; 2018 (A/73/L.2: https://digitallibrary.un.org/record/1648984, accessed 21 October 2019).

[16] Time to deliver; report of the WHO Independent High-Level Commission on Noncommunicable Diseases. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/bitstream/handle/10665/272710/9789241514163-eng.pdf?ua=1, accessed 22 October 2019).

Department of Mental Health and Substance use

World Health Organization Geneva, 2019