



World Health
Organization

Less alcohol webinar series: are policy actions at pace with evidence?

Why is this webinar series needed?

The proportion of current drinkers and heavy drinking will globally increase by 2030ⁱ. Irrespective of these trends, the impact of alcohol consumption is already alarming in terms of social, economic and health consequences. Alcohol consumption is a risk factor for many noncommunicable and communicable diseases, maternal health, perinatal conditions, violence, injuries and self-harm. Alcohol is also a significant factor in many cancer-related deaths. It is estimated that 7.2% of breast cancer cases are related to alcohol consumption. More than 18% of tuberculosis, 12% of epilepsy, 24% of digestive diseases, 26 % of road accidents, 18% of self-harm deaths are alcohol-attributableⁱⁱ. Alcohol consumption consequences disproportionately affect younger and poorer groups. For example, 52.4% of alcohol-attributable deaths occur in those younger than 60 years. Also, alcohol has a more significant harmful impact per litre in low-income countries. In India, it has been estimated an economic loss of 1.45% of the gross domestic product per year, compared to the government expenditure on health of 1.1%, due to alcohol consumptionⁱⁱⁱ.

Alcohol consumption has exacerbated during the COVID-19 pandemic, leading to increased virus-induced inflammation and potentially worsening COVID-related outcomes^{iv}. Despite the lockdown measures, the alcohol industry reports a substantial recovery of alcohol sales^v, primarily due to the

exponentially increased use of e-commerce strategies^{vi}. For example, the sales through an alcohol-industry owned e-commerce platform in Brazil increased 18 times, from 1.5 million in 2019 to 27.3 million in 2020.

Despite these compelling figures, alcohol remains a *global health's blind spot*^{vii}. Contrary to the tobacco, physical inactivity and unhealthy food "associate" risk factors for noncommunicable diseases, the alcohol field remains behind schedule to attain the Sustainable Development Goals.

In recent years, the divide between evidence and applied policies for reducing the harmful use of alcohol has broadened. The new evidence about the effect of alcohol consumption in cancers^{viii}, the progress made in some countries^{ix}, the stocktake and agreement on what works to reduce the harmful use of alcohol^x, the establishment and reinforcement of civil society organisations^{xi}, the increasing interest of countries in tackling the commercial determinants of alcohol^{xii, xiii}, among many other factors, set out a momentum for strengthening the connections among different stakeholders to reflect about which are the evidence directions; what are the conditions to be met for success; how policy actions are aligned; what is the perspective and role of different actors.

What do we aim to achieve?

This series of webinars seeks to: (i) engage worldwide experts from governments, academia, civil society, other United Nations agencies to connect, share and learn; (ii) create awareness, facilitate cross-learning and offering updates on alcohol issues; (iii) identify areas that need further research; (iv) accelerate progress in the implementation of the Global strategy to reduce the

Main topics of the webinars for 2021

Alcohol and inequalities: how a health promotion approach can help?

Alcohol use is connected to poverty and inequalities through several pathways. Although this relationship is known for some time, most policymakers, government officials, and health specialists are not aware of these associations' details and depth. This session will discuss recent studies on the topic and present country cases to shed light on this equation while identifying possible policy actions in tackling its determinants.

Unrecorded alcohol: what we do and don't know?

Alcoholic beverages illegally produced, illicitly sold, e.g. smuggling, cross-border shopping, homemade and consumed when not initially intended for human (*surrogate* alcohol) sum up to a quarter of worldwide alcohol consumption. This unrecorded alcohol consumption leads to public health, financial and social challenges. The economic actors propose lowering taxes as a solution. This session will discuss the differences in its distribution across countries and trade-offs of policy options to tackle these issues.

Alcohol digital marketing: what's next?

Reducing alcohol marketing is a cost-effective strategy. Currently, a large part of alcohol marketing is digital. This is facilitated by globalization, technological development and transnational alcohol corporations. Digital media platforms, including Facebook, YouTube and Instagram, play an increasing role in the marketing of alcohol. Recent evidence highlights how engagement strategies of social media could be related to planned efforts for reversing the declines in alcohol consumption, especially during the COVID-19 pandemic. A continuous review of regulation and accountability mechanisms are needed to ensuring effective measures. The role of civil society and academia has been documented as useful to

harmful use of alcohol^{xiv} and its action plan; and (v) facilitate the development of global commitments, similar to other noncommunicable risk factors.

Who should participate?

Government officials, civil society associations, researchers, local authorities, public, consumer associations.

address this challenge. The session will discuss the features of the digital marketing of alcohol, strategies of public engagement, accountability mechanisms implemented, recent evidence and identify policy actions for countries to adopt.

The minimum unit price for alcohol: when does it work?

A legal floor price is established to sell to the public a fixed volume of alcohol has been successfully introduced in some countries, mostly high-income countries. This policy has shown to reduce alcohol consumption and harm, particularly among heavier drinkers. Recently, a minimum unit price has been considered as a policy option by low- and middle-income countries with sustained levels of alcohol harm, such as South Africa. This session will discuss the conditions for establishing a minimum price per unit, discuss challenges of its application and will seek to identify success factors underpinning its implementation.

Can health taxes be used in response to alcohol harms?

Excise taxes can be used to promote health, curb unhealthy behaviours, raise prices and generate revenues. Excise taxes are relatively simple to implement. Countries already levy them on tobacco products and alcoholic beverages, while an increasing number are doing the same with sugary beverages. How can countries adjust excise tax policy to help improve public health objectives while bringing in additional revenue? How can they anticipate litigation appeals from economic actors? This session will discuss health taxes as an approach to address alcohol consumption and related harm, drawing from examples of countries and other unhealthy products.

Alcohol per capita consumption: still a valid measure for improving public health?

The age-standardised prevalence of heavy episodic drinking has been recently advanced as an alternative to alcohol per capita consumption indicator to measure the impact of public policies. Policies for reducing consumption and the harmful use of alcohol that apply a health promotion

approach are designed for population-wide interventions, not just heavy drinking. This session intends to examine both indicators from a public health perspective, identify the advantages and disadvantages of both measures and draw recommendations for informing future research actions.

More information

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ⁱⁱ Shield K, Manthey J, Rylett M, Probst C, Wettlaufer A, Parry CDH, Rehm J. National, regional, and global burdens of diseases from 2000 to 2016 attributable to alcohol use: a comparative risk assessment study. *Lancet Public Health*. 2020 Jan;5(1):e51–e61. doi: 10.1016/S2468-2667(19)30231-2. PMID: 31910980.

ⁱⁱⁱ Jyani G, Prinja S, Ambekar A, Bahuguna P, Kumar R. Health impact and economic burden of alcohol consumption in India. *Int J Drug Policy*. 2019 Jul;69:34–42. doi: 10.1016/j.drugpo.2019.04.005. Epub 2019 May 2. PMID: 31055044.

^{iv} Huang W, Zhou H, Hodgkinson C, Montero A, Goldman D, Chang SL. Network Meta-analysis on the Mechanisms Underlying Alcohol Augmentation of COVID-19 Pathologies. *Alcohol Clin Exp Res*. 2021 Feb 13. doi: 10.1111/acer.14573. Epub ahead of print. PMID: 33583045.

^v <http://catalisi.com.br/ambev-cresceu-volume-de-vendas-25-a-a-no-brasil-no-terceiro-trimestre-2020/>

^{vi} <https://www.euromonitor.com/voice-of-the-industry-alcoholic-drinks/report>. February 2021. See also: Inbev's 2020 report: https://www.ab-inbev.com/content/dam/abinbev/news-media/press-releases/2021/02/AB%20InBev%202020%20Annual%20Report_FINALpdf.pdf

^{vii} Marten R, Amul GGH, Casswell S. Alcohol: global health's blind spot. *Lancet Glob Health*. 2020 Mar;8(3):e329–e330. doi: 10.1016/S2214-109X(20)30008-5. PMID: 32087164.

^{viii} <https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2020/alcohol-and-cancer-in-the-who-european-region-an-appeal-for-better-prevention-2020>

^{ix} Neufeld M, Bobrova A, Davletov K, Štelemėkas M, Stoppel R, Ferreira-Borges C, Breda J, Rehm J. Alcohol control policies in Former Soviet Union countries: A narrative review of three decades of policy changes and their apparent effects. *Drug Alcohol Rev*. 2020 Nov 5. doi: 10.1111/dar.13204. Epub ahead of print. PMID: 33155370.

^x Chisholm D, Moro D, Bertram M, Pretorius C, Gmel G, Shield K, and Rehm J (2018). Are the “Best Buys” for Alcohol Control Still Valid? An Update on the Comparative Cost-Effectiveness of Alcohol Control Strategies at the Global Level. *Journal of Studies on Alcohol and Drugs* 2018 79:4, 514–522. doi: <https://doi.org/10.15288/jsad.2018.79.514>.

^{xi} E.g. ACT, GAP, Movendi, and NCD Alliance.

^{xii} Lacy-Nichols J, Marten R. Power and the commercial determinants of health: ideas for a research agenda. *BMJ Glob Health*. 2021 Feb;6(2):e003850. doi: 10.1136/bmjgh-2020-003850. PMID: 33593758.

^{xiii} WHO Executive Board. (2020). Decision EB 146(14). Available from https://apps.who.int/gb/ebwha/pdf_files/EB146-REC1/B146_REC1-en.pdf#page=42

^{xiv} https://www.who.int/substance_abuse/activities/gsrhua/en/