

## Global Alcohol Policy Alliance submission to the WHO consultation:

WHO first discussion paper (version dated 8 June 2022)

### Draft Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2030

The Global Alcohol Policy Alliance (GAPA) appreciates the opportunity to comment on the above discussion paper. Having reviewed the paper, we submit the following comments. GAPA also aligns with the comments submitted by the NCD Alliance. In the sections below we want to highlight some elements of high relevance and importance for GAPA from this submission

#### General comments

GAPA aligns with the points made by the NCD Alliance about doing away with the concepts 'Best buys' and 'Good buys'. These concepts have been key to advocate towards countries for the implementation of NCD policies by making a strong investment case given their cost-effectiveness, and by always highlighting the need to consider epidemiological profiles and other national contexts to decide on the most impactful package of policies. The concepts are particularly useful in a field like alcohol control where commercial actors are active in promoting ineffective measures rather than the effective ones. The NCD 'best buys' and other recommended interventions have grown into a reference for the health community, being the term through which we refer to Appendix 3 for dissemination, as it flags the high return on investment of these interventions, is a basis for WHO's support on NCDs to countries, and has become instrumental to advocacy. **Hence, GAPA urge WHO to reconsider retaining the concept of NCD 'best buys' in the 2022 updated Appendix 3.**

GAPA also aligns with the NCD Alliance that this and future update processes of the Appendix 3 "should be protected from the undue influence of health-harming industries, including organizations involved in tobacco, alcohol, ultra-processed foods and beverages, breastmilk substitutes, fossil fuels. This includes ensuring that the studies used for the GCEA do not have any conflicts of interest and that health-harming industries are not part of the consultation process. It is crucial for WHO to add a note clarifying how this is addressed."

**Moreover, GAPA urges WHO to include a reference to the implementation of conflict-of-interest policies as part of the overarching/enabling actions under Objective 1.**

#### Comments regarding Objective 3: To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments – Harmful use of alcohol

The evidence for alcohol control policies in reducing harm from alcohol is strong<sup>1</sup>. **The previous cost effective measures outlined in Appendix 3 reflect this evidence base and**

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<sup>1</sup> Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham K., et al. (2009). *Alcohol: no ordinary commodity. Research and public policy. Second edition*. New York: Oxford University Press. (A new edition is in press).

**should not be altered but continued in the revised version.** We are pleased to see that the proposed continuation of the existing measures in the draft updated version. While we support these measures we will propose some adjustments to make the recommendations clearer and stronger.

In the alcohol section GAPA suggests that **the ‘Overarching/enabling actions’ should reflect the SAFER package** which has been launched by WHO with UN and Civil Society Partners (including GAPA) since the previous revision of Appendix 3. This supports the point made by the NCD Alliance about the need to be consistent across each section in detailing the relevant technical packages developed for those action areas.

#### *A1 Increase excise taxes on alcoholic beverages*

The influence of price on consumption and thereby levels of harm has long been accepted. The best way a state can influence the price of the product is by increasing the excise taxes on that product. At the same time as directly reducing harm, it is also an intervention that will generate revenue for the state to deal with alcohol related and other health and social problems. **GAPA strongly supports the text in A1.** However, many countries with levies and excise taxes on alcohol fail to adjust these with inflation, rendering this intervention less effective over time. GAPA suggests adding a recommendation to adjust for inflation with the non-financial considerations in the table (see below)

#### *A2 Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)*

There is also an increasing evidence base regarding the effects of alcohol marketing, advertising and sponsorship on increased alcohol harm, particularly among young people. The many possibilities for the alcohol producers to reach young people with promotional messages warrant a holistic approach to advertising where a total ban will be more effective than restrictions. Such advertising bans need to include bans on alcohol sponsorship of sports, music and other cultural event and should also apply in the plethora of new media channels in the digital world. **While supporting the main direction, GAPA suggests amending the text of A2 (see below).**

#### *A3 Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)*

Limiting the physical availability is another important alcohol policy measure and minimum purchase age has proved effective in reducing harm among young people. Thus **GAPA suggests that age restrictions are listed among the examples in A3** (see below).

#### *A4 Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints*

Traffic injuries and deaths are increasing burden, particularly in many low- and middle-income countries. The mixture of increasingly dense traffic and higher speed combined with increasing consumption of alcohol contributes to increased risk of traffic related mortality. Imposing and enforcing drink driving laws is therefore important. Setting and enforcing a

low BAC limit by the use of random breath testing has proved the best approach. Thus GAPA proposes to be specific about the recommendation to use random breath tests in A4 (see below).

**Proposed amendments to the text by GAPA:**

No	Intervention	Non-financial considerations
A1	Increase in excise taxes on alcoholic beverages	Levying taxes should be combined with other price measures, such as bans on discounts or promotions, <u>and tax levels should be adjusted for inflation and increase in income regularly</u>
A2	Enforcement of bans <del>or comprehensive restrictions</del> on alcohol <u>promotion including advertising and sponsorship (across multiple types of media and in the digital world )</u>	Requires capacity for implementing and enforcing regulations and legislation
A3	Enforcement of restrictions on the physical availability of retailed alcohol (via <u>reduced density of retail outlets, reduced hours of sale and minimum purchase age</u> )	
A4	Enforcement of drink-driving laws and blood alcohol concentration limits via <u>random breath testing sobriety checkpoints</u>	
A5	Provision of brief psychosocial intervention for persons with hazardous and harmful alcohol use	Requires trained providers at all levels of health care

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