Worldwide Brewing Alliance views on the Updated Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013-2030

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The Worldwide Brewing Alliance (WBA), an association of national and regional brewing trade associations and brewers whose members represent the production of over 80% of the world's supply of beer, welcomes this opportunity to comment on the draft Updated Appendix 3.

1. Introduction.

Brewers are committed to doing their part to reduce the harmful use of alcohol. We appreciate WHO engaging a broad range of stakeholders to make best use of this opportunity to align Appendix 3 with current peer-reviewed evidence and best practice. This process will determine the quality of implementation of WHO strategies and plans, like the recently-adopted Global action plan to effectively implement the Global strategy to reduce harmful use of alcohol as a global health priority ("GAAP").

The GAAP recognizes a role for lower alcohol-strength products in reducing harmful use of alcohol with an invitation to economic operators:

to substitute, whenever possible, higher-alcohol products with no-alcohol and lower-alcohol products in their overall product portfolios, with the goal of decreasing the overall levels of alcohol consumption in populations and consumer groups. (EB150/7 Add.1 at p. 21).

The WBA welcomed this invitation, as beer is the lowest strength type of beverage alcohol, and brewers have been bringing innovative no- and lower alcohol-strength beer to market for decades. In line with the Political Declaration of the 3rd UN High Level Meeting on NCD's (2018), leading brewers are committed to increasing the appeal of low- and no- products to consumers and their availability around the world.

Regulatory environments that encourage the production and consumption of lower alcohol-strength products, like beer, are an extension of a widespread, centuries-old best practice to reduce and prevent alcohol-related harm. These regulatory practices adjust measures that affect pricing, availability, and marketing of beverage alcohol in ways that nudge consumers toward lower alcohol-strength products. This has been the practice in the UK for centuries, in Denmark for over 100 years, and in the U.S. since the end of Prohibition. It is the practice in every Member State of the EU and in each of its candidate countries but for one, and it is the practice in all EFTA Members. In fact, it is the practice in almost every OECD country, nearly half of which also use progressive excise taxation within beer, encouraging production and consumption of even lower alcohol strength products. This is also the practice outlined in the EU Structures Directive,* which is specifically designed to encourage brewers to bring to market lower-strength beer brands, and to encourage consumers to choose them.

Evidence shows that adjusting measures that affect pricing, availability, and marketing of beverage alcohol according to beverage type and alcohol strength in ways that nudge consumers toward lower-strength products is a common, evidence-based practice that has a positive impact on the

^{*} Council Directive (EU) 2020/1151 of 29 July 2020 amending Directive 92/83/EEC on the harmonization of the structures of excise duties on alcohol and alcoholic beverages

health outcomes at the population level in the countries that implement it. The updated Appendix 3 should reflect this fact.

2. Meeting the requirements for inclusion in Appendix 3: Evidence, quantifiable impact, and CHOICE analysis.

Since the 2017 update of Appendix 3 to the Global NCD Action Plan, a wave of peer-reviewed studies by WHO experts and academics examined and challenged key underlying assumptions about the health impacts of alcohol consumption, and have called for their findings to be integrated into current practice, both at the national level and at the multilateral level through the WHO, as a public health priority. These studies and findings have not been considered with respect to the 2023 Update of Appendix 3. The WHO's <u>Technical briefing for Appendix 3 on Interventions to reduce the harmful use of alcohol</u> does not cite any research after 2018, which pre-dates much of the relevant evidence and expert recommendations.

Whereas researchers traditionally estimated the effects of alcohol based on the amount of ethanol consumed and how it was consumed, recent peer-reviewed evidence shows that, at the population level, the type of drink matters just as much as the amount of alcohol consumed (Keung & Yakovlev).

We provide a partial list further below of peer-reviewed studies that find measurable differences in the impact on health outcomes according to beverage type. These examples show that peer-reviewed evidence supports the common practice of adjusting measures that affect pricing, availability, and marketing of beverage alcohol in ways that nudge consumers toward lower alcohol-strength products.

WHO CHOICE analyses have already been conducted on the Appendix 3 interventions relating to excise taxation and availability and marketing of retailed beverage alcohol. As summarized in a recent CHOICE analysis, these are all <u>legislative interventions</u>, with costs relating to human resource requirements, consultations, training, monitoring and evaluation (Bertram et al., supplementary file 3, at p. 2.) The common practice of adjusting these interventions in ways that nudge consumers toward lower alcohol-strength products is essentially an implementation modality. It is a recommended way to implement the interventions, and not a new intervention. It does not change the set of considerations for the cost of implementation, whereas it can be expected to have a measurably positive impact on the effectiveness of the Appendix 3 interventions. This is particularly important for countries with less developed regulatory systems, aligning the implementation of these policies with best-practice in more developed regulatory environments.

Adjusting the Appendix 3 interventions that affect the pricing, availability, and marketing of beverage alcohol in ways that steer consumers toward lower alcohol-strength options is an implementation modality that would increase effectiveness without changing the consideration of costs outlined in CHOICE analyses. Therefore, it meets the requirements for consideration for Appendix 3.

3. A proposed solution.

The way to enable implementation of the GAAP and to integrate current evidence and widespread, effective, and cost-effective best practice is to incorporate it into the Updated Appendix 3. The regulatory measures that governments across the globe adjust in ways that nudge consumers toward lower alcohol-strength products are the very same highly cost-effective interventions formerly referred to as the alcohol "best buys". Governments adjust interventions that affect pricing, availability, and marketing of beverage alcohol in ways that favor consumption of lower-

strength products over high-strength products. It is an implementation modality that makes the cost-effective best buys more effective at reducing alcohol-related harm.

WBA suggests that Appendix 3 could be brought into alignment with the GAAP, best practice and current evidence by adding a clause to the alcohol section in the Updated Appendix 3, to express the following:

Many Member States adjust regulations that affect pricing, availability and marketing of beverage alcohol according to beverage type and alcohol strength in ways that nudge consumers toward lower-strength products as an evidence-based, cost-effective and effective way to prevent and reduce harmful use of alcohol.

Such a statement of fact could go a long way in helping Member States to effectively implement the GAAP and promote achievement of the NCD and SDG goals in reducing harmful use of alcohol.

4. Conclusion

The WBA suggests that the updated Appendix 3 should reflect current peer-reviewed evidence and best practice by recommending that the cost-effective policies that affect pricing, taxation, availability, and marketing of beverage alcohol be adjusted according to beverage type and alcohol strength in ways that nudge consumers toward lower-strength products.

References

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