



WHO web-based consultation on the Global alcohol action plan 2022-2030 to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol: IARD response

Executive summary

The International Alliance for Responsible Drinking (IARD) welcomes the opportunity to comment on the World Health Organization's (WHO) first draft of the Global alcohol action plan 2022-2030 (GAAP).

The Global Strategy to Reduce the Harmful Use of Alcohol ("Global Strategy") remains the leading global alcohol policy instrument. We welcome the notable progress in reducing the harmful use of alcohol that has occurred since its introduction and support the development of the GAAP to strengthen implementation of the Global Strategy. To do this successfully, the GAAP's consistency with the [Global Strategy](#), the [2018 UN Political Declaration](#) (UNPD) on non-communicable diseases, and the directions given to WHO by Member States (MS) at the [146th Executive Board \(EB\)](#) in 2020 is of paramount importance. Specifically, the action plan needs to:

1. **Respect the EB's recognition of the continued relevance of the Global Strategy**
2. **Recognize the full portfolio of policy options included in the Global Strategy**
3. **Ensure focus on reducing *harmful* use of alcohol is maintained**
4. **Fully incorporate economic operators (EOs) within a whole-of-society approach**

We believe that these points can be addressed by making the following amendments to the draft GAAP, all of which would help ensure that it is consistent with the Global Strategy, the UNPD, and the mandate set for WHO by MS. Most notably, they would ensure the GAAP does not prejudice or preempt the review of the Global Strategy that the EB stipulated should occur at a later stage:

- **Removal of language that encourages the development of a framework convention on alcohol** - MS gave a mandate to develop an action plan to effectively implement the Global Strategy, and to review the Global Strategy and report to the Executive Board in 2030 for further action. The GAAP should not attempt to re-write the central tenets of the Global Strategy which provide the necessary flexibility to MS to improve progress - to do so would preempt the mandated review.
- **Promotion of the full portfolio of policy options** - MS have recognized the continued relevance of the Global Strategy, including the full portfolio of policy options included in it. These options have enabled the progress that has been made in reducing the harmful use of alcohol over the past decade. We are concerned that the GAAP reduces the list of policy options available to MS to only those set out in the SAFER package. Instead, the GAAP should promote the full portfolio of policy options and ensure that MS receive recognition in WHO target indicators for all their successful efforts to reduce harmful drinking.
- **Inclusion of self-regulation and co-regulation as legitimate policy options** - The first draft excludes co-regulatory and self-regulatory approaches from the toolkit available to MS. This is inconsistent with the Global Strategy, which explicitly refers to the role self-regulatory measures can play in reducing the harmful use of alcohol and which are legally mandated in some countries¹.
- **Removal of the proposed 20% alcohol per capita reduction target** - The GAAP is intended to make recommendations to deliver existing targets to reduce the harmful use of alcohol, not set new ones particularly focused only on one aspect of harmful consumption. The proposed 20% APC reduction target is inconsistent with both the Global Strategy and the [Global NCD Monitoring Framework](#).
- **Reframing the proposed actions for EOs to stimulate positive contributions** - The UNPD and the Global Strategy clearly state that EOs should take active steps to contribute to a reduction in the harmful use of alcohol. Neither document discriminates between non-state actors. Constructively worded actions for EOs would be consistent with the approach set out in the UNPD, encourage further initiatives on top of the contributions EOs have already made, and support efforts to build a larger coalition of EOs committed to reducing harm.

These points are addressed in detail in our full submission, which is annexed as a PDF.

¹ Ofcom, https://www.ofcom.org.uk/data/assets/pdf_file/0026/38492/co_self_reg.pdf



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Introduction

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Comments on the first draft

1. Respect the EB's recognition of the continued relevance of the Global Strategy

In the decision EB146(14), the EB recognized the continued relevance of the Global Strategy. It requested that the DG review the Global Strategy at a later stage and report to the Executive Board at the 166th Session in 2030 for further action. The focus now is on accelerating action. However, the first draft of the GAAP points towards the development of new policy instruments in advance of the 2030 review date. Specifically, reference is made to assessing the feasibility and necessity of a "global normative law on alcohol" or a "framework convention", with the express purpose of regulating the distribution, sale, and marketing of alcohol in the context of international trade negotiations. The development of new international policy instruments at this stage is not only inconsistent with the mandate set by MS, but it would also distract from collective efforts to strengthen delivery of the Global Strategy and build on progress already made. Therefore, we recommend removing from the GAAP, all language that references, or encourages the development of, a framework convention.

2. Recognize the full portfolio of policy options included in the Global Strategy

In 2010, the World Health Assembly affirmed that the Global Strategy "is a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level, taking into account national circumstances, such as religious and cultural contexts, national public health priorities, as well as resources, capacities and capabilities"². This approach provides MS with the flexibility needed to adapt their interventions in a manner that best suits their national, cultural, and religious context. However, as drafted, the GAAP would invalidate the full portfolio of policy options by elevating the

² WHA resolution 63.13, available from https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-en.pdf

SAFER initiative above all other MS-endorsed policy interventions. Specifically, global target 1.1 proposes tracking progress solely on MS implementation of the SAFER initiative, rather than tracking reductions in harmful drinking that have resulted from the implementation of any of the policies included in the full portfolio of policy options. This is not only inconsistent with the Global Strategy but also risks undermining existing MS investments to reduce the harmful use of alcohol, as they would be prompted to exclusively focus efforts on implementing a limited set of policy options, irrespective of how appropriate those policies are in their specific national context or how effective they might be in reducing the harmful use of alcohol in that context.

It is worth recalling that the EB did not mandate that the action plan be predicated on estimates of the cost-effectiveness of measures. Secondly, it is not clear that this is best achieved for member states via global estimates of generalized cost-effectiveness. An exclusive focus on the SAFER initiative would require MS to implement measures previously identified as “best buys”, despite researchers having identified a lack of evidence in low-and middle-income countries regarding the effectiveness of these policies.^{3,4} Endorsement of only the SAFER package precludes the use of other measures that may be needed to address problems unique to such countries, such as proliferation of illicit and unrecorded alcohol. Limiting the measures available to MS would likely slow progress, not accelerate it.

The flexibility provided by the full portfolio of policy options has already proved successful in many MS, as evidenced by the positive trends seen in the MS that have deployed diverse approaches and policies – and engaged a variety of different sectors – to drive reductions in harmful use of alcohol (IARD’s *Trend Reports on HED, Drink Driving, and Underage Drinking* include several case studies of public–private partnerships in various areas that highlight the effectiveness of this approach). The GAAP can accelerate these successes by continuing to allow MS flexibility to apply the full portfolio of policy options included in the Global Strategy in a manner that best fits their national and cultural context.

It is critical that the action plan does not undermine the Global Strategy, mandated by MS, by promoting a one-size-fits-all policy approach, and we would request that the next draft of the GAAP includes clear recognition of the continuing relevance of the full portfolio of policy options which is the cornerstone of the Global Strategy. This concept extends to the recognition of self-regulatory and co-regulatory approaches. The Global Strategy recognizes self-regulation as a valid measure for economic operators in the Global Strategy, and underpins efforts in many countries where harmful consumption has declined. Co-regulation, defined by some as industry-led enforceable codes or standards^{5,6}, is also critical in many countries, and a legal requirement in some⁷. Recognizing the full spectrum of approaches to regulation is consistent with the Global Strategy and empowering to MS to drive further reductions in harm.

3. Focus on reducing *harmful use of alcohol*

Consistency with the Global Strategy, the UNPD, and the NCD Action Plan means that the GAAP should remain focused on reducing *harmful use* of alcohol. However, the first draft makes a recommendation to reduce consumption of alcohol per se, including setting a new 20% alcohol per capita reduction target. MS have already agreed targets for reducing the harmful use of alcohol and have not mandated a review or revision of these targets. The inclusion of a new target to reduce APC is, therefore, inconsistent with the

³ Siegfried, N., & Parry, C. (2019). Do alcohol control policies work? An umbrella review and quality assessment of systematic reviews of alcohol control interventions (2006-2017). *PLOS ONE*, 14(4), e0214865.

⁴ Allen, L. N., Pullar, J., Wickramasinghe, K., Williams, J., Foster, C., Roberts, N., et al. (2017). [Are WHO "best buys" for non-communicable diseases effective in low-income and lower-middle-income countries? A systematic review.](#) *The Lancet Global Health*, 5, S17.

⁵ European Audiovisual Observatory, Co-regulation of the media in Europe. Available from <https://rm.coe.int/16807834a7>

⁶ Better Regulation Executive, Self- and co-regulation: The Advertising Standards Authority. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/31632/10-1279-self-co-regulation-advertising-standards-authority.pdf

⁷ Ofcom, Criteria for promoting effective co- and self-regulation. Available from: https://www.ofcom.org.uk/data/assets/pdf_file/0026/38492/co_self_reg.pdf

mandate set for WHO by MS.

Furthermore, a target-setting exercise normally comes after a comprehensive review of data to determine what may be feasible based on a number of variables. The impact of the COVID pandemic on the harmful use of alcohol is still being researched, and so the setting of a new target would be premature at best. WHO has not presented any new evidence to substantiate a new target, and the new target has not been debated or discussed by MS.

Rather than setting a new target, the GAAP should center on targeted activities that accelerate positive trends, address gaps where progress has not been attained, and focus on individuals and population groups who are consuming in harmful ways. Since the Global Strategy was agreed, there have been positive trends in reducing the harmful use of alcohol. These are clearly set out in the [Global status report on alcohol and health 2018](#).

Global estimates	2010	2016	% change
Alcohol-related death rate (per 100,000)	44.6	38.8	-13%
Alcohol-related disability-adjusted life year (DALY) rate (per 100,000)	1,968	1,759	-11%
Heavy episodic drinking (% among all)	20.5	18.2	-11%
Heavy episodic drinking (% among drinkers)	41.9	39.5	-6%
Youth (15–19-years-old) heavy episodic drinking (% among all)	15.6	13.6	-13%
Youth (15–19-years-old) heavy episodic drinking (% among drinkers)	47.5	45.7	-4%
Total consumption per capita among population aged 15+ (liters/year)	6.4	6.4	0%

Source: WHO, [Global status report on alcohol and health 2018](#)

The substantial progress in reducing the harmful use of alcohol reported in the *Global status report on alcohol and health 2018*, should be viewed as a foundation upon which the GAAP can build. For example, through peer-to-peer sharing of best practice, including in relation to public–private partnerships, without imposing a singular or one-size-fits all approach, and recognizing differences among national and cultural contexts. The GAAP can accelerate this progress by encouraging all successful efforts to reduce harmful drinking.

To ensure consistency with the Global Strategy, the UNPD, and the NCD Action Plan, we would urge that the proposed 20% APC reduction target be removed from the next draft of the GAAP.

4. Fully incorporate economic operators within a whole-of-society approach

We welcome the continued inclusion of actions for economic operators (EOs) in each of the action areas in the first draft. This rightly recognizes the critical role of beer, wine, and spirits producers in supporting a whole-of-society approach to reducing the harmful use of alcohol and is consistent with the approach endorsed in the Global Strategy and in the 2018 UNPD.

Paragraph 45 of the Global Strategy describes actions by the WHO and other international partners without discrimination as to their provenance. EOs are recognized as important players in their role as developers, producers, distributors, marketers, and sellers of alcoholic beverages. Similarly, the 2018 UNPD on NCDs employed language reflecting the spirit of a whole-of-society approach by asking EOs to take concrete steps. As such, language in the GAAP should mirror this MS mandated precedent, referring to positive "actions" for EOs instead of suggesting "measures" which are characterized by inaction, and using verbs such as "refrain" and "cease."

We believe that progress can be accelerated by building the widest possible coalition of actors to make positive contributions as part of a whole-of-society approach. This can be achieved, in part, by including actions for EOs in the GAAP that are enabling, which will solicit more activity from EOs. We therefore

recommend that the actions for EOs in the GAAP be amended to reflect the UNPD and the Global Strategy, which are both clear that EOs should take active steps to contribute to a reduction in the harmful use of alcohol. In addition, the actions should be amended to put EOs on a par with other stakeholders, including titling them "actions" rather than "measures".

Economic operators are already making a significant contribution to reducing the harmful use of alcohol. Several new policies and partnerships have been agreed and implemented by IARD members in recent years to support and accelerate efforts to reduce the harmful use of alcohol. These include:

- [Partnerships with leading digital platforms](#) to further raise standards in digital marketing practices at a platform level for all alcohol advertisers, protect minors, and respect personal preferences by giving people greater control over whether they see alcohol-related marketing online.
- [Raising standards in alcohol e-commerce](#) to prevent sale to minors and those drinking harmfully. IARD's 12 member companies – the world's leading beer, wine, and spirits producers – formed a global partnership with 14 prominent global and regional online retailers, and e-commerce and delivery platforms to launch global standards for the online sale and delivery of alcohol. These standards are already being adopted to form national co-regulatory codes of practice by MS.
- The January 2020 announcement of five key actions to [reduce underage drinking](#), including a commitment to place symbols or written age restrictions on alcohol beverage labels globally. The initiative also applies to alcohol-free extensions of alcohol brands.
- [Rolling out easily understood consumer information](#). Consumers around the world will find energy and alcohol content on IARD members' labels. Additionally, products containing alcohol will carry symbols or a form of words warning against drinking during pregnancy and driving while intoxicated.
- Co-regulatory partnerships to reduce harmful drinking such as the [Responsibility Deal](#) (2011–2015) in the U.K. and the [Prevention Agreement \(2018\) in the Netherlands](#).

In line with the challenge set for EOs in the UNPD and the Global Strategy, our members are determined to make further contributions and will work to encourage other producers throughout our sector to join our efforts to reduce harmful drinking.

About IARD

The International Alliance for Responsible Drinking ([IARD](#)) is a not-for-profit organization dedicated to addressing harmful drinking worldwide. IARD is supported by its member companies from all sectors of the regulated alcohol industry – beer, wine, and spirits – in their common purpose of being part of the solution to reducing the harmful use of alcohol. To achieve this, we work with public sector, civil society, and private stakeholders.

IARD actively supports international goals to reduce harmful drinking, including the targets in the United Nations' Sustainable Development Goal (SDG) 3.5 and the World Health Organization's (WHO) Noncommunicable Diseases (NCD) Global Monitoring Framework of reducing the harmful use of alcohol by at least 10% by 2025. Our member companies also work towards a broad range of SDGs and are determined to promote sustainable development for all.