Submission on the draft report of the
WHO Independent High Level Commission on NCDs

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The SHORE & Whariki Research Centre is a full cost-recovery research centre within the College of Health, Massey University. The research team has expertise in a number of fields including alcohol and other drugs, Maori health research, effects of place on health, identity, mental health and resilience, vulnerable populations, youth mental health, nutrition, body image, sexual violence and housing. The team’s methodological expertise is wide ranging and includes the design and implementation of social survey research, formative, process and outcome evaluation, community action research, GIS, Kaupapa Māori research and a number of qualitative methodologies.

WHO Collaborating Centre

SHORE (Social and Health Outcomes Research and Evaluation) of the SHORE & Whariki Research Centre, College of Health, Massey University, is designated as a WHO Collaborating Centre in Research and Training in Alcohol and Drug Abuse. SHORE was re-designated in 2016.

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We welcome the draft report of the WHO Independent High Level Commission on NCDs and wish to make some comments on those aspects relating to alcohol, the area of expertise of the WHO Collaborating Centre.

Recommendation 1:

Given the level of harm occurring from alcohol use globally (Whiteford et al., 2013; Callinan et al., 2016; GBD 2016 Risk Factors Collaborators, 2017), and the extremely fast increase in marketing and supply of commercial alcohol in many LMICs, it is of concern to note the lack of focus on alcohol in Recommendation 1: Identify and implement a small set of priorities within the overall NCD and mental health agenda.
Alcohol is one of the four most easily preventable risk factors for NCDs. The evidence base for effective policies which work to reduce harmful drinking is well established and WHO and the UN have published the ‘best buys’ for alcohol control. However, it is clear many countries lack the technical support and in some cases political will and are, very often, subject to interference in the policy making process by the vested interests concerned. For these reasons a statement reflecting the need to respond to the existing harm and expansion of drinking is as essential as that for tobacco control.

It is suggested the following amendment is made:

Implementing comprehensive tobacco and alcohol-control programmes.

**Recommendation 2:**

We acknowledge and strongly endorse the exclusion of the alcohol industry from the listed private interests with whom it is recommended further relationships be sought. There is a wealth of evidence to support this exclusion in the demonstrated interference in the policy process (McCambridge et al., 2018) in research (Miller et al., 2009) and CSR activities promoting responsible drinking (Yoon & Lam, 2013) which attempt to divert policy focus away from the effective alcohol policies: control of supply, affordability and marketing. Recent data from the International Alcohol Control (IAC) study demonstrates the extent to which the transnational alcohol producers rely on harmful use of alcohol for their profits in high and middle-income countries (Casswell et al., 2016; Cuong et al., 2018) and this underpins their conflict of interest, which is as clear as that of the tobacco industry.

**Recommendation 3:**

We strongly endorse the recommendation to increase prices of and taxes on tobacco and alcohol. Increases in price via increased excise tax of both alcohol and tobacco are of value to governments because price elasticity of both is such government gain revenue, which can be used to finance enhanced response to NCDs, but also reduce consumption, therefore playing an important role in prevention of harm. Excise taxes can be described as pro-health given the common finding that harm is disproportionately experienced among more disadvantaged sectors of the population.

**Need for an international health treaty on alcohol control**

Given the extent of the harm from alcohol, which goes beyond NCDs to encompass 200 types of diseases, conditions and injury (World Health Organization, 2014) and includes mental health consequences and, very importantly, considerable harm to other than the drinker, we support the recommendation of the Report of the Technical Consultation, March 2018, to the Commission that a framework convention on alcohol be considered by WHO and note this recommendation is in support of calls for an investigation into the feasibility and necessity of an international binding treaty on alcohol which was made by the African Member States and supported by several Asian countries (Global Alcohol Policy Alliance, 2016) in the sixty-ninth World Health Assembly during the debate on NCDs. Asia and Africa are areas of the world where the over-supply, intensive marketing and affordability are such that
consumption and harm are increasing very fast along with industry profits. A response from the global governance arena is urgently required.

We thank the Commission for this important work and draft report and wish them well in future deliberations.

References


