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To whom it may concern

SUBMISSION TO THE WHO OUTCOME DOCUMENT TO THE GLOBAL CONFERENCE ON NCDS

The Foundation for Alcohol Research and Education (FARE) welcomes the opportunity to provide comments on the draft Outcome Document for the WHO Global Conference on NCDs being held in Montevideo, Uruguay, 18-20 October 2017.

FARE is an Australian-based independent organisation that has been working for more than a decade with communities, governments, health professionals and police across the country to take action to the harm caused by alcohol. Alcohol harms are significant, resulting in more than 5,500 lives lost and 157,000 hospitalisations each year in Australia.¹

This submission focuses on alcohol as a risk factor for non-communicable diseases (NCDs) and the conflicting interests of public health and industry. It will provide the Outcomes Document with the three best policy buys for alcohol – price, promotion and availability.

Alcohol’s impact on chronic disease

The Outcome Document acknowledges the “harmful use of alcohol” as a risk factor for non-communicable diseases (NCDs). However, evidence shows that consumption of alcohol, whether in moderate or harmful amounts, increases the risk of harm including the risk of developing NCDs.

Each year 3.3 million deaths are attributable to alcohol, representing 5.9 per cent of all deaths and alcohol is responsible for 5.1 per cent of the global burden of disease and injury.²

Alcohol is a significant risk factor for non-communicable diseases; evidence has been published that corroborates the WHO’s International Agency for Research on Cancer classification of alcohol as a group one carcinogen.³ A 2016 report published by the World Cancer Research Fund found strong links between alcohol use and stomach cancer⁴, and a comprehensive evidence review published in 2016 found strong evidence that alcohol causes cancer in seven sites of the body and probably others.⁵ A recent report published by the Australian Institute of Health and Welfare found that at least 31 per cent of the burden of disease is preventable, due to the modifiable risk factors of tobacco and alcohol use, high body mass

³
and physical inactivity. This report found that alcohol was found to be associated with 5.5 per cent of the burden of disease in Australia.

A systematic review and meta-analysis published in 2016 looking at whether moderate drinking associated with reduced mortality risk, found that regular moderate drinking had no net health benefits compared to abstention or occasional drinking. The researchers also concluded that we should be sceptical of claims that alcohol consumption offers health benefits. This latest available evidence supports the statement that there is no level of alcohol consumption that is without risk to health.

**Recommendations:**

1. Amend the use of the term ‘harmful alcohol use’ to ‘alcohol use’ in all WHO documentation including the *Outcome Document* for the WHO Global Conference on NCDs to better reflect the latest available evidence.

2. Continue to acknowledge the use of alcohol as a contributing risk factor to NCDs and develop coherent policies that address alcohol harm.

**Industry involvement in policy development**

One of the potential obstacles to achieving the Sustainable Development Goal (SDG) target 3.4, described in the *Outcome Document* is the “conflicting public health goals and private sector objectives and drivers”. However, the document also states that WHO will increase opportunities for participation with “private sector entities in building coalitions and alliances across the spheres of sustainable development in the prevention and control of NCDs”.

Transnational corporations are the major contributors to the global epidemic of NCDs through the sale and promotion of unhealthy commodities including ultra-processed foods, alcohol and tobacco.

WHO acknowledges the conflicting interests of public health advocates and the food and beverages industries, yet encourages industry involvement in developing NCD control measures. When it comes to the tobacco industry there is clearly a different sentiment – “recognising the fundamental and irreconcilable conflict of interest between the tobacco industry and public health, we will continue to implement tobacco control measures without any tobacco industry interference.”

Alcohol, food and drink industries are known to use similar tactics to the tobacco industry to undermine effective public health policies and interventions. Whether the context is global, national or regional, tactics and strategies used by industry combine both hard power (building financial and institutional relations) and soft power (the influence of culture, ideas and perceptions of people, advocates and scientists). This includes funding biased research by commissioning studies or establishing research institutes to spread doubt over strong scientific evidence; deregulation, self-regulation and voluntary controls to delay the implementation of policies such as health labels and fiscal measures; aggressive mass-marketing campaigns; lobbying of politicians and public officials to oppose regulation; and encouraging the public to oppose regulation through messages of consumer choice and nanny state governments.

It is now well accepted in public health literature that the alcohol industry should not be involved in the development of alcohol policy and programs. A recent article authored by the former Chair of the Preventative Health Taskforce, Professor Rob Moodie, and colleagues provided clear recommendations to
Governments on engagement with the alcohol industry and other industries representing ‘unhealthy commodities’, stating that “Unhealthy commodity industries should have no role in the formation of national and international policy for non-communicable diseases” and “Discussions with unhealthy commodity industries should be with the government only and have a clear goal of evidence-based approaches by government.”

The WHO Expert Committee on Problems Related to Alcohol Consumption recommends that “Any interaction [with the alcohol industry] should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion.” Despite this recommendation and despite their significant vested interests, the alcohol industry is currently involved in the development of alcohol policy in Australia and around the world.

There is increasing support nationally and internationally to stop the alcohol industry’s involvement in policy development. In April 2013, the Director General of the WHO, Dr Margaret Chan reaffirmed the World Health Organization’s position that the “alcohol industry has no role in the formulation of alcohol policies.” It is essential that health policy is protected from vested interests, in particular producers of unhealthy commodities such as alcohol, soft drinks, tobacco and processed foods high in fat, salt and sugar.

Recommendation:

3. That the World Health Organization develop Guidelines for Member States to support them in preventing, identifying and managing conflicts of interest when implementing policies to reduce NCDs.

Priority Policy Actions

The Outcome Document acknowledges that NCDs are driven by economic, environmental and social determinants. There are three key policy measures that can address these factors to help prevent NCDs – price, promotion and availability. These three measures have been applied to tobacco and can be successfully introduced to alcohol and unhealthy foods. Policies that address the price, promotion and availability of alcohol, tackle the economic, and environmental risk factors.

Alcohol taxation continues to be the most effective. Alcohol taxation is effective because it not only reduces consumption and related harms, but also provides revenue to contribute to services addressing alcohol-related harms. Increasing the price of alcohol through a minimum unit price has also repeatedly been shown to be one of the most effective ways to reduce the level of alcohol consumption and related problems such as mortality rates, crime and traffic accidents. The effectiveness of introducing a minimum price for alcohol is reflected in the WHO Global Strategy to reduce harmful use of alcohol, and should be included in the Outcome Document for the WHO Global Conference on NCDs.

Another effective policy lever for Member States to utilise in achieving SDG target 3.4 is the phasing out of alcohol marketing and promotion. Exposure to alcohol advertising by young people is associated with both an increase in the likelihood that young people will start to use alcohol, and result in greater consumption for young people already using alcohol. Despite this, the volume of alcohol marketing that people are exposed to is unprecedented. Not only are they exposed to alcohol marketing through
traditional mediums such as radio, television and newspapers, but also through digital platforms, including social media sites Facebook, YouTube and Twitter, but also dedicated brand websites and other digital channels. In addition, the alcohol industry increases its advertising exposure through sponsorship of sporting, music and cultural events. For example, the alcohol industry uses its relationship with sporting institutions like Cricket Australia, Everton and the Olympic Games as ‘trojan horses’ to enhance its marketing programs. Alcohol brands are in constant view of the public, both at the ground and on television, through naming rights and branding. Sport is a health promotion activity and its association with an unhealthy product such as alcohol is counter-intuitive at best and harmful at worst. Addressing the impact of pervasive junk food advertising and devious marketing tactics directed at children has been outlined as a WHO recommendation to reducing the risk of NCDs. However, alcohol advertising and promotion has not been mentioned. Given that the breadth of evidence linking the exposure of alcohol advertising and sponsorship to an increase in risk of harms, particularly in young people, the WHO Global Conference on NCDs Outcome Document should be updated to reflect the evidence.

The availability of alcohol, both in terms of trading hours and outlet density, needs to be addressed by Member States if they are to achieve their SDG goals. Extended trading hours have been shown to increase the availability of alcohol which in turn is associated with an increase in assaults, domestic violence, road crashes, child maltreatment and harmful consumption. Reducing trading hours has been identified as a key strategy to manage alcohol-related harm. Research has shown that there is a 16-20 per cent increase in assaults for every additional hour of trading and conversely, if you decrease trading hours, there is a 20 per cent reduction in assaults. Academics have also investigated the impact of the number and density of outlets on alcohol consumption and harm. Alcohol harm increases as the density of liquor outlets (the number of active liquor licences in an area) increases, with takeaway chain outlets contributing more substantially to the risk. People living in disadvantaged areas of a major city have access to twice as many takeaway liquor outlets as those in the wealthiest areas, and in rural and regional areas there are six times as many takeaway liquor outlets and four times as many pubs and clubs per person. Research also shows that the increased access to alcohol in disadvantaged communities may explain some socio-economic disparities in health outcomes.

The WHO Global Strategy to reduce harmful use of alcohol acknowledges that price, promotion and availability of alcohol are the best policy buys in terms of reducing consumption and alcohol-related harm including the development of NCDs. In order to achieve SDG goals and maintain commitments, WHO should recommend that its Member States implement policies addressing price, promotion and availability of alcohol. This should be reflected in the roadmap and Outcome Document for the WHO Global Conference on NCDs.

Recommendations:

4. That the World Health Organization recommend Member States introduce the best policy buys outlined in the Global Alcohol Strategy that address price, promotion and availability.
Thank you again for the opportunity to contribute to the WHO Global Conference on NCDs Outcome Document. If you would like any further information, please contact Madeleine Day, Policy Officer on (02) 6122 8600 or madeleine.day@fare.org.au.

Yours sincerely

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7. Ibid.
10. Foundation for Alcohol Research and Education (2017). The tobacco effect, the alcohol industry casting doubt: supplementary s...