

Web based consultation on a working document for development of an action plan to strengthen implementation of the Global strategy to reduce the harmful use of alcohol

NordAN contribution

The Nordic Alcohol and Drug Policy Network wants to thank you for the opportunity to contribute to this consultation. We appreciate the process, and we agree on the basic elements and policy actions listed in the background document. We do want to add the following comments and suggestions:

➤ **FCAC**

We appreciate the acknowledgement of the absence of "legally-binding regulatory instruments" at the international level and the need for "for a global normative law on alcohol at the intergovernmental level, modelled on the WHO Framework Convention on Tobacco Control, and discussions about the feasibility and necessity of such a legally binding international instrument". It is vital that with every step we take, we would move closer to a Framework Convention on Alcohol Control, which would take the reduction and prevention of alcohol-related harm to another level.

➤ **The role of the civil society**

The working document states: "Civil society organizations and academia are invited to strengthen advocacy and support for implementation of high-impact policy options by creating enabling environments, promoting the SAFER initiative, strengthening global and regional networks and action groups, developing and strengthening accountability frameworks, and monitoring activities and commitments of economic operators in alcohol production and trade."

While we fully agree that supporting and promoting "high-impact policy options" and monitoring "economic operators" is an integral part of civil society's role, it is not all and perhaps not even the main tasks of the civil society. It should also monitor government policies and actions and hold governments accountable. Civil society should be able to offer alternative policies for governments and the private sector. As a "third sector," it is not our purpose to partner with either government or business but to be able to monitor freely, and if necessary, give alternatives to both.

➤ **Addressing the problems that weaken the "best buys"**

Alcohol is a regional, national and international problem. Action is needed at all levels. There are cross-border issues that limit a single state to deal with the alcohol problem within their country. Unhealthy downward tax competition and border trade between neighbouring countries weaken the effectiveness of pricing policies. Fear of – or real –

losses in trade resulting from cross-border shopping are leading different countries to reduce, or refrain from increasing, alcohol taxes. The solution is in cooperation between countries and institutions like European Union, which should revise the rules for private import of alcoholic beverages. Without these international agreements, we see the States struggling with their national policies and best-buys are often undermined. The working document, in our view, lacks a focus on cooperation between countries. At best it describes cooperation and collaboration in "experience sharing among countries" and "data collection". More is needed.

➤ **Alcohol as a carcinogen and prenatal alcohol exposure**

Understanding that neither this working document nor the final action plan is intended as a comprehensive overview of different alcohol-related harms, it should include a stronger rationale for the need for urgent and also specific action.

Prenatal alcohol exposure and foetal alcohol spectrum disorders (FASD) are not mentioned in this document. It might be argued that the paper considers it included with the mention of "harm to others" perspective. Still, the definition of the term doesn't clearly include it - "The harmful use of alcohol can also result in harm to others, such as family members, friends, co-workers and strangers. The harms to others may be concrete (e.g. injuries or damages) or may result from suffering, poor health and well-being, and the social consequences of drinking (e.g. being harassed or insulted, or feeling threatened)."

The awareness of the problems with prenatal alcohol exposure continues to be low, and the experience from countries globally show that the focus on dealing with this preventable, but life-long issue is weak. It needs special recognition and also asks for specific interventions, both in the prevention and treatment side. Merely hoping that this is something that is covered within the "harm to others" concept, is not enough. FASD needs more substantial attention within the WHO cooperation.

Protecting children from alcohol-related harm should be in the focus of this action plan. Children exposed to alcohol in family, as well as in utero exposure (FASD) is a serious issue all over the world and has strong links to lifelong problems not only to the individuals affected but for the whole societies.

We also see a problem of how *alcohol as a risk factor for cancer* is covered in the working document. "Alcohol's causal relationships with some types of cancer" sounds ambiguous and as such diminishes it as factual knowledge. This is also the only mention of cancer in this document, and in our view, it should have a much more prominent position. According to available national surveys and studies from the Nordic and Baltic region, most of our citizens are not aware of the fact that alcohol causes cancer. Evidence shows that only 20-40% of people are aware of that link. We do not have any reasons to believe that this low awareness would not also reflect the level of understanding among party politicians who are responsible for the national alcohol policies.

The evidence of alcohol and cancer link is much more substantial today compared to the launch of the WHO Alcohol Strategy in 2010. Still, there is [evidence](#) that the alcohol

industry sometimes misrepresents or downplays evidence about the alcohol-related risk of cancer. That puts a special responsibility on our governments to react to the alcohol industry's misleading role and to make sure that consumers are aware of the carcinogenic risks of alcohol.

It is our view that alcohol's carcinogenic effect should be a much stronger argument in our national and international alcohol policy discussions and WHO's documents should encourage it.

➤ **GAPA's key [recommendations](#) for the WHO decision to 'accelerate action to reduce the harmful use of alcohol 2022-2030'**

We also express support for the key principles of the Global Alcohol Policy Alliance (GAPA). We join with GAPA requesting "WHO and Member States to consider strengthening the provisions of WHO Framework for Engagement with Non-State Actors (FENSA) to include specific reference to alcohol industry in relation to conflict of interest, and to improve the implementation of FENSA."

NordAN also joins GAPA in requesting WHO and Member States to place the need of low and middle-income countries for assistance in stemming the tide of alcohol to the forefront of the action plan. WHO needs to be resourced at all levels, including in regional and country offices, to be able to give substantial assistance to Member States to reduce alcohol harm through the implementation of SAFER including protection against conflict of interest.

➤ **The role of the regional level**

We wish to echo the concerns of European Alcohol Policy Alliance that there is no clear reference or actions directed to neither a regional political body, such as the European Union nor the WHO regional offices. Cross border policy areas like trade, taxation, labelling, and marketing are examples of policy areas that needs a regional/international approach. In a European context it has been valuable to discuss these areas in addition to capacity building and knowledge sharing of best practice – both between and among Member States and civil society.

WHO regional offices are important for technical support to Member States in areas like following trends in alcohol consumption, estimates of alcohol harm, and financial costs.

➤ **Exposure, not target group, of marketing and advertisement**

NordAN also joins Eurocare in suggesting to change the language from 'targeted' in relation to commercial activities, to 'exposure'. This would follow the recent developments at EU level.

The issue in relation to the groups identified in the working document is the exposure of advertisement, and not whether they were a target group or not. We therefore suggest changing this at least in the following two places in the working document:

Scope of the action plan, page 6: 'Alcohol marketing, advertising and promotional activities of alcoholic beverages are of deep concern, including those implemented through cross-border marketing, and targeting young people and adolescents'

Action Area 1, Action 3 Proposed actions for international partners and non-State actors, page 22: 'Economic operators in alcohol production and trade, as well as economic operators in other relevant sectors (such as retail, advertisements, social media and communication), are encouraged to contribute to the elimination of marketing and sales of alcoholic beverages to minors and targeted commercial activities towards other high-risk groups.'