



RESPONSE TO WORLD HEALTH ORGANIZATION CONSULTATION ON THE GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL

Alcohol Focus Scotland (AFS) is the national charity working to prevent and reduce alcohol harm. We aim to reduce the impact of alcohol in Scotland through the implementation of effective alcohol control policies and legislation. AFS welcomes the opportunity to respond to the World Health Organization's discussion paper on its global strategy to reduce the harmful use of alcohol.

Q1. What, in your organization's view, have been the most important achievements, challenges and setbacks in implementation of the WHO global strategy to reduce the harmful use of alcohol since 2010?

The leadership taken by WHO in developing the global strategy to reduce harmful use of alcohol has contributed to significant alcohol policy progress internationally. In providing Member States with a framework and evidence base upon which to ground their work, it has enabled introduction of a number of effective and cost-effective policies to regulate the affordability, availability and marketing of alcohol. In Scotland, the Global Alcohol Strategy has directly informed - and enabled – a more progressive 'whole population' alcohol policy to be developed and implemented over the last ten years. The Scottish Government has given priority and prominence to the 'best buys' and the SAFER initiative in its prevention frameworks for alcohol,¹ leading to action on a number of areas, such as price (introducing minimum unit pricing in 2018), availability (banning multi-buy promotions and restricting alcohol display areas to alcohol-only products in 2010), and drink driving (reducing the drink driving limit from 80mg of alcohol in 100ml of blood to 50mg in 2014). Most recently, it has committed to consulting on potential mandatory marketing restrictions in spring 2020. It is of enormous benefit to advocacy organisations such as Alcohol Focus Scotland (AFS) to be able to reference the WHO Global Alcohol Strategy as an authoritative and evidence-based set of recommendations which decision makers at national and local level should use as a basis for focusing their efforts to reduce alcohol harm. Having the weight of WHO behind the recommendations has been very important in making the case for action particularly given some of these measures can be challenging for decision-makers to implement due to opposition from the alcohol industry whose framing of the issue as one of personal choice as opposed to environmental factors continues to dominate.

Whilst Europe remains the heaviest drinking region in the world, the reduction in per capita consumption since the publication of the Global Alcohol Strategy can be seen as a significant step in the right direction for public health. In Scotland, following a number of regulatory interventions, the most recent available sales data has shown alcohol consumption to be at the lowest level for 25 years.² Understanding the drivers for changes in drinking behaviours, including the impact of policy interventions, will be an important means of ensuring further progress is made, across all regions, on reducing consumption and harm. In this respect, the establishment of the WHO Global Information System on Alcohol and Health has been able to provide useful insights for regions.

The Global Alcohol Strategy has established international recognition for alcohol as a major risk factor for health and social problems, which has led to alcohol being included in the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases³ and UN Sustainable Development Goals.⁴ The establishment of the WHO Forum on Alcohol, Drugs and Addictive Behaviours has created a platform for civil society and academic representatives to network and exchange knowledge, facilitating policy learning and supporting advocacy efforts at the global and local level.

As acknowledged in the discussion paper accompanying this consultation, the resources available to support the implementation of the Global Alcohol Strategy at all levels continue to be inadequate in the face of the magnitude of alcohol-attributable health and social burden. This has been a major challenge and has no doubt significantly hampered progress in implementing the Global Alcohol Strategy. WHO has recently hosted a collaboration with civil society, including the Global Alcohol Policy Alliance, in developing the technical package SAFER to support Member States in developing cost effective interventions to reduce alcohol harm, including the “best buys”. However, the resources allocated to the implementation of the global strategy and SAFER remain inadequate and without a stronger commitment in the global environment is unlikely to have a sufficient impact.

One of the key challenges in implementing the Global Alcohol Strategy has been the actions and influence of the alcohol industry. The ‘alcohol industry’ contains a wide range of prominent actors, dominated by a handful of multinational companies who wield significant influence at both national and global levels. The commercial strategies of such firms which by necessity are designed to protect and increase their revenue,⁵ are in direct conflict with the objectives of the Global Alcohol Strategy: increased sales and consumption of alcohol will result in greater levels of harm.⁶ While many industry actors will maintain they are working to reduce alcohol harm, industry policy-influencing activity often attempts to subvert the policy agenda through such tactics as attributing alcohol problems to an ‘irresponsible’ minority; promoting the least effective policy interventions and industry self-regulation; distorting and misrepresenting evidence on effective alcohol policies; and promoting partnership working in order to ‘capture’ the policy agenda.⁷ Consequently, alcohol industry actors have worked to obstruct alcohol policy progress and the implementation of the Global Alcohol Strategy.

There has been evidence of such obstruction in Scotland. During the passage of legislation to implement the Scottish Government’s 2009 Alcohol Framework, sections of the alcohol industry in Scotland consistently opposed population-level measures while promoting less effective, targeted measures.⁸ Campaigns were mounted against the whole population approach advocated by the Scottish Government, as well as many of the specific population-level proposals contained within the Framework. A published study found that alcohol industry submissions to the Scottish Government consultation on Changing Scotland’s Relationship with Alcohol misrepresented strong evidence, promoted weak evidence, made unsubstantiated claims about the adverse effects of policy proposals and promoted un-evidenced alternatives.⁹

One of the most notable examples was the legal challenge mounted by the Scotch Whisky Association (SWA), whose members include several global alcohol producers, against the Scottish Government’s policy on Minimum Unit Pricing. Unsuccessful in its lobbying efforts to prevent the passage of legislation enabling MUP, the SWA, supported by the European wine and spirits producers, mounted a legal challenge against the Scottish Government. This challenge was ultimately unsuccessful, with the policy deemed legal under European law, but utilising all available routes of appeal resulted in a five-year delay to the introduction of Minimum Unit Pricing, with associated impacts on consumption and harm. It is expected that the alcohol industry will continue to challenge action on areas of significance, in order to protect their profits, which are predominantly reliant on harmful drinking.¹⁰

Given the relatively small size of the alcohol market in Scotland, such action by global alcohol producers is unlikely to be motivated by local considerations but more by a concern about creating a precedent about state regulation of the alcohol market. This points to the need for greater coordination and cooperation between Member States to militate against the risk to progressive alcohol policies, posed by the alcohol industry.

Industry also adapts to consumption patterns in their traditional markets, and seek to expand into 'new markets'; this has been borne out by reduction in consumption in the European region but increases in South East Asia and other lower- and middle-income countries. This suggests there is a clear need to continue to tackle harmful alcohol use at a global level.

In addition, the risk posed to Member States' capacity to protect and promote health in the face of potential new international trade deals is of concern. Greater international collaboration and commitment to delivering the right of all people to good health is essential to ensure that health is given appropriate consideration and weight in international economic debate and decision-making.

Q.2. What, in your organization's view, should be priority areas for future actions to reduce the harmful use of alcohol and strengthen implementation of the global strategy to reduce the harmful use of alcohol?

The continued promotion of the Global Alcohol Strategy policy framework will be crucial to providing Member States a foundation upon which to base their policy approaches. However, to build upon the successes and address the challenges highlighted above, it requires to be put on a more substantive footing. As the recent WHO Global Status Report on Alcohol and Health points out, "alcohol remains the only psychoactive and dependence-producing substance with significant global impact on population health that is not controlled at the international level by legally-binding regulatory frameworks."¹¹ Alcohol Focus Scotland (AFS) supports the ambition of the Global Alcohol Policy Alliance (GAPA) and other civil society actors for the need for the development and endorsement of a global legally-binding instrument on alcohol in order to:

- Counterbalance effects of international trade and economic treaties on alcohol control policy
- Negotiate a strong symbolic statement, de-normalising alcohol
- Foster international cooperation in controlling the alcohol market including the marketing of alcohol in the digital ecology
- Create an intergovernmental forum, and a secretariat with resources to facilitate implementation of the best buys including standards on taxation; on control systems limiting times and places of sale and service; and on all forms of marketing
- Provide a clear statement of limits on the role of economic operators, as in Article 5.3 of the Framework Convention on Tobacco Control.

Alcohol Focus Scotland considers that it would be helpful for the Global Alcohol Strategy to build a stronger case for action at global and national level, based on human rights (including children's rights). Alcohol, its heavy use and the related harm to society, undermines the realisation of basic human rights, including the right to the highest attainable standard of physical and mental health; the right to an adequate standard of, and the right to protection and assistance for the family (Articles 12, 11 and 10, UN Covenant on Economic, Social and Cultural Rights). Realising human rights means taking steps to reduce alcohol related harm, for example by: controlling the availability of alcohol; ensuring people have accurate information to make informed choices; restricting alcohol marketing; protecting children and young people; providing quality services and supports; and creating safer, healthier neighbourhoods. All these actions relate to human rights standards and obligations for which Member

States can, and should, be held to account. There are a broad range of international human rights instruments which could be used to strengthen alcohol advocacy, depending on the issues or groups being addressed. However, of particular relevance to alcohol and health is the UN Covenant on Economic, Social and Cultural Rights. This lends specific support to an understanding that the right to health includes an obligation to regulate unhealthy products. It outlines the state's duty to protect people from an infringement of their right to health by third parties - including corporations. If products are being consumed in a manner hazardous to health, an obligation is placed on the state to intervene to protect the right to health. This requires nations to develop laws and policies at the domestic level that meet these minimum international standards. Adopting a human rights approach additionally could assist to address alcohol's role as a driver of health inequalities.

In relation to children's rights, Alcohol Focus Scotland agrees with the statement within the discussion paper that special efforts are needed for preventing initiation of drinking among children and adolescents as well as supporting adults who choose not to drink, and protecting all from pressure to drink. Over last three years, AFS been working to promote the need for policies and action that support children's right to an alcohol-free childhood, ensuring children grow up free from commercial, environmental and social pressures to drink; free from emotional and physical impact of people's drinking; and free from health and social harms caused by consuming alcohol. These outcomes most closely link with principles (f) and (g) of the Global Alcohol Strategy. AFS proposes that in order to fully support the right to an alcohol-free childhood, consideration be given to how children's rights, particularly those as set out in UN Convention of the Rights of the Child, could be most fully referenced and integrated in any future legally-binding agreements or other forms of Global Alcohol Strategy. AFS recently completed a project with Children's Parliament, a children's participation and engagement organisation in Scotland, investigating an alcohol-free childhood. The children involved in the project identified a number of rights that would be achieved if they had an alcohol-free childhood, including: children have the right to be with adults who do what is best for them; children have the right to be listened to and taken seriously; children have the right to protection from violence, abuse and neglect; children have the right to a decent home, food and clothes; children have the right to play and relax; children have the right to protection from dangerous drugs; children have the right to protection from harm; children have the right to support and recovery after being hurt, neglected or badly treated; all children and adults must know about these rights. In addition, Article 17(e) of the UNCRC encourages the development of appropriate guidelines for the protection of the child from information and material injurious to his or her well-being, which would include action to regulate or prohibit information on and marketing of substances such as alcohol and tobacco. This provides evidence for national policy and practice placing children's rights at the heart of addressing Member States' approaches to alcohol.

In building upon the work of the Global Alcohol Strategy, there is scope for ongoing improvement in the extent to which actors from policy spheres beyond health are engaged in genuinely multi-sectoral approaches to alcohol policy, founded in human rights. The broad socio-economic impacts of alcohol remain insufficiently recognised, and consequently opportunities are being missed to develop effective collaborations with officials, policymakers and advocacy organisations focused on key issues such as poverty and inequalities, criminal justice, violence against women and girls and climate change. The inclusion within the SDGs of a commitment to ensure policy coherence for sustainable development (17.14)¹² constitutes a major opportunity. The extent to which effective alcohol policy can serve to catalyse progress across multiple goals and policy fields means that it is well placed to respond to what is becoming the defining challenge of the SDGs; namely identifying co-ordinated and integrated policy approaches capable of advancing diverse agendas.

It is clear that supra-national level action is needed to tackle some of the emerging challenges in reducing alcohol harm, in particular trends in alcohol marketing. Alcohol marketing is essential for the transnational alcohol corporations both in its direct recruitment of drinkers and building of brand allegiance, but also by normalising alcohol use in new contexts. The Scottish Government has committed to consulting on restricting the marketing of alcohol, and AFS is hopeful that they will take action. However, as the discussion paper acknowledges, alcohol producers and distributors have moved to investing in digital marketing and social media platforms, and for some companies this spend exceeds that of traditional medial marketing. Social media platforms provide the opportunity to use detailed data to target individuals and use 'native' marketing, which does not appear to be marketing material, to influence recipients. If it is known that alcohol producers are investing much more heavily in these new forms of media, then concerted efforts need to be made to address this. However, as the discussion paper again acknowledges, not only is marketing one of the areas that seen least amount of action by Member States, but internet marketing is not easily subjected to national level control. While some countries have made attempts, evaluations demonstrate some limitations in success. If Member States are going to be supported to take meaningful action in this area, this likely needs to be done at global level rather at national level. A legally-binding regulatory framework would be a key tool in that.

As noted above, Scotland has been leading the way in taking a whole population approach to reducing alcohol harm and implementing the three 'best buys'. Of the best buys, availability remains one of the areas where in Scotland it remains unclear the extent to which the local licensing system, through which availability is controlled, is delivering positive outcomes for communities, despite advancements such as the inclusion of a licensing objective to promote and improve public health.¹³ Not only is availability a factor in and of itself that affects consumption, but it acts as a form of marketing that helps to reinforce norms around alcohol consumption. It would therefore be helpful if, as a future development, the Global Alcohol Strategy could contain principles that should inform approached to availability at local level, at a greater level of sophistication than simply controlling the number of outlets. The number of outlets is not directly associated with the volume of alcohol sold; for a number of years AFS has advocated for the outlets to provide sales data in order to provide a clearer picture of the availability of alcohol to inform national and local decision making.

With regards to the price best buy, the focus has been primarily on the use of taxation as the means of achieving price increase. Although latterly there has been some limited reference to minimum pricing policies it would be helpful to see this given more prominence, given the evidence from Canada and the emerging evidence from Scotland and the Northern Territories in Australia of the impacts of such policies. It would also be useful to have more explicit recognition that minimum pricing policies and taxation offer distinct and complementary benefits and ideally should be used in tandem.

A further key priority area for action moving forward is responding to the challenge posed by alcohol economic operators, as outlined above. The Global Alcohol Strategy is currently ambiguous in how it addresses terms of engagement with the alcohol industry, such as including the alcohol industry within the list of actors who "have important roles in enhancing the global action" (para 45); and their being "especially encouraged to consider effective ways to prevent and reduce harmful use of alcohol within their core roles" as "developers, producers, distributors, marketers and sellers of alcoholic beverages." (para 45d). Concern has been expressed about this enabling the alcohol industry to depict themselves as partners in health governance at national and international levels.¹⁴ While we recognize and value the consistency with which WHO has sought to clarify such misrepresentation,¹⁵¹⁶ confusion generated remains an important challenge internationally. The Scottish Government has changed its position on the alcohol industry within its Alcohol Prevention Framework 2018 to state that it will work with the alcohol industry on projects which can impact meaningfully on reducing alcohol harms; but not on health policy development, on health messaging campaigns or on provision of education in schools and beyond the school setting.¹⁷ AFS were able to refer to the WHO principles in making

the case for this change in Scotland. However, we believe there is an increasingly recognised need for clear guidance for Member States in managing interactions with the alcohol industry and in preventing and managing conflicts of interest. This, in turn, will be helpful to civic society actors in informing their approaches to working with or receiving funding from industry.

AFS also supports efforts to ensure comprehensive labelling of alcohol products across the world, including health information warning of the evidenced links between alcohol use and a whole number of serious diseases, including cancer, and the listing of nutritional ingredients and calorie information. Although the evidence that labelling influences behaviour is limited, this is again, an issue of rights. Consumers have the right to easy access to information to enable them to make informed choices about their consumption of alcohol, a known toxin and carcinogen. The European Union's reliance on the alcohol industry to 'self-regulate' has not worked. Mandatory action is now required, and labelling should be included as a priority action in any future global Alcohol Strategy.

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³ WHO (2013). *Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020*. Accessed on 30/10/19 at https://www.who.int/nmh/events/ncd_action_plan/en/

⁴ UN Sustainable Development Goals (2015). Accessed on 31/10/19 at <https://sustainabledevelopment.un.org/?menu=1300>

⁵ Institute of Alcohol Studies (2018) Alcohol Industry Factsheet. Accessed on 31/10/19 at <http://www.ias.org.uk/uploads/pdf/Factsheets/FS%20Industry%20012018.pdf>

⁶ Global Alcohol Policy Alliance (2013) Statement of Concern: International public health community respond to the global alcohol producers' attempts to implement the WHO Global Strategy to Reduce Harmful Use of Alcohol. Accessed on 31/10/19 at: <https://globalgapa.org/wp-content/uploads/2015/05/WHO-Statement-of-Concern-2013.pdf>

⁷ Miller D & C Harkins (2010) 'Corporate strategy, corporate capture: Food and alcohol industry lobbying and public health', *Critical Social Policy*, 30,564-589

⁸ Hawkins B et al (2012) 'Alcohol industry influence on UK alcohol policy: a new research agenda for public health' *Critical Public Health*.

⁹ McCambridge J, et al, (2013) 'Industry Use of Evidence to Influence Alcohol Policy: A Case Study of Submissions to the 2008 Scottish Government Consultation', *PLoS Med* 10 (4):e1001431. doi: 10.1371/journal.pmed. 1001431

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¹¹ World Health Organization. (2019). *Global status report on alcohol and health 2018*. World Health Organization.

¹² UN Sustainable Development Goals (2015)

¹³ Alcohol Focus Scotland (2017) *Taking Stock: Views and experiences of alcohol licensing in Scotland in 2016/17*; Glasgow: Alcohol Focus Scotland

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¹⁵ Chan, M (2013) Doctors and the alcohol industry: an unhealthy mix? Letter in reply to BMJ feature on the alcohol industry, 11 April 2013. Accessed on 31/10/19 at <https://www.bmj.com/content/346/bmj.f1889/rr/640534>

¹⁶ Torjesen, I (2019) Partnering with alcohol industry on public health is not okay, WHO says. *BMJ*, 2019; 365 accessed on 31/10/19 at <https://www.bmj.com/content/365/bmj.l1666>

¹⁷ Scottish Government (2018). *Alcohol Framework 2018: Preventing Harm. Next steps on changing our relationship with alcohol*. Edinburgh: Scottish Government.