

## **Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues**

### **Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases**

### **Findings of the consultative process on implementation of the global strategy to reduce the harmful use of alcohol and the way forward**

#### **Report by the Director-General**

1. In response to the request of the Health Assembly to the Director-General in decision WHA72(11) (2019) to report on the implementation of WHO's global strategy to reduce the harmful use of alcohol during the first decade since its endorsement and the way forward, and in line with the Director-General's commitment to prepare the report in full consultation and engagement with Member States, the Secretariat embarked on a broad consultative process.<sup>1</sup> The process has been completed and this report summarizes the findings.

#### **CONSULTATIVE PROCESS**

2. The consultative process included: (a) discussions at the Second WHO Forum on alcohol, drugs and addictive behaviours (Geneva, 27 and 28 June 2019) with representatives of governmental offices responsible for alcohol policy development and implementation, academia and civil society; (b) regional technical consultations with Member States in all six WHO regions (September–October); (c) a web-based consultation on a discussion paper dated 21 October<sup>2</sup> opened to Member States, United Nations entities and other intergovernmental organizations, and non-State actors (October–November); (d) an informal consultation with Member States (Geneva, 11 November 2019). Also, the Secretariat conducted the global survey on progress towards health target 3.5 (Strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol) of Sustainable

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<sup>1</sup> WHO. Implementation of WHO's global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward ([https://www.who.int/substance\\_abuse/activities/globalstrategy/en/](https://www.who.int/substance_abuse/activities/globalstrategy/en/), accessed 20 November 2019).

<sup>2</sup> Discussion paper: implementation of the WHO global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward ([https://www.who.int/docs/default-source/alcohol/2010-strategy/discussion-paper.pdf?sfvrsn=a171471c\\_2](https://www.who.int/docs/default-source/alcohol/2010-strategy/discussion-paper.pdf?sfvrsn=a171471c_2), accessed 14 November 2019).

Development Goal 3 that was focused on implementation of the global strategy to reduce harmful use of alcohol and the capacity of health systems to address substance use disorders.

3. The Second WHO Forum on alcohol, drugs and addictive behaviours was attended by 172 participants from 53 countries, and the regional consultations attracted more than 150 participants from 122 countries and territories. During the web-based consultation the Secretariat received 191 submissions<sup>1</sup> from 76 countries, including 29 Member States and governmental institutions, four intergovernmental organizations, 107 nongovernmental organizations, seven academic institutions and 44 private sector entities. Representatives of 52 Member States and the European Commission participated in the informal consultation with Member States. The main questions raised during the consultations concerned the implementation of the global strategy with a focus on challenges, opportunities and the way forward.

## CHALLENGES

4. Considerable challenges remain for the development and implementation of effective alcohol policies. Among other things, they are associated with complexity of the problem, the intersectoral nature of cost-effective solutions and the sometimes-limited levels of political will and commitment of governments and other stakeholders to supporting and implementing effective measures in a context of international economic commitments and powerful commercial interests. Responsibility for dealing with the problems is dispersed between different entities, including governmental departments, different professions and technical areas, a fact which complicates coordination and cooperation at all levels.

5. Drinking alcoholic beverages is strongly embedded in social norms and cultural traditions in many societies. Prevailing social norms that support drinking behaviour and mixed messages about the harms and benefits of drinking may encourage alcohol consumption, delay appropriate health-seeking behaviour and weaken community action. The accumulated evidence indicates that alcohol consumption is associated with inherent health risks, although these risks vary significantly in magnitude and health consequences among drinkers. Awareness and acceptance of the overall negative impact of alcohol consumption on a population's health and safety among decision-makers and the general public remain low, thereby contributing to the low priority of countering the harmful use of alcohol compared to other public health issues.

6. The production of alcoholic beverages has become increasingly concentrated and globalized in recent decades. Competing interests across the whole of government at country level, including those related to the production and trade of alcohol, often result in policy incoherence and the weakening of alcohol control efforts. The situation varies at national and subnational levels, although general trends toward deregulation in recent decades have often resulted in a weakening of alcohol controls, to the benefit of economic interests but at the expense of public health and welfare.

7. Alcohol remains the only psychoactive and dependence-producing substance with a significant impact on global population health that is not controlled at the international level by legally-binding regulatory instruments. This absence limits the ability of national and subnational governments to regulate the distribution, sales and marketing of alcohol within the context of international, regional and bilateral trade negotiations, as well as to protect the development of alcohol policies from interference by commercial interests. That state of affairs prompts calls for a global normative law on alcohol at the

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<sup>1</sup> Submissions received during the web-based consultation are available at: <https://www.who.int/health-topics/alcohol/online-consultation> (accessed 18 November 2019).

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.

8. Informally- and illegally-produced alcohol amounts to an estimated 25% of total alcohol consumption per capita worldwide, and in some jurisdictions exceeds half all alcohol consumed by the population.<sup>1</sup> Informal production and distribution of alcohol are often embedded in cultural traditions and socioeconomic fabrics of communities. The capacity to deal with informal or illicit production, distribution and consumption of alcohol, including safety issues, is limited or inadequate, particularly in jurisdictions where unrecorded alcohol makes up a significant proportion of all alcohol consumed.

9. Satellite and digital marketing presents a growing challenge for the effective control of alcohol marketing and advertising. Alcohol producers and distributors have increasingly moved to investing in digital marketing and using social media platforms, which are profit-making businesses with an infrastructure designed to allow “native advertising” that is data-driven and participatory. Internet marketing crosses borders with even greater ease than satellite television and is not easily subjected to national-level control. In parallel with the greater opportunity for marketing and selling alcohol through online platforms, delivery systems are evolving rapidly, putting considerable challenges on the ability of governments to control sales of alcohol to minors and intoxicated people.

10. Limited technical capacity, human resources and funding hinder efforts in developing, implementing, enforcing and monitoring effective alcohol control interventions at all levels. Technical expertise in alcohol-control measures is often lacking at national and subnational levels, but sufficient human and financial resources for the provision of the necessary technical assistance and compilation, dissemination and putting technical knowledge into practice have been lacking in the WHO Secretariat at all levels. Few civil society organizations prioritize alcohol as a health risk and prod governments into action, as has been common for tobacco control. In the absence of philanthropic funding and limited resources in WHO and other intergovernmental organizations, there has been little investment in capacity-building in low- and middle-income countries.

11. The lack of sufficiently developed national systems for monitoring alcohol consumption and the impact of alcohol on health reduces the capacity for advocacy of effective alcohol-control policies and monitoring their implementation and impact.

## **OPPORTUNITIES**

12. Alcohol use and its impact on health has been increasingly recognized as a factor in health inequality. Within a given society, the health and social harm from a given level and pattern of drinking are greater for poorer than for richer people, and among societies they are greater in poorer than in richer ones. Increased alcohol consumption can exacerbate health and social inequalities – between genders as well as social classes. Policies and programmes to reduce health inequalities and promote sustainable development need to include sustained attention to alcohol policies and programmes.

13. In recent years, alcohol consumption by young people has been dropping in many countries throughout Europe and in some other high-income societies. The decline seems to be continuing into the next age group as the cohort ages; capitalizing on this trend offers a considerable opportunity for public health policies and programmes. There is also a trend towards an increase in the proportion of former drinkers among people aged 15 years and over. One contributory factor is the increasing

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<sup>1</sup> WHO. Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/274603>, accessed 18 November 2019).

awareness of negative health and social consequences of the harmful use of alcohol, and particularly its causal relationships with some types of cancer, liver and cardiovascular diseases, and association with increased risk of infectious diseases such as tuberculosis and HIV/AIDS. Increasing the health literacy and health consciousness of people provides an opportunity for strengthened prevention activities and the scaling up of screening and brief interventions in health services.

14. The body of evidence for the effectiveness and cost-effectiveness of alcohol-control measures has been significantly strengthened in recent years. The latest economic analysis undertaken under the auspices of WHO demonstrated high returns on investment for “best buys” in alcohol control: every additional United States dollar invested in the most cost-effective interventions per person per year will return US\$ 9.13 by 2030, a return that is higher than for a similar investment in tobacco control (US\$ 7.43) or prevention of physical inactivity (US\$ 2.80).<sup>1</sup>

## **THE WAY FORWARD**

### **Priority areas for strengthening implementation of the global strategy**

15. Concerted actions are needed to at least stabilize the currently increasing trends in alcohol consumption in several WHO regions and to accelerate the decreasing trends in others. Priority areas include preventing children and adolescents from starting to drink alcohol, actions to reduce drinkers’ levels of alcohol consumption, measures to protect non-drinkers from pressures to drink, and support for non-drinking behaviour.

16. Public health entities should take the lead in promoting a public health agenda for reducing harmful use of alcohol and building up broad partnerships and collaborative networks at all levels. Alcohol-related problems are not limited to noncommunicable diseases or even only health but can hamper achievement of many of the Sustainable Development Goals. Long-term alliances need to be formed between public health and other agencies in recognition of the substantial overlaps between health and other types of problems caused by harmful use of alcohol. Intra- and inter-governmental mechanisms for collaboration across different sectors should be strengthened or initiated. Strategic partnerships need to be established or further developed in order to promote international collaboration and implementation of effective alcohol-control options.

17. Goals and targets need to be developed and specified in line with global and regional monitoring frameworks but which nevertheless reflect global, regional, national or subnational public health priorities, trends, contexts and opportunities. Action plans or implementation road maps with specified objectives, indicators and time frames can help to accelerate implementation of the global strategy and increase accountability of all stakeholders in reducing harmful use of alcohol.

18. Strengthening monitoring and surveillance functions and systems on alcohol and health at all levels can support the development and evaluation of alcohol policies and generate data in support of alcohol-control measures. Data generated at national, subnational or local levels can foster a better understanding of factors that contribute to success or setbacks in reducing harmful use of alcohol and help to identify priority areas for action.

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<sup>1</sup> WHO. Saving lives, spending less: a strategic response to noncommunicable diseases. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/272534>, accessed 18 November 2019).

19. The key interrelated components for global action outlined in the global strategy continue to be relevant for reducing the harmful use of alcohol.

### **Public health advocacy, partnership and dialogue**

20. High-level advocacy at all levels is needed to accelerate implementation of the global strategy to reduce harmful use of alcohol. An international day of awareness of the harmful use of alcohol or a “World no alcohol day” could help to reinforce and sustain public attention to the problem. Public health advocacy is more likely to succeed if it is well backed up by evidence and based on emerging opportunities, and if the arguments are free from moralization. The international discourse on alcohol policy development and implementation should not be limited to noncommunicable diseases and should expand to embrace other areas of health and development, including a “harm to others” perspective. Modern communication technologies and multimedia communication materials are needed for successful advocacy and behavioural change campaigns, for example in social media.

21. New partnerships and appropriate engagement of all relevant stakeholders are needed to build capacity and support implementation of practical and focused technical packages that can ensure returns on investments. The new WHO-led SAFER initiative to promote and support implementation of “best buys” and other recommended alcohol-control measures at country level<sup>1</sup> can invigorate action in countries through coordinated actions of WHO’s partners within and outside United Nations system. Development and enforcement of alcohol policies need to be protected from interference by commercial interests, and appropriate mechanisms to monitor such interference have to be established.

22. Economic operators in the areas of alcohol production and trade are encouraged to contribute to reducing the harmful use of alcohol in their core areas, taking into account national religious and cultural contexts, and to take concrete steps towards eliminating marketing, advertising and sales of alcoholic products to minors. The continuing global dialogue with economic operators in alcohol production and trade should focus on the industry’s contribution to reducing the harmful use of alcohol within their roles as developers, producers and distributors/sellers of alcoholic beverages, and to be centred on areas of: traditional and online or digital marketing (including sponsorship); sales, e-commerce, and delivery; production and labelling; and data on production and sales.

### **Technical support and capacity-building**

23. WHO aims to ensure by 2023 that one billion more people enjoy better health and well-being and a further one billion people benefit from universal health coverage. In the context of reducing the harmful use of alcohol, these goals can be translated into objectives in terms of: the increasing proportions of populations who are protected from the harmful use of alcohol by effective alcohol-control policies; reducing the harmful use of alcohol in populations; and increasing the proportion of people with alcohol-use disorders and comorbid conditions benefitting from universal health coverage. Implementation of alcohol policy measures at country level may require strong technical assistance, particularly in less-resourced countries and such technical areas such as taxation, legislation or consideration of health protection from alcohol-related harm in trade negotiations.

24. Global and regional networks of country focal points for alcohol policies and technical experts will facilitate country cooperation, knowledge transfer and capacity-building. It would be valuable for such technical networks and platforms to focus on particularly challenging technical areas such as

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<sup>1</sup> WHO launches SAFER, a new alcohol control initiative ([https://www.who.int/substance\\_abuse/safer/en/](https://www.who.int/substance_abuse/safer/en/), accessed 18 November 2019).

control of digital marketing and social media advertising. There is a need to develop and maintain a comprehensive repository of practical examples of good implementation and evaluation of alcohol-policy options in different cultural, economic and social contexts that can be linked to or integrated with WHO's Global Information System on Alcohol and Health. There is also a strong demand for technical support in building up national monitoring systems on alcohol and health, and for technical tools that could help to improve the data generated at country level in line with international reporting requirements.

## **Production and dissemination of knowledge**

25. Compared with 2010, more countries are able to collect, collate and disseminate reliable information on alcohol use, its health and social consequences, and policy developments, but their number is still limited. Effective monitoring of total alcohol consumption per capita requires streamlined data generation, collection, validation and reporting procedures for indicators on alcohol consumption – allowing regular updates of country-level data at 1–2-year intervals with minimized time lags between data collection and reporting. Effective monitoring of treatment coverage for alcohol use disorders needs not only those advances but better methods of monitoring treatment coverage, all within the framework of universal health coverage. All countries are encouraged to include alcohol modules in data collection tools used in population-based surveillance activities.

26. International collaborative research and knowledge production should focus on the generation of data that are highly relevant to the development and implementation of alcohol policies. Substantially more needs to be invested in international research into the reasons for uneven implementation of alcohol policy measures in different jurisdictions, with quantitative and qualitative analyses of barriers, enabling factors and the impact of different policy options, as well as in different population groups. Research related to international public health is needed on the role of alcohol consumption in the transmission, progression and treatment outcomes of some infectious diseases, on harm to others from drinking, on fetal alcohol spectrum disorders, as well as on the consumption of informally and illegally produced alcohol and its health consequences.

27. International studies are needed on effective ways to increase the health literacy of people who drink alcohol. International standards on the labelling of alcohol beverages must be developed and implemented. WHO's lexicon of alcohol and drug terms<sup>1</sup> should be updated to ensure “common language” in this area among different cultures and jurisdictions. It would be useful to conduct studies on costs and benefits of alcohol-control measures and development of investment cases, the results of which can help to overcome resistance to effective alcohol-control measures in view of the financial and other revenues associated with alcohol production and trade. It would be valuable to undertake an authoritative, comprehensive review of the accumulated evidence on feasible and effective measures to address the harmful use of alcohol. Strategic and well-developed communication and advocacy are needed to raise awareness among decision-makers and general public, mobilize different stakeholders for coordinated actions to protect public health, and foster political commitment to reduce harmful use of alcohol.

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<sup>1</sup> WHO. Lexicon of alcohol and drug terms. Geneva: World Health Organization; 1994 (<https://apps.who.int/iris/handle/10665/39461>, accessed 18 November 2019).

## Resource mobilization

28. Lack of resources presents a primary barrier to introducing or accelerating global and national actions to reduce the harmful use of alcohol. The statement that “the magnitude of alcohol-attributable disease and social burden is in sharp contradiction with the resources available at all levels to reduce harmful use of alcohol” continues to be true nine years since endorsement of the global strategy.<sup>1</sup> There are no big donors interested in supporting work to reduce the harmful use of alcohol at the global level or in high-burden countries. The lack of necessary financial support for the development, implementation and monitoring of alcohol policies in low- and middle-income countries, for international collaboration and research in this area, and for civil society engagement at the international level contrasts starkly with the tobacco-control field. Increasing awareness of the impact of the harmful use of alcohol on child development and maternal health as well as the risks for infectious diseases such as tuberculosis and HIV infection may change the situation regarding funding support for development of alcohol policies and programmes, but this has yet to happen.

29. The lack of resources to finance alcohol-control measures and programmes and interventions for prevention and treatment of substance use disorders calls for innovative funding mechanisms if the related targets of the Sustainable Development Goals are to be met. Several innovative approaches that combine evidence-based knowledge with more unorthodox ideas have been reported across countries and at the international level. There are existing examples of revenues from taxes on alcoholic beverages being used to fund health-promotion initiatives, health coverage of vulnerable populations, prevention and treatment of alcohol and substance use disorders, as well as, in some cases, supporting international work in these areas. In some jurisdictions earmarked funding for prevention and treatment of alcohol use disorders and related conditions is provided with funds generated from: State-owned retail monopolies; a levy on profits across the value chains for alcohol beverages; taxing alcohol advertising; or imposing earmarked fines for noncompliance with alcohol regulations. Consideration should be given to an intergovernmental commitment to a global tax on alcohol to support this effort, with the use of the money so raised to be governed internationally.

## ACTION BY THE EXECUTIVE BOARD

30. The Board is invited to note the report and to provide further guidance on the way forward.

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<sup>1</sup> WHO. Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010, paragraph 56 ([https://apps.who.int/iris/bitstream/handle/10665/44395/9789241599931\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44395/9789241599931_eng.pdf?sequence=1), accessed 18 November 2019).