

Ms Jane Martin
Co-Chair, National Alliance for Action on Alcohol

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organisation (WHO)
Avenue Appia 20 1211 Geneva

Dear Director-General,

Submission on the Working Document for the development of an Action Plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Working Document)

We have reviewed the Working Document for the development of an action plan to strengthen implementation of the Global strategy to reduce the harmful use of alcohol and have the following comments and suggestions for your consideration.

The National Alliance for Action on Alcohol (NAAA) is a coalition of health and community organisations from across Australia which aims to reduce alcohol-fuelled harm. The NAAA was formed in 2009 and represents more than 20 organisations representing a diverse range of interests, including public health, Aboriginal and Torres Strait Islander health, child and adolescent health, family and community services, and people with lived experience of alcohol-fuelled harm.

Target 3.5 of the United Nations Sustainable Development Goals 2030 includes the objective of strengthening the prevention and treatment of substance abuse, including the harmful use of alcohol. The vision behind the *2010 Global Strategy to Reduce the Harmful Use of Alcohol* is improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to the harmful use of alcohol and the ensuing social consequences.

In general, there is an opportunity to reference the integration of alcohol control with broader health and development agendas, including:

- An explicit reference to policy coherence between public health and other sectors/policies in relation to alcohol control.
- References to human rights – although this is listed in an ‘operational action-oriented principle’, there are no further references – this could be added to sections on consumer information (right to information and right to health) and the right to health is relevant to a number of other areas too, including high impact interventions, data, plans, and participation of civil society.
- Additional references to sustainable development, including explicit reference to SDG targets on NCDs and on road safety as well as on alcohol, and references in action areas 1 (high impact interventions) and 3 (partnership, dialogue and coordination)

The broad coalition of interests represented by the NAAA highlights widespread concern in Australia about alcohol-fuelled harm and recognises the importance of cross-sector community partnerships. The impacts of alcohol are far-reaching, and Australian governments urgently need to implement policy changes as part of a coordinated strategy to drive and sustain action on this pressing community issue.

An effective Action Plan is needed to strengthen the Global Strategy

The implementation of the Global Strategy has been uneven across the WHO regions. Between 2010 and 2018 no tangible progress was made in reducing total global alcohol consumption per capita. The overall burden of disease attributable to alcohol consumption remains unacceptably high. In 2016, the harmful use of alcohol resulted in three million deaths worldwide. Alcohol remains the only psychoactive and dependence-producing substance that exerts a significant impact on global population health that is not controlled at the international level by legally-binding regulatory instruments. Without a clear Action Plan, the Global Strategy will remain unrealized and the health and economic harms of alcohol consumption will remain high and continue to be an obstacle to achieving the Sustainable Development Goals.

In general, there could be more references to integration of alcohol control with broader health and development agendas, including:

- An explicit reference to policy coherence between public health and other sectors/policies in relation to alcohol control (maybe in action area 3)
- References to human rights – although this is listed in an ‘operational action-oriented principle’, there are no further references – this could be added to sections on consumer information (right to information and right to health) and the right to health is relevant to a number of other areas too, including high impact interventions, data, plans, and participation of civil society.
- Additional references to sustainable development, including explicit reference to SDG targets on NCDs and on road safety as well as on alcohol, and references in action areas 1 (high impact interventions) and 3 (partnership, dialogue and coordination)

Strengthening the Action Plan

The Working Document provides a sound starting point for the development of an Action Plan. Strengths of the Action Plan include:

- The focus on the ‘*Implementation of High-Impact Strategies and Interventions*’ or SAFER strategies.
- The inclusion of global targets and indicators.
- The acknowledgement of the need to increase resources required for action.
- The inclusion of an objective focussing on prevention and treatment capacity being an integral part of universal health coverage.

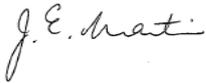
There are also areas where the Action Plan can be strengthened, including:

- Reducing and restructuring the number of prioritised actions and having a greater focus on the SAFER strategies to ensure that limited resources can be used to have the greatest impact in reducing harm.
- Clarifying the role of actors, particularly limiting the discussion of corporations and lobby groups that have a conflict of interest in financially benefitting from the sale of alcohol, and who have no role in policy development.
 - High impact interventions (action area 1, action 3) – strengthen language from ‘are invited to contribute to the elimination of...’ to ‘should refrain from marketing and sales of alcoholic beverages to minors ... and take other actions to contribute to the elimination of such marketing practices’ (rather than
 - Dialogues with economic operators in action area 1, action 4 and action area 3, action 6 for Secretariat – needs to explicitly acknowledge that these dialogues should include adequate safeguards against conflict of interest in line with FENSA and SAFER.
 - capacity building (action area 4, action 3 for non-state actors) – we do not believe that industry should be invited to implement capacity-building activities.

- data collection (action area 5, action 6 for Secretariat and Action 3 for non-state actors) – this needs to acknowledge the need to ensure that industry-generated data is independently verifiable.
 - reducing alcohol harm (action area 6, action 3 for non-state actors) – this should be amended from ‘are invited to refrain’ from lobbying etc to ‘should refrain’.
- Having a greater focus on governance, resourcing, review and implementation.
 - There is only one indicator for implementation of all policies (target 1.1). There needs to be something that specifically monitors which of the measures have and have not been implemented to allow for accurate monitoring of progress, accountability, and effective targeting of assistance for implementation – the indicator should either be disaggregated into individual SAFER policies, or the indicator should also track number of policies for each country and refer to a more detailed monitoring framework elsewhere (e.g. under SAFER).
- Changing the way that alcohol use and harm is referred to throughout the document by moving away from references to the ‘harmful use of alcohol’, which incorrectly implies that there are ‘safe levels’ of alcohol use and ‘economic operators’, which does not clearly articulate the significant financial and vested interest that alcohol corporations and lobby groups have in increasing the sale of alcohol.

Thank you for the opportunity to participate in this consultation and we hope our efforts contribute to a reduction in the harms caused by alcohol products.

Best wishes,

A handwritten signature in cursive script, appearing to read 'J. E. Martin'.

Jane Martin, Co-Chair