

Alcohol Action Ireland response to the World Health Organisation’s web-based consultation on the implementation of the WHO global strategy to reduce the harmful use of alcohol since its endorsement, and the way forward, as published 24 October 2019.

Introduction

Alcohol Action Ireland (AAI) is a non-governmental organisation who act as an independent expert voice for policy change on alcohol-related issues, advocating to reduce alcohol harm and improve public health and wellbeing in Ireland.

We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in effective advocacy, campaigning and policy research.

Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering public policy solutions with the potential to reduce that harm, with an emphasis on the implementation of domestic legislation: Public Health (Alcohol) Act.

AAI act as a consultant advisor to Ireland’s Health Services Executive (HSE) Alcohol Programme, informing strategic alcohol initiatives as an instrument of public health planning. We act as the secretariat to the *Alcohol Health Alliance Ireland*¹, as its co-founding member, and a parliamentary Cross-Party Group on Alcohol Harm. We serve on the Board of Eurocare – European Alcohol Policy Alliance, Brussels.

¹ <https://alcoholireland.ie/campaigns/aha/>

QUESTIONS FOR CONSIDERATION

1. 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?

a. The most important achievements?

Our view is that the most important achievement of the global strategy to reduce the harmful use of alcohol has been to establish a clear foundation to the policy framework for coherent action by state actors. While we regret the absence of a legally binding regulatory framework to reduce alcohol consumption and related harms, Alcohol Action Ireland believe the framing of the policy 'best buys' has made a significant beginning to what we view as a long-term development to change whole-of-population behaviour to alcohol consumption.

For Ireland, the clarity within the global strategy provided an authoritative foundation to the comprehensive set of measures contained within the Public Health (Alcohol) Act. This legislative programme was the first time that alcohol was addressed as a public health concern. The ambition of the Act, which regrettably took five years to progress through the Irish Houses of Parliament, is to bring about a 20% reduction in Ireland's alcohol consumption.²

An important achievement throughout this period (2010-2019) in Ireland, though not cohesively developed as an integral approach to the strategy to reduce the harmful use of alcohol, has been a set of drink-driving policies introduced and implemented. The measures implemented – reduction of Blood alcohol levels and mandatory action for conviction – were primarily, and jointly, developed by state agencies with responsibility for road safety. Alcohol consumption is a significant road safety issue in Ireland and is a factor in 38% of all deaths on Irish roads – with this figure rising to 75% at the off-peak hours of 10pm to 6am.³

On a wider implementation point, this approach demonstrates the efficacy of appointing a dedicated state/public agency to oversee the development and execution of a whole-of-government strategy to impact whole-of-population behavioural change.

b. What has been the most important challenges?

Our view is that the most important challenge to the efficacy of the global strategy has been the persistent undermining of the progressive statutory measures for alcohol control by the global alcohol industry. Transnational alcohol corporations continue to drive commercial strategies of market expansion and enhanced earnings, while directing and funding opaque public affairs strategies that seek to influence the behaviour of policy makers in the political arena. These actions remain incompatible with a global strategy that seeks to reduce the harmful use of alcohol.

In Ireland, our direct experience, as a NGO advocating for real change throughout the course of the debate on the enacting the ground breaking legislation (2018), has been that the domestic alcohol

² <https://merrionstreet.ie/en/News-Room/News/Spotlights/government-announces-measures-to-deal-with-alcohol-misuse.html>

³ <https://www.drinkdriversdestroylives.ie/>

industry players and their global management consistently sought to delay and place doubt over the evidence based policy measures being developed. This included the persistent denial of the direct link between alcohol and fatal cancers⁴, and the public articulation that new entrants to the alcohol market would ‘contribute a lifetime income coming from responsible drinking’.⁵

c. What has been the most important setbacks?

Our view is that the persistent inconsistencies, or perceived inconsistency, of the WHO position with regard dialogue with the alcohol industry, and/or the contributing role in shaping policy and/or policy implementation, has been an important setback. This is deeply regrettable.

Alcohol Action Ireland regard the clarity provided by the former Director General on these matters in 2013 as instructive.⁶ We do not support the views expressed in Section 4.2.1 paragraph 4, in the draft Discussion Paper provided. It is our belief that the continued commercial objective of the ‘economic operators in alcohol production and trade’ ensures that these actors cannot play any role in contributing to reducing the harmful use of alcohol until such time as there is clarity on how much less product transnational alcohol corporations are prepared to sell. An open expression of a progressive strategy from economic actors to reduce the volume of alcohol production and sales throughout all markets could transform our view.

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.

a. Our view of the priority areas for future actions to reduce the harmful use of alcohol.

Many of the target areas for national action remain pertinent and valid today as when first agreed in 2010. However, in the intervening time it could be argued that a greater level of insight and understanding has been gathered on the efficacy of strategy options proposed. In this regard, Alcohol Action Ireland would propose a reassessment of the focus of ‘marketing of alcoholic beverages’, which previously has sought to restrict specific channels of commercial communication more than the creation and content of the marketing communication itself.

Any future actions must focus on curbing the capacity of alcohol marketing communications to capture the essence of human experience. For example in Ireland, the content of alcohol advertisement, in the future, will be devoid of any such human experience and/or expression as content will be restricted to a utilitarian presentation of product, production, price, etc., without the presence or impact of human engagement or interaction with the product.

In this context, we believe any future ‘Options for action’ must seek to prohibit alcohol brands access to sport, arts or cultural expression, as this realm affords access to the pantheon of human

⁴ September 18, 2017 ‘Claire Byrne Live’ RTE One Television:
<https://twitter.com/ClaireByrneLive/status/909904753215209472?s=20>

⁵ IBEC CEO on Today with Sean O’Rourke; 19 December 2017.
<https://www.rte.ie/radio/radioplayer/html5/#/radio1/21289690>

⁶ ‘Partnering with alcohol industry on public health is not okay, WHO says’
<https://www.bmj.com/content/365/bmj.l1666>

endeavour, which can be leveraged to shape alcohol marketing communication. It is our view that as a minimum action, the prohibition of alcohol brand sponsorship in sport should be universal. This is central to providing children with adequate protection from early initiation to drinking.⁷

Equally, in the area of Pricing policies, and specifically the introduction of minimum unit pricing has had significant validation since the introduction of MUP to Scotland's jurisdiction (UK) in May 2018.⁸ Early indication of data demonstrates the efficacy of the measure and consideration should be given to advancing this option for action as a priority over other such measures.

b. Our view of the priority areas to strengthen implementation of the global strategy to reduce the harmful use of alcohol.

As a small voice in an informal alliance of larger global partners advocating for transformative change, Alcohol Action Ireland echo the view that the establishment of a legally binding regulatory framework would greatly strengthen the implementation of the global strategy to reduce the harmful use of alcohol.

Without such an overarching legal framework, actions of individual states – keen to protect public health, will be comfortably delayed and undermined by the influence of transnational alcohol corporation whose reach is aided by global economic agreements and treaties. Evidence of such reach is evident in the proceedings on the Codex Alimentarius, the World Trade Organisation (WTO), and, in the case of Ireland's ongoing implementation of the Public Health (Alcohol) Act, the scrutiny by the institutions of the European Union (Technical Barriers to Trade (TBT)/TRIS process).⁹

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⁷ Jernigan, D., Noel, J., Landon, J., Thornton, N. and Lobstein, T., 2017. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*, 112, pp.7-20.

⁸ <http://www.healthscotland.scot/health-topics/alcohol/evaluation-of-minimum-unit-pricing-mup>

⁹ <https://ec.europa.eu/growth/tools-databases/tris/en/about-the-20151535/>