AlcoholAction Ireland

Consultation on the Framework to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol (EAPA), 2022 – 2025

March2022

Alcohol Action Ireland (AAI) is the national independent advocate for reducing alcohol harm.

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 an understanding of alcohol-related harm and offering public policy solutions with the potential to reduce that harm, with an emphasis on the implementation of Ireland's Public Health (Alcohol) Act, 2018.

Our overarching goal is to achieve a society free from alcohol harm.

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Open online regional consultation with members of the public on the Framework to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol (EAPA), 2022 – 2025.

About you

1. Your affiliation (Please select all answers that apply to you)

o I and/or my family have experienced harm due to alcohol
o I work with people who have experienced harm due to alcohol
o I work in healthcare
o I work in the private sector
o I work in a civil society organization
o I work as part of the scientific community
o I work in the public sector
o I work in an international organization
o Other (please specify)

2. Your country

Ireland

3. Do you have comments to share with us?

o on the general document only
o on one or more specific focus areas
o on both

Comments on the general document

Alcohol Action Ireland very much appreciates the opportunity to comment on the first draft of the 2022 – 2025 Framework to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol (EAPA) and in the earlier meeting with NGOs on 15-16 March 2022. Civil society has a key role to play in the development of progressive alcohol policy and we are very pleased that the WHO is ensuring that the voice from this sector is heard.

As members of both the European Alcohol Policy Alliance, Eurocare, and the Alcohol Health Alliance UK, we support the points which were made in their submission.

The general document is very welcome and well-constructed.
We have some comments on it and on the specific focus areas.

General Comments

1. Seek a reduction in the overall use of alcohol. The document should change the terminology from seeking a reduction in 'harmful use of alcohol' to seeking a reduction in alcohol use. The target for reduction in alcohol use should be expressed in relation to alcohol use per capita.

2. Alcohol Industry Role in Impeding Progress. The document notes the lack of progress in the previous European Action Plan to reduce the Harmful use of Alcohol 2012-2020 (EAPA) despite the powerful tools of controls price, marketing and availability. The reason for this lack of progress should be stated explicitly – ie the role of the alcohol industry in stalling progress. Evidence of the alcohol industry's opposition to the proven measures of the 'best buys' around progressive alcohol policy is widely available and most recently can be seen in the well-coordinated submissions to the WHO Consultation on the Global Alcohol Strategy.

In this context it would be very useful for the WHO to produce a document with specific guidance to Member States on how to protect alcohol policy development, implementation and evaluation from alcohol industry interference. Such a document should also draw attention to the need for a whole of government approach to alcohol policy so that different parts of government are not acting against public health priorities.

3. Harm to Others. On Page 6 of the document there is reference to what we stand to lose if we fail to reduce alcohol use. This section should include explicit reference to 'harm to others'. There is a very significant alcohol burden on children, families, workplaces and communities. This should also form part of the Vision and Values with explicit mention of protection of children from Foetal Alcohol Spectrum Disorder and from growing up with the Adverse Childhood Experience (ACE) of parental problem alcohol use.

Focus area 1 – Alcohol Pricing

4. Polluter pays policy. It should be stated explicitly members states should have a polluter pays policy. Ie that the costs to the state from alcohol use must be borne by the alcohol industry through a comprehensive system of taxes and levies. Public health objectives should underpin all taxation policies.

5. Index linked pricing policies. All pricing policies around alcohol including Minimum Unit Pricing and taxation should be linked to inflation adjustments.

6. Whole of government approach. The actions for the WHO Regional Office which include supporting Ministries of Health to have a coherent whole-of-government approach to policy making is very welcome and should be linked to proposed guidance document mentioned on Point 2 above.

Focus area 2 – Alcohol Availability

7. Sales data. It would be useful to recommend that the supply of sales data to public health agencies should be included as a licensing requirement. This would allow for full consideration of the density of licenses in an area.

Focus area 3 – Alcohol Marketing

8. This section should include commentary about fundamental aspects of brand positioning and how they are determined; too often people and organisations get caught up on the mechanics or the channels of communication. There needs to be distinction between these mechanics: frequency, placement of advertising and promotion, and the insidious and careful crafted brand positioning/relationship strategies by alcohol producers. This is why control of content is so crucial and denying access to critical aspects of youth culture: arts, culture, sport is so important.
9. There should be a strong recommendation to ban all alcohol marketing in all channel and in the sponsorship of cultural activities such as sport, music etc.

Focus area 4 – Health Information

10. Right to Know. The 'Right to Know' the inherent risk of alcohol use would be acknowledged at the outset, and that this right should be framed within the international charters such as: Charter of fundamental rights of the European Union and the Universal Declaration of Human Rights. Deliberate omissions of that risk should be stated as unacceptable.

11. In the recommendations for Member States, should remove the third bullet point suggesting any role for self-regulation. This is completely ineffective and if offered as a possibility will only act against the need for statutory regulations.

12. On-trade. There should be recognition of the on-trade challenge in relation to mandating the provision of health and nutritional information. This was addressed in Ireland as part of the Public Health (Alcohol) Act 2018.

Focus area 5 – Health Service Response

13. Polluter pays. There should be explicit reference to a recognition of the principle that 'the polluter pays' - WHO needed to recognize that the cost of this health service response (burden) is being borne by Member States, and their citizens, and not the industry that caused and profited from it. These costs also include the long-term damage to children growing up with the Adverse Childhood Experience (ACE) of parental problem alcohol use In Europe, in relation to alcohol use alone, the estimated ACE-attributable cost of alcohol use was more than three times higher than for drugs, reaching €128 billion, or 0.65% of GDP.

The WHO, in acknowledging insufficient resources for treatment and prevention, should seek to offer practical supports to Member States on how sufficient funds could be raised to manage the public health outcomes arising, whether by tax regimes, levies or charge.

14. Trauma informed services. There should be a recognition for the need for trauma informed services. This is especially the case both in alcohol treatment services and in services for those impacted by the drinking of others. In the case of children growing up with alcohol harm in the home it is very important that there is a specific focus on the needs of the child regardless of whether their parent is receiving treatment.

Focus area 6 - Community Action

15. Role of Civil Society. This should include explicit mention of the value of civil society and NGOs organisations which act to develop progress alcohol policy usually against highly organised well-funded opposition. There should be a specific recommendation to Member States to fund such organisations.
16. Education. There should be an explicit recommendation that the alcohol industry or its surrogates should have no role in alcohol education programmes.

Appendix Two Table 1
17. There is a need for a matrix that captures the impact of alcohol harm on a Member State's GDP growth, and/or percent of GDP dedicated to prevention and treatment.