

Response to WHO ‘Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol’ from Global Alcohol Policy Alliance

11 December 2020

Global Alcohol Policy Alliance (GAPA) appreciate the opportunity to participate in the consultation on the WHO ‘Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol’.

GAPA is a network of non-governmental organisations and people working in public health who advocate for effective alcohol policies, free from commercial interests. GAPA has regional alliances in several regions of the world:

- Asia Pacific (Asia Pacific Alcohol Policy Alliance);
- Africa (East African Alcohol Policy Alliance, Southern Africa Alcohol Policy Alliance, Western African Alcohol Policy Alliance);
- Europe (Eurocare, European Alcohol Policy Alliance);
- Caribbean (Healthy Caribbean Coalition);
- Latin America (Healthy Latin America Coalition)
- United States (U.S. Alcohol Policy Alliance).

Resource centres affiliated to GAPA operate in Africa, European Union, South America, South East Asia, USA and Western Pacific regions.

Introduction

The following are some observations, comments, and suggestions from the Global Alcohol Policy Alliance (GAPA) referring to the consultation question:

“We have read the working document for 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 consideration:”

There are many very positive aspects to the consultation document and GAPA applauds the work done to prepare the working document. In the following we have pointed to some of these positive aspects that we support. It is however the nature of such a consultation that much of our submission will focus on aspects where we would like to see improvements.

One such general point is that the large number of action points and targets would benefit from reduction in numbers and simplification of language. We would also initially address three points of general concern.

Role of economic operators

In the current document the “economic operators” – i.e., alcohol industry entities (producers, distributors, retailers, etc) – are listed as stakeholders in equal standing alongside civil society and other UN organisations. This is inappropriate, given their inherent conflict of interest and long record of influence undermining effective alcohol policies, including in low- and middle-income countries (LMICs). The alcohol industry should, instead, be addressed in a separate section with due regard to conflict of interest toward safeguarding public health.

Focus on best buys/SAFER

The numerous and sometimes overlapping recommendations in the draft document tend to obscure a focus on the most cost-effective policies to reduce alcohol-related harms. The Action Plan should be strongly framed around every country implementing the five most effective, science-based interventions, as articulated in the SAFER guidance: Strengthening restrictions on alcohol availability; Advancing and enforcing drink driving counter measures; Facilitating access to screening, brief interventions, and treatment; Enforcing bans or comprehensive restrictions on alcohol advertising sponsorship, and promotion; and Raising prices on alcohol through excise taxes and pricing policies. The monitoring indicators should include specific metrics of SAFER implementation, and countries’ reporting of the implementation of SAFER policies should be facilitated, especially in LMICs, which currently lack adequate resources and are subject to interference from commercial interests.

More regular reporting on implementation

We are concerned about the lack of specific time intervals for review and reporting of the implementation of the Action Plan. Given the importance of intergovernmental collaboration to reduce alcohol harm, we recommend that the Director-General be requested to report to the World Health Assembly biennially on the progress of implementing the Global Action Plan. This should include any challenges faced by Member States and the nature and extent of collaboration between UN agencies.

Prior to the review of the SDGs and Action Plan in 2030, a progress report and recommendations for the way forward for reducing alcohol harm through alcohol policy should be submitted to the WHO governing bodies by 2028 at the latest to ensure there is no further delay to proportionately addressing any persistent barriers to progress identified through the course of the Action Plan.

In addition, we make these specific comments. Proposed amendments to the text in the Working Document are underlined:

Setting the Scene

Positive aspects:

- GAPA observes that some key points are made that are important for the elaboration of the global action plan:

1. influence of commercial interests on policy,
2. global inequity due to lack of policy in LMICs,
3. lack of implementation of the Global strategy
4. lack of legally binding regulatory instruments at the international level
5. recognition of the lack of resources
6. strong, updated evidence endorsed by WHA for the “best buys”

To these points, some examples from the Working document with comments and suggestions are listed below:

1. Influence of commercial interests on policy,

eg ‘Strong international leadership is needed to counter interference of commercial interests in alcohol policy development and implementation in order to prioritize the public health agenda for alcohol in the face of a strong global industry and commercial interests.’

Working document page 4

GAPA position: It is important that the action plan recognises that the alcohol industry actors are highly strategic, rhetorically sophisticated and well organized in influencing national policymaking^{1,2} including in LMICs³. The action plan needs to clarify the role of the WHO Secretariat and Member States to address the risk this implies to the implementation of effective evidence-based alcohol policy as covered in our general statement in the beginning of this submission.

2. Global inequity due to lack of policy in LMICs and failure to protect vulnerable citizens

GAPA position: The focus on equity is a very important one particularly as adequate alcohol policy is lacking in LMICs where future increase in consumption and harm can be expected and the failure in HICs to protect the most vulnerable minorities. We propose the following amendments:

‘The disproportionate prevalence of effective alcohol control measures in higher-income countries raises questions about global health equity; it underscores the need for more resources and greater priority to be allocated to support the development, and implementation and evaluation of effective policies and actions in low- and middle-income countries.’

Working document page 2

Further, in this paragraph inequity within countries is broader than based on poverty and inequity between countries is not clear; the adverse effects of alcohol in poorer countries is an important aspect of health inequity.⁴

‘Alcohol use and its impact on health have been increasingly recognized as factors in health inequality. Within a given society, adverse health impacts and social harm from a given level and pattern of drinking are greater for indigenous peoples in

colonised societies, marginalised and poorer individuals. Less economically developed societies also suffer disproportionate harm, and this also produces global inequity. and societies.

Working document page 6

3. Lack of implementation of Global strategy

eg ‘the implementation of the Global Strategy has not resulted in considerable reductions in alcohol-related morbidity and mortality and the ensuing social consequences. Globally, the levels of alcohol consumption and alcohol-attributable harm continue to be unacceptably high’.

Working document page 3

GAPA position: Analysis of WHO Member States self-reports of actions to reduce harmful use of alcohol shows that in the ten years since the WHO Global strategy to reduce the harmful use of alcohol, the implementation has indeed been slow.⁵ This is partly due to the lack of resources allocated to the alcohol work of WHO⁶ and the lack of attention paid to the Global Strategy at national, regional and global level⁷.

4. Lack of legally binding regulatory instruments at the international level

eg ‘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.’

Working document page 4

GAPA position: This observation is an important one and GAPA supports the ‘calls for a global normative law on alcohol at the intergovernmental level, modelled on the WHO Framework Convention on Tobacco Control.’^{8,9} In the decade since the endorsement of the Global strategy the world has changed in many aspects, including with economic agreements, developments in digital platforms and the adoption of the SDGs. All these warrant international cooperation.

5. Recognition of the lack of resources

eg ‘Limited technical capacity, human resources and funding hinder efforts in developing, implementing, enforcing and monitoring effective alcohol control interventions at all levels.’

Working document page 5

GAPA position: Current funding levels are remarkably small at global, regional, and country levels. In the budget period 2018-2019 only an estimated 1 million USD per year⁶ was allocated for the WHO HQ Head Quarter efforts to develop capacity, instruments, and technical advice for the implementation of the Global strategy to reduce the harmful use of alcohol. There is urgent need for increased resources and expertise at WHO, particularly within the Alcohol and Drugs unit.

6. Strong, updated evidence endorsed by WHA for the “best buys”

eg ‘Evidence on the cost-effectiveness of alcohol policy options and interventions was updated in a revision of Appendix 3 to the NCD global action plan, and this appendix was endorsed by the Health Assembly in Resolution WHA70.11 (2017). [...] “best buys”, include increasing taxes on alcoholic beverages, enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across multiple types of media, and enacting and enforcing restrictions on the physical availability of retailed alcohol.’

Working document page 2

GAPA position: The action plan needs to underline the importance of the best buys and the SAFER measures as pointed out in the general comments in the beginning of this submission.

Negative aspects:

- This section lacks:
 1. information on the corporate strategies of the Transnational Alcohol Corporations (TNACs) including their targeting of LMICs for growth in sales.
 2. projections of increases in consumption and harm
 3. that there is no international regulation of TNACs and the digital platforms which are used to target vulnerable consumers
 4. sensitivity to cultures and populations where alcohol is not an embedded part of the culture

GAPA position: There is a need to cover the above-mentioned aspects in the ‘Setting the Scene’ section.

Re. 1 and 2. TNACs and LMICs and the projections

Data on alcohol exposure indicate that between 1990 and 2017 global adult per-capita consumption increased from 5.9 L to 6.5 L and is projected to continue rising¹⁰ and particularly so in middle income countries in the Americas, Asia and the Pacific¹¹. But these increases are not uniform; as with tobacco, as high-income countries have become saturated and more health oriented, alcohol producers have turned to the markets of countries with growing economies, youthful and urbanising populations, and where the prevalence of drinking commercial alcohol is lower than in high-income countries. These are countries with few of the effective alcohol policies enumerated by the global strategy in place.¹² An evaluation of implementation of NCD policies in 151 countries 2015-2017 shows that alcohol measures were very poorly implemented, and particularly so in Sub Saharan Africa and other LMIC. Over this period implementation increased for several policies, except for those targeting alcohol and physical activity. Alcohol advertising restrictions was the one best buy that was least widely implemented, with decreased uptake in the two-year period¹³.

Re. no. 3 **lack of regulations of TNACs**

Alcohol marketing is essential for the transnational alcohol corporations both in direct recruitment of drinkers and building of brand allegiance but also by normalising alcohol use in new contexts. Alcohol marketing resources are increasingly being shifted to the digital arena, including in the social media platforms which require international cooperation to regulate⁹. The WHO EB decision expressed “deep concern that alcohol marketing, advertising and promotional activity, including through cross-border marketing, targeting youth and adolescents, influences their drinking initiation and intensity of drinking” and requested the Director General to develop a technical report addressing this problem. The action plan needs to clearly reflect this concern and the findings of that report.¹⁴

Re. no. 4. **Sensitivity to cultures where alcohol is not an embedded part of the culture:**

eg ‘The drinking of alcoholic beverages is strongly embedded in the social norms and cultural traditions of many societies.’

Working document page 4

GAPA position: In many cultures and populations non-drinking is the norm. According to the Global status report on alcohol and health¹² more than half the world’s population (57% of population 15+ years) had not consumed alcohol in the previous year. With a Western outlook, that is reflected in the example paragraph above, this fact is often overlooked. For most of those who do not drink alcohol, it is simply not part of their culture to do so. The large segment of non-drinking population is beneficial for global public health, but it is also seen as a great potential for the international alcoholic beverage industry.¹⁵ Cultural traditions of alcohol use are grounded in informal or small scale production of alcohol and these are now replaced by large scale commercial production, distribution and marketing of global alcohol brands, which use all the technologies of modern production and marketing to drive up alcohol consumption, with attendant increased risks for harm. The action plan needs to more strongly reflect the Guiding principle no 7 of the Global strategy: *Children, teenagers and adults who choose not to drink alcoholic beverages have the right to be supported in their nondrinking behaviour and protected from pressures to drink.*

Opportunities for Reducing the Harmful Use of Alcohol

Shortcomings:

- This section does not adequately cover the need for and nature of an international response in line with the Aims of the Global strategy (Box 1)

Ref ‘Aims’ of the Global strategy: to give guidance for actions at all levels; to set priority areas for global action;

Working document page 1

GAPA position: There is a need to focus on the global aspects of the Global strategy. Although this is outlined in the ‘Scope of the Action Plan’ section it should be reflected more strongly in the ‘Operational objectives of the Action Plan’ and in the ‘Key Areas for Global Action’.

PROPOSED OPERATIONAL OBJECTIVES FOR THE ACTION PLAN, GUIDING PRINCIPLES AND KEY AREAS FOR GLOBAL ACTION

Operational objectives of the action plan:

Positive aspects:

- Operational objective 1 focuses on the ‘high impact policy options’
- Operational objective 6 points to the need to increase resources

Shortcomings:

- The need for global action and an international response should be highlighted.
- Objectives 4 and 5 are somewhat overlapping and no. 5 should be adjusted to have a clearer accountability objective.

GAPA position: There is as strong need for monitoring of the most effective policies and for accountability measures to be highlighted in the action plan. While monitoring objectives are described in the introduction to Action area 5, the headline does not sufficiently reflect this and some actions in this action area (for instance Action 1 to Member states) should rather be included under Acton area 4. The monitoring and information gathered as part of the actions outlined need to be reported regularly (ref GAPA’s point in the introduction above) and accountability needs to be clearly addressed and have a strong focus on the effective uptake and implementation of the best buys/SAFER policy measures.

Operational Principles for Global Action

Positive aspects:

- The principles include important principles:
 - ‘equity-based approach’ and
 - ‘protect from commercial interests’.

Negative aspects:

- These important principles are not followed through in actions

GAPA position: Equity-based approach and protection from commercial interest must be given a stronger focus in the design and content of the Action areas

Goals of the Action Plan

The Working document points out:

‘Effective implementation of the action plan at regional levels may require development or elaboration and adaptation of region-specific action plans.’

Working document page 7

GAPA position: The need for regional plans should be reflected more strongly in the Global Action Plan, by replacing ‘may’ with ‘will’ in this section. It could also help identify the regions which will be targeted by commercial interests.

Given the regional differences in current and projected trends in consumption and harm and different levels of policy uptake Effective implementation of the action plan at regional levels ~~may~~ will require development or elaboration and adaptation of region-specific action plans.’

Key Areas for Global Action

GAPA supports the strong focus under Action area 1 of ‘effective and cost-effective policy options’ included in the WHO-led SAFER initiative; the recommendation to implement these cost-effective policies and the related target. The target should include a percentage of LMICs.

Action area 1, Action 1 for MS. Based on the evidence of effectiveness and cost-effectiveness of policy measures, to prioritize sustainable implementation, continued enforcement, monitoring and evaluation of high-impact policy options included in the WHO SAFER technical package.

Working document page 12

GAPA supports the reference to protection from interference from commercial interests as a responsibility of member states:

Action area 1, Action 2 for MS. Ensure that development, implementation and evaluation of alcohol policy measures are based on public health goals and the best available evidence and are protected from interference from commercial interests.

Working document page 12

GAPA does not support: The structure of the action statements includes a role for economic operators as if they are equivalent to other non-state actors; this is not supported. It leads to ‘invitations’ to the economic operators which seem to ignore their commercial responsibilities to shareholders and the reliance for substantial sales on heavy drinking occasions and individuals with alcohol use disorder, for example:

Action area 1, Action 3 for NSA. Economic operators in alcohol production and trade, as well as economic operators in other relevant sectors (such as retail, advertisements, social media and communication), are encouraged to contribute to

the elimination of marketing and sales of alcoholic beverages to minors and targeted commercial activities towards other high-risk groups

Working document page 12

Action area 2, Action 3 for NSA. Economic operators in alcohol production and trade as well as operators in other relevant sectors of the economy are invited to take concrete steps, where relevant [to] refrain from promoting drinking,

Working document page 14

GAPA supports the proposal for member states to increase awareness of the health risks of alcohol use and related overall impact on health and well-being. The option to implement a national alcohol awareness day, however, could be replaced with an alcohol awareness week.

Action Area 2, action 6 for member states: ... including an option of a national alcohol awareness ~~day week~~ to be implemented by public health agencies and organizations and involving countering misinformation and using targeted communication channels, including social media platforms.

Working document page 14

GAPA points out: It is extremely relevant to have mention of trade and investment agreements. Given this was also covered in the Global strategy but has not eventuated to any significant degree it is essential Secretariat resources are allocated for this work.

Action area 2, Action 7 for WHO Secretariat. To facilitate dialogue and information exchange regarding the impact of international aspects of the alcohol market on the alcohol-attributable health burden, advocate for appropriate consideration of these aspects by parties in international trade negotiations and seek international solutions within the WHO's mandate if appropriate actions to protect the health of populations cannot be implemented.

Working document page 14

GAPA points out: At no stage in the action points is there any mention of a role for the WHO Secretariat in monitoring and countering commercial interests' interference with public health policy. This is urgently needed. The responsibility for monitoring and reporting interference from commercial interest is given solely to civil society:

Action area 2, Action 2 for NSA. Civil society organizations, professional associations and academia are invited to monitor activities which undermine effective public health measures

Working document page 14

Action area 3, Action 2 for NSA. Civil society organizations, professional associations and academia are invited to prioritise and strengthen their activities on reducing the harmful use of alcohol, by monitoring and countering undue influences from commercial vested interests that undermine attainment of public health objectives

Working document page 16

GAPA points out: The focus on engagement of stakeholders outlined in the opening paragraph of Action area 3 and the structure of the paragraph confuses the “whole of government approach” and involvement of NSA. This needs clarifications as suggested:

~~New partnerships and the 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 within a~~ “Health for All” approach ~~requires.~~ Increased coordination between health and other sectors such as finance, transport, communication and law enforcement. ~~is required~~ for implementation of effective multisectoral measures to reduce the harmful use of alcohol. The new WHO-led SAFER initiative and partnership to promote and support implementation of “best buys”, alongside other recommended alcohol-control measures at the country level, can invigorate action in countries through coordination with WHO’s partners within and outside the United Nations system. Effective alcohol control requires a “whole of government” and “whole of society” approach with clear leadership by the public health sector and appropriate engagement of other governmental sectors, civil society organizations, academic institutions. Consultation with the private sector should not allow commercial interests to influence policy development or weaken implementation of policy and should always be done with consideration of the inherent conflict of interests involved. and, as appropriate, the private sector. There is a need to strengthen the role of civil society in alcohol policy development and implementation.

Working document page 15

GAPA notices the following paragraph:

Action area 3, Action 3 for NSA. Economic operators in alcohol production and trade are invited to focus on their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, and abstain from interfering with alcohol policy development and evaluation.

Working document page 16

As pointed out in the beginning of this document it is inappropriate to ‘invite’ economic operators to action in a structure where they are listed as stakeholders in equal standing alongside civil society and other UN organisations. The economic operators, the conflict of interests involved, and their possible contributions should be addressed in a separate section of the document which should point out that economic operators shall abstain from engaging in and/or interfering with alcohol policy development and evaluation.

GAPA supports the statement related to Action Area 4 that interventions are based on best evidence. In this context there is a need to point out the problems related to conflicting messaging and competing ‘evidence’ related to research and publications funded and promoted by the alcohol industry, and we propose the following amendment:

There is a need to increase the capacity and capability of countries to create, enforce and sustain the necessary policy and legislative frameworks, develop infrastructure and sustainable mechanisms for their implementation at national and subnational levels, and ensure that implemented strategies and interventions are based on the best available scientific evidence and best practices of their implementation accumulated in different cultural, economic and social contexts. [...]. As part of this capacity to recognise and challenge the conflicting messaging and competing 'evidence' related to research and publications funded and promoted by the alcohol industry is necessary to protect public health policy.

Working document page 17

GAPA supports that the economic operators should not engage in activities competing with public health. In this context the action plan should specify that this includes their involvement in alcohol education and 'responsible drinking' programs. Evidence shows that when they do engage in these kinds of activities, they tend to undermine the information on alcohol harms that they disseminate, and may normalize or encourage alcohol consumption.¹⁶ However, as pointed out in the beginning of this document it is inappropriate to 'invite' economic operators in this manner and this should be addressed in a separate section of the document:

Action area 4, Action 3 for non-State actors: Economic operators [...] and refrain from engagement in capacity-building activities outside their core roles that may compete with the activities of the public health community including involvement in alcohol education and 'responsible drinking' programs.

Working document page 18

GAPA supports the recommendations for monitoring and reporting, including the reconvening of the WHO Expert Committee. However, this should be rewritten to provide a broader mandate in line with the Decision of the EB:¹⁴

Action area 4, Action 7 for WHO Secretariat. Reconvene the WHO Expert Committee on Problems Related to Alcohol Consumption for a comprehensive review of the accumulated evidence on feasible and effective measures to address the harmful use of alcohol, and provide recommendations on the way forward. to strengthen implementation of the Global Strategy.

Working document page 18

GAPA supports the reference to the need to increase resources for accelerating implementation of the Global strategy (best buys/SAFER policy measures). This action needs to be strengthened by requesting this kind of support to be included in official development assistance:

Action area 6, Action 4 for MS. Participate in and support international collaboration to increase resources available for accelerating implementation of the Global

Strategy and action plan to reduce the harmful use of alcohol and support provided to low- and middle-income countries, including in promoting a role of official development assistance in developing and implementing high-impact strategies and interventions.

Working document page 22

GAPA suggestion: The invitation to the economic operators to cease funding research for lobbying purposes lacks clarity and should include all CSR activity. There is a risk that the producers, their social aspect public relations organisations (SAPROs) and Trade Groups will see this as another opportunity to fill the vacuum and sponsor more activities that encourage “responsible drinking.” That is not supportive of public health goals. Also, as pointed out in the beginning of this document it is inappropriate to ‘invite’ economic operators to action in a structure where they are listed as stakeholders in equal standing alongside civil society and other UN organisations. A useful approach will be to recommend to civil society and academia not to enter into formal and informal partnerships with industry and underline that alcohol industry funding should not be accepted.

Action area 6, Action 3 for NSA. Economic operators in alcohol production and trade are invited to allocate resources for implementation of measures that can contribute to reducing the harmful use of alcohol within their core roles, and to refrain from direct funding of public health and policy-related research to prevent any potential bias in agenda-setting emerging from the conflict of interest, and cease sponsorship of scientific research for marketing or lobbying purposes.

Working document page 22

GAPA supports the call for UN and other intergovernmental organisations to mainstream efforts to reduce alcohol problems and the focus on Resource Mobilisation. We applaud the invitation to UN agencies to maintain independence from funding from alcohol producers and distributors. Given that transnational alcohol corporations have and are currently contributing funding to UN agencies through their corporate social responsibility initiatives, there is a need to highlight the conflict of interests involved in industry funding and encouraged independent funding sources.¹⁷

Action area 6, Action 1 for NSA. Major partners within the United Nations system and intergovernmental organizations are invited to mainstream their efforts to reduce the harmful use of alcohol in their developmental and public health strategies and action plans and to promote and support financing policies and interventions to ensure the availability of adequate resources for accelerated implementation of the Global Strategy. It is recommended all UN agencies achieve while maintaining independence from funding from alcohol producers and distributors in recognition of the role such funding plays in facilitating their role as influencers of alcohol policy development.

Working document page 22

GAPA suggests that in the ‘Proposed actions for international partners and non-State actors’ under Action area 6 this should include a request/invitation to philanthropic institutions to provide funding for evidence-based advocacy and capacity building in the alcohol field comparable to that provided for tobacco.

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