

Submission by Global Alcohol Policy Alliance (GAPA) for

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.

Comments on the general document

The Framework to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol (EAPA), 2022 – 2025 is welcome and will strengthen the work to reduce harm from alcohol use in the European region. The Framework may also support other regions that embark on developing similar frameworks to support the implementation of the Global alcohol action plan that is expected to be endorsed at the 75th World Health Assembly in May.

The Framework is well structured with an introduction that make the case for the need for concerted action by all WHO EURO member states. It correctly outlines that despite some improvements in other policy fields little progress has been made in development of the three Best Buys (pricing, availability and marketing).

I refer to the discussion about language in the Civil Society consultation 15 March and appreciate the effort to only use the term “harmful use of alcohol” when it is referencing existing documents. In the document a focus on harm from alcohol use, per capita consumption, public health aspect should be preferred rather than language that focus on individuals. In the use of “harmful use of alcohol” related to existing documents it is important to underline the broad definition of this term used in the Global strategy: “In the context of this strategy, the concept of the harmful use of alcohol is broad and encompasses the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.”

The Visions and Values section covers important aspects, though I would suggest turning the first paragraph around to have a vision of “a SAFER European Region free from harm due to alcohol (WHO, 2021a)” and the SHORT term “strategic ambition” of “considerably reduced morbidity and mortality from alcohol consumption and ensuing social consequences.”

Paragraph 2 of the Visions and Values point to the prioritization of public health interest. It is of utmost importance that public policies and interventions are developed “with no interference from economic operators”. I support this notion but will suggest to include the word “protect” and refer to “the vested interest of the alcohol industry” rather than the much vaguer “economic operators”.

While gender sensitivity is grouped with health inequalities in the first paragraph, and the focus on children in the third paragraph is focusing on their exposure to marketing and onset of alcohol use. I suggest adding a fifth paragraph that focuses on the protection of people around the drinker, with a particular emphasis on women and children and the risk of violence in these settings.

Under targets the 20% relative reduction should be of per capita alcohol consumption rather than “harmful use” and the starting point for comparison should be stated. The paragraph

refers to the Global action plan, but here the target is for 2030, so this is somewhat confusing.

In Appendix One on measuring progress an indicator of per capita alcohol consumption should be included. Under Availability of alcohol age limits should also be included with some indicators. Under Community action an indicator should be the existence on a ban on alcohol industry involvement in school based education.

Comments on specific focus areas

- Focus area one – Alcohol Pricing
 - Under this section the public health aspects should be highlighted, with the need to have a public health purpose in the taxation policies.
 - In the Recommendations for Member States, the first bullet point should start with the recommendation to put in place a specific public health oriented system of alcohol taxation in all countries, with higher rates of duty for stronger products. Next it can go on to “Revisit existing alcohol pricing policies...”
 - Under Actions for WHO/EURO, the fourth bullet point should avoid the word “stakeholder” and rather be specific about the sectors to include.
- Focus area two – Alcohol Availability
 - This section should point to the value of the government retail monopolies for alcohol that exist in some WHO EURO member states as a model that should be encouraged and supported. The present context of “revoking licenses” is not relevant.
 - Remove the qualifier ‘ can reasonably be ... public health and social ... to allow public authorities to make licensing decisions and prevent lengthy and expensive litigation
 - Guidance on minimum age, should separate consumption from sale and recommend legislation to prevent sale below an established minimum purchase age
 - Bullet point 3: server training is not effective, and the effective interventions of controlling density and hours of sale are buried in this recommendation, need to be much stronger
 - Remote purchase and delivery should be subject to licensing conditions including hours and speed of delivery and requiring checking of age and intoxication before delivery
- Focus area three – Alcohol Marketing
 - Should start with a strong recommendation to ban all alcohol marketing in all channels, including digital, as this is the only effective way to reduce promotion of alcohol products
 - Recommendations on surveillance and enforcement mechanisms should relate to countries with bans in place as well as those with partial restrictions. Sanctions should also be included.
 - Recommendations to MS, fifth bullet point, should focus on statutory regulations rather than “Build relationship” and “encourage”.
 - The actions for WHO/EURO should include a bullet point of exploring the possibility and feasibility of developing international regulations of cross border marketing.
- Focus area four – Health Information

- Recommendations to MS, third bullet point should refrain from opening up for self-regulation. This has over and over again proved to be ineffective and statutory regulations should be recommended.
- Focus area five – Health Service Response
 - Recommendations to MS: the second bullet point focusing on screening and brief interventions, should be the first bullet point due to its cost effectiveness compared to the other interventions recommended.
 - Similarly, under Actions for WHO/EURO the second bullet point should be the first.
- Focus area six – Community Action
 - This section points to the value of community based organisations, but could also mention Civil Society in general. It needs to underline that these organisations need resources to operate and fulfill their role. Hence, for governments it is a good investment to support voluntary efforts with funding.
 - The last sentence of the introduction is an important point: “Alcohol education and information programmes should be developed, delivered and evaluated without any involvement or influence from economic operators (WHO, 2009).” However, the term “economic operator” should be avoided and replaced with “alcohol industry and their social aspect organisations”.
 - The point above should be followed up with a recommendation to MS to not permit school based alcohol education by the alcohol industry or any organisations funded by them.
 - A recommendation to MS should be to support community based and civil society organisations involved in prevention work and alcohol policy advocacy.