

## GAPA Policy Position 4<sup>th</sup> UNHLM NCDs 2025

The upcoming United Nations High Level Meeting on Non-Communicable Diseases (UNHLM NCDs) will be the fourth such meeting following those held in 2011, 2014 and 2018. When High Level officials from Member States convene in New York in September there is an urgent need for action to reduce the global burden of NCDs.

In the context of the first HLM the Global Alcohol Policy Alliance (GAPA) issued a briefing paper on alcohol and NCDs (Parry & Rehm, 2011). GAPA have since been actively involved in the NCD process.

For the 4<sup>th</sup> UNHLM NCDs we want to bring these particular issues to the attention of Member States.

### **Policy request:**

*GAPA requests that the HLM should result in the approval of a forward-looking, concise, and action-oriented outcome document with specific, measurable commitments that boost NCD investment and accelerate action on NCDs by strengthening their integration with other global health agendas and across the Sustainable Development Goals.*

### **1. Protection against vested interests**

A major challenge in reducing the health burden from NCDs is the influence of vested interests of harmful products industries. The alcohol industry, including alcohol producers, marketers and distributors of alcohol and their front organisations are actively opposing evidence-based regulation on country and global level.

The transnational alcohol corporations (TNAs) individually and working together in public relations organisations, such as the International Alliance for Responsible Drinking (IARD) and their national partners, are active in the global health policy space. The transnational alcohol corporations have a track record of opposing any of the public health policies which are proven cost effective and efficient (best buys) and rather promoting ineffective policies or measures based on individual “responsibility”. Alcohol industry actors are highly strategic, rhetorically sophisticated and there are high level of industry penetration in many jurisdictions (Leung et al., 2024) influencing international negotiations and national policymaking.

There is still a lack of clear rules for engaging with these industries and Member States need to be aware of their influence in the process leading up the UNHLM.

### **Policy request:**

*GAPA requests Member States to address conflicts of interest in the development of the outcome document and ensure that alcohol policy development is free from industry influence and prioritises public health.*

## 2. Global response needed to reduce the public health impact of alcohol

Alcohol is identified as one of the major modifiable risk factors for Non-Communicable Diseases (NCDs) and makes significant contributions to the Global Burden of Disease, including cancers, cardiovascular disease, liver disease, and mental health. Furthermore, alcohol contributes to road traffic and other accidents, intentional and unintentional injuries as well as socio-economic problems. In 2019 2.6 million deaths were attributable to alcohol consumption (World Health Organization, 2024a) Often, alcohol harm arises earlier in life than other risk factors, thereby having greater effect on Disability Adjusted Life Years (DALYs). Those other than the drinker themselves are harmed by the use of alcohol products with alcohol contributing to intimate partner violence and child maltreatment including foetal alcohol spectrum disorder.

In 2010 WHA endorsed the Global strategy to reduce the harmful use of alcohol (World Health Organization, 2010) and later adopted the Global Alcohol Action Plan (World Health Organization, 2022). Alcohol was also recognised as a risk factor for NCDs, including in the Political Declaration from the UNHLM NCDs 2011 (United Nations, 2011).

Cost effective measures to reduce harm from alcohol use have strong research foundation (Babor, T. F., Casswell, S., Graham, K., Huckle, T., Livingston, M., Österberg, E., ... & Sornpaisarn, B., 2023). The most effective measures are included in the Best Buys (World Health Organization, 2024b) and the WHO SAFER Alcohol Policy initiative (World Health Organization, 2019).

### Best buys

*Restricting availability* particularly through reduced hours of sale help prevent easy access to alcohol, including by young people and other vulnerable and high-risk groups. A minimum purchase age is another effective intervention and online purchase and home delivery needs to be addressed.

*Implementing a ban or comprehensive restrictions on alcohol marketing* can reduce the ubiquitous presence of alcohol in many people's lives and have positive effects on young people, those with emerging problematic drinking patterns and others who are targeted by industry marketing efforts. Industry self-regulation of advertising has proven ineffective. Regulation needs to encompass digital marketing which is very powerful. An approach similar to tobacco which bans marketing in all forms is recommended.

*Taxation of unhealthy commodities, including alcohol,* is a proven cost-effective measure with a wide breath of research support. It reduces consumption and harm for the whole society. In addition, it has the benefit of raising revenue for health or other needs. Taxation is best applied as a specific tax reflecting the potency of the alcohol products.

### Other cost-effective SAFER measures

The most effective *drink driving countermeasures* are low blood and breath alcohol concentration (BAC) limits and strict enforcement of drink driving laws, using randomised breath testing which has a

#### **SAFER Alcohol Policy:**

**Strengthen restrictions on alcohol availability**

**Advance and enforce drink driving counter measures**

**Facilitate access to screening, brief interventions and treatment**

**Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion**

**Raise prices on alcohol through excise taxes and pricing policies**

population wide deterrent effect. Designated driver and similar alternatives promoted by the alcohol industry are generally less effective.

*Screening, brief intervention and treatment* are health services responses that can be effective for individuals and may be part of a health service response, however, they require an established health system, are expensive and are less cost effective at population level than other policies.

**Policy request:**

*GAPA requests Member States' commitment to implementing the WHO Global Alcohol Action Plan, specifically the cost-effective alcohol policy measures identified in the NCD Global Action Plan and the WHO SAFER alcohol policy initiative.*

### 3. Need for government regulation to reduce alcohol harm

The projections of trends in alcohol consumption post COVID-19 indicate that the 20% reduction target between 2000 and 2030 is not within reach if effective policies are not put in place (World Health Organization, 2024a) Many Low and Middle-Income Countries (LMICs) with economies in transition are particularly vulnerable to increases in the prevalence of alcohol use. These are targeted by the alcohol industry as their emerging markets. These are also the countries which often have little protection in the form of alcohol legislation and enforcement. 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.

A repeated analysis to measure the implementation of NCD policies across 194 countries 2014-2021 concluded that NCD policy implementation has stagnated globally, particularly for those related to unhealthy commodities. The authors point out alcohol policies as an area of concern. The implementation of sales restrictions and advertising bans decreased between 2019 and 2021 while taxation of alcohol remained unchanged. (Allen et al., 2023)

**Policy request:**

*GAPA requests Member States to place the need of LMIC for assistance developing sustainable alcohol policy to the forefront of the outcome document while also acknowledging the importance of alcohol policy in mature markets.*

### 4. Protect public health in trade and investment agreements

Expansion and maintenance of alcohol markets comes at a cost. The costs involved in reduced productivity, and response by the corrections, justice and health systems amount to about 2% of Gross Domestic Product. Entering into trade and investment agreements may come at a further cost in enabling international legal claims by foreign investors against public health measures. These agreements can include clauses which support governments in enacting measures that protect public health.

**Policy request:**

GAPA requests Member States to weigh the financial costs from alcohol harm in making policy decisions and consider use of protective clauses in trade and investment agreements to enable governments to implement 'best buys' regulations.

## Other relevant GAPA positions:

The following positions by GAPA in related consultations and global policy processes also have relevance for the preparation towards the 4<sup>th</sup> UNHL NCD:

- [WHO online hearing, May 2024, to inform the recommendations to be included in the report of the WHO Director-General to the World Health Assembly \(WHA\) 2025](#)
- [GAPA Submission to the NCD Commission report 2018](#)
- [GAPA Principles for advocacy in WHO alcohol process 2020-2022](#)

## References

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