

**EUROCARE RESPONSE TO  
THIRD WHO DISCUSSION PAPER**

**A COMPREHENSIVE GLOBAL MONITORING FRAMEWORK, INCLUDING INDICATORS, AND A  
SET OF VOLUNTARY GLOBAL TARGETS FOR THE PREVENTION AND CONTROL OF  
NONCOMMUNICABLE DISEASES**



October 2012

**The European Alcohol Policy Alliance (EUROCARE)**

EUROCARE (The European Alcohol Policy Alliance) is an alliance of non-governmental and public health organisations with around 50 member organisations across 21 European countries advocating the prevention and reduction of alcohol related harm in Europe.



EUROCARE strongly supports World Health Organisation's (WHO) efforts to tackle the global threat to health due to Noncommunicable diseases (NCDs). Eurocare has welcomed the opportunity to participate in the consultation process in the course of last year through submission of its opinions to the:

- *Second WHO consultation on monitoring framework and target for the prevention and control of NCDs* (April 2012)
- *WHO consultation on Global Action Plan for the prevention and control of NCDs 2012-2020* (September 2012)

In response to the *Revised WHO discussion paper on comprehensive global monitoring framework, including indicators, and set of voluntary global targets for the Prevention and Control of Non communicable Diseases* (version dated 25 July 2012), Eurocare would like to highlight the following:

- ■ 10% reduction in per capita consumption needs to be among the key targets in the monitoring framework
- ■ Change of target formulation from "10% reduction in overall consumption (including hazardous and harmful drinking)" to "**10% relative reduction in per capita consumption of litres of pure alcohol among persons aged 15+ years**"
- ■ *The WHO Global strategy to reduce the harmful use of alcohol* and its target areas should be considered as the principal point of reference for Member States in order to tackle alcohol related harm through cost effective interventions
- ■ Involvement of economic operators in public health policymaking is inappropriate

There is strong epidemiological evidence to suggest a reduction in per capita alcohol consumption will reduce levels of health and social harm caused by alcohol in a population<sup>i</sup> When total alcohol consumption increases in a society, there tends to be an increase in the prevalence of heavy drinkers, defined in terms of a high annual alcohol intake. Because heavy drinkers account for a significant proportion of total alcohol consumption, it would be difficult for the total consumption level to increase without an increase in their drinking<sup>ii</sup> It has been reported that there might be difficulties in accurate measure of APC<sup>iii</sup> nevertheless Eurocare believes that work of the WHO since 1974, on the data collection

proved to the contrary. The three Global Status Reports (1999, 2004, and 2010) and Global Information System on Alcohol and Health provide a valuable knowledge base on the status of alcohol consumption.

In the current Discussion Paper the exposure target should be changed to “10% relative reduction **in per capita consumption of litres of pure alcohol among persons aged 15+ years**” instead of “10% relative reduction in overall alcohol consumption (including hazardous and harmful drinking)”.

The currently used target is less precise and risks shifting the focus away from reducing volume of consumption, to reducing the prevalence of drinkers. Additionally, not referring to pure alcohol, could result in the overall volume being reported (beer wine, spirits) in a manner that would make it difficult to calculate the pure alcohol component.

We consider that inclusions of words ‘*hazardous and harmful drinking*’ in the alcohol exposure target, could potentially lead to these target not being feasible to measure. As the discussion paper states itself there are significant methodological challenges in measuring patterns of alcohol consumption (page 7) and it therefore could prove counterproductive.

Eurocare would like to strongly encourage change of target to “10% relative reduction in per capita consumption of litres of pure alcohol among persons aged 15+ years”

We are however pleased to observe that indicator is suggested as “Total (recorded and unrecorded) alcohol per capita (15+ years) consumption within a calendar year in litres of pure alcohol”

Inclusion of per capital alcohol consumption would also be consistent with recommendations and measurements employed by the WHO in other documents (*WHO Global Strategy to reduce the harmful use of alcohol*). The WHO has developed a set of well established, effective and cost effective public health interventions, Eurocare strongly believes that we should build on this knowledge. These interventions could be included as

sub-indicators under the per capita consumption or put forward as recommended measures, they include among others:<sup>iv</sup>

Degree of evidence	Evidence of action that reduces alcohol related harm
Convincing	Alcohol taxes
	government monopolies for retail sale
	restrictions on outlet density
	restrictions on day and hours of sale
	minimum purchase age
	lower legal BAC levels for driving
	random breath testing
Probable	brief advice programmes
	minimum price per gram of alcohol
	restrictions on the volume of commercial communications
	enforcement of restrictions of sales to intoxicated and under-age people

Lastly but not least, we would like to stress our concern over the paragraph regarding achievability (page 25) namely: “(...) *as well as concerted and appropriate actions of all relevant stakeholders (...)*” We believe that economic operators should not be included in public health policy-making. The current phrasing could provide economic operators with opportunity to influence public health policy design, which we find highly inappropriate. Additionally, we would like to encourage WHO to develop a Code of Conduct and Ethical Framework to protect the integrity and transparency of policy making.

**FOR MORE INFORMATION PLEASE CONTACT:**

Mariann Skar  
Secretary General

Eurocare  
Rue des Confédérés 96-98  
1000 Brussels, Belgium  
Tel +32-(0)2 736 05 72  
GSM+32(0)474830041

E-mail: [Mariann.Skar@eurocare.org](mailto:Mariann.Skar@eurocare.org)  
[www.eurocare.org](http://www.eurocare.org)

---

<sup>i</sup> Anderson, P., Chisholm, D., Fuhr, D.C. (2009) Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*, 373: 2234–46.

<sup>ii</sup> Babor, T. et.al. (2010) *Alcohol: No ordinary commodity; Research and public policy*; Second edition, Oxford University Press.

<sup>iii</sup> WHO: Summary of feedback from member states on the first discussion paper on the proposed global monitoring framework and indicators and targets for the prevention and control of Noncommunicable diseases, Version dated 22 March 2012

<sup>iv</sup> Source: WHO Europe 2009 Evidence for the effectiveness and cost- effectiveness of interventions to reduce alcohol related harm