

**EUROCARE RESPONSE TO
WHO CONSULTATION ON ZERO DRAFT
GLOBAL ACTION PLAN
FOR THE PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES 2013-2020**



October 2012



The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governmental and public health organisations with around 50 member organisations across 23 European countries advocating the prevention and reduction of alcohol related harm in Europe. Member organisations are involved in advocacy and research, as well as in the provision of information to the public; education and training of voluntary and professional community care workers; the provision of workplace and school based programmes; counselling services, residential support and alcohol-free clubs.

The mission of Eurocare is to promote policies to prevent and reduce alcohol related harm. The message, in regard to alcohol consumption is “less is better”.

Alcohol – a cause for action

Alcohol is one of the world’s leading health risks; use of alcohol is especially harmful for younger age groups. Europe is the heaviest drinking region of the world, consumption levels in some European countries are around 2.5 times higher than the global average¹. Alcohol harm is disproportionately high among young people (115 000 deaths per year) alarmingly 43% among 15-16 year old European students reported heavy binge drinking during the past 30 days and alcohol is the single biggest cause of death among young men of age 16 to 24². Alcohol is one of the 4 risk factors for developing NCDs such as cancer and cardiovascular disease³. It is important to address alcohol in this context and give it the attention needed.

Accurate European wide data on the impact of alcohol at workplace is not sufficiently gathered and not comprehensive in its scope. However, the figures from individual countries suggest that the problem might be bigger than expected.

- UK estimates that approximate loss in productivity amounts to 6.4 bn GBP; this includes alcohol related absence, reduced employment, and premature death
- International Labour Organisation estimated that globally up to 5% of average work force is alcohol dependent and up to 25% drink heavily to the risk of becoming addicted
- A 13% increase in work absence can be expected with an increase in consumption of 1 liter pure alcohol⁴

Due to the size of the problem and the universal impact, alcohol requires a comprehensive, coordinated response from policy and decisions makers.

¹ WHO Europe (2012) *Alcohol in the European Union*

² ESPAD (2011) *ESPAD Report: Substance Use Among Students in 36 European Countries*

³ WHO (2009) *Global Health Risks: Mortality and burden of disease attributable to selected major risks*

⁴ Science Group of the Alcohol and Health Forum (2011) *Alcohol, Work and Productivity: Scientific Opinion of the Science Group of the European Alcohol and Health Forum* Retrieved from:
http://ec.europa.eu/health/alcohol/docs/science_02_en.pdf

Eurocare recommendations for Zero Draft Global Action Plan for the Prevention and Control of NCDs 2013- 2020

Eurocare welcomes the opportunity to contribute to the **Zero Draft Global Action Plan for the Prevention and Control of Non- communicable Diseases 2013- 2020** and trusts that World Health Organization (WHO) and Member States will include measures and allocate appropriate investment in reduction of risk factors for NCDs and creation of health – promoting environments.

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)
- *Third WHO discussion paper on monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of and NCDs* (October 2012)

In response to the **Zero Draft Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013- 2020** (version dated 10 October 2012), Eurocare would like to highlight the points listed below.

- ■ There should be a consistent target and actions formulation throughout the document in relation to alcohol which should be "**10% relative reduction in per capita consumption of litres of pure alcohol among persons aged 15+ years**"

Eurocare proposition (Page 18, second paragraph) :

The actions outlined under this objective [objective4] aim to reduce the prevalence of current tobacco smoking, insufficient physical activity and obesity and reduce the population intake of salt and the proportion of total energy intake from saturated fatty acids, and to reduce the overall alcohol consumption ~~by focusing on hazardous and harmful drinking~~ by 10% per capita of litres of pure alcohol among persons aged 15+ years

We consider that inclusion of words ‘*hazardous and harmful drinking*’, could potentially lead to this action not being feasible to measure and neglected. There are significant methodological challenges

in measuring patterns of alcohol consumption and it therefore could prove counterproductive to state it in this form. Furthermore, this could shift the focus from the wider population approached that are crucial to deliver comprehensive prevention to the whole of the society.

- ■ Inclusion of alcohol reduction as expected outcome in the form of target: **"10% relative reduction in per capita consumption of litres of pure alcohol among persons aged 15+ years"**

Eurocare proposition (page 6, table listing *Expected outcomes from implementation of the Global Action Plan 2013-2020*) add **"10% relative reduction in per capita consumption of litres of pure alcohol among persons aged 15+ years"**

- ■ Population based prevention interventions which address the 4 main risk factors for development of NCDs need to be better emphasized

Eurocare proposition (page 5): Cross cutting objective: research, **prevention**, development and innovation

- ■ Fundamental conflict of interest should be recognized between advancing public health and private money making objectives of the alcohol and tobacco industry. We strongly recommend exclusion of the alcohol industry as a stakeholder throughout the whole document, similarly as it is being done with the tobacco industry.

Eurocare proposition for pages: 11, 14, 17, 22, 25, 28,

*Proposed action for international partners (including, as appropriate, the private sector when there is no conflict of interest and excluding the tobacco **and alcohol** industry)*

Eurocare proposition page 21:

*d. Ensure a crucial role of ministries of health in bringing together other ministries and stakeholders (**excluding alcohol industry**) as appropriate, for effective policy development and implementation as well as coordination across different areas of public and health care.*

- ■ The initiatives to improve market access globally must be paralleled by, and should refer to, initiatives at UN and WHO level to reach adequate agreements on protecting and improving health in societies, as to generate coherence between trade and health policies.

There is a need for greater policy consistency internationally as recognised by the WHO between “trade and health policy so that international trade and trade rules maximize health benefits and minimize health risks, especially for poor and vulnerable populations”.

Eurocare proposition page 31, Annex2: Proposed action for other UN funds, programmes and agencies, under WTO:

add- Support the Ministry of Trade to address trade policies and NCDs, including allowance for the rights of respective Member States to regulate products that are particularly harmful to public health and welfare.

Lastly but not least, Eurocare is delighted to see that *The WHO Global strategy to reduce the harmful use of alcohol* and its target areas are recommended as be the principal point of reference for Member States in order to tackle alcohol related harm through cost effective interventions (page 20). Furthermore, we are very pleased with the incorporation of ‘Best Buys’ interventions in relation to alcohol in point C:

Consider prioritisation of policy options and interventions aimed at reducing availability of alcohol, restricting or banning alcohol advertising and increasing taxes on alcoholic beverages as the most cost- effective approached to reduce harmful use of alcohol in populations.

We consider that especially taking into account the current global economic crises and the challenge it creates, WHO should encourage and provide leadership for Members States in seeking domestic financing methods to prevent NCDs such as increased taxation on alcohol. Such taxes could contribute to substantial additional funding, while directly improving population health.

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