

Reply to second WHO consultation on monitoring framework and targets for the prevention and control of NCDs

The Global Alcohol Policy Alliance (GAPA), having followed the discussion on monitoring framework and targets for the prevention and control of NCDs, including participation in NGO consultation in Geneva in February 2012, wants to bring forward the following observation:

Per Capita Alcohol Consumption needs to be reinstated among the global priority targets and indicators.

The WHO Discussion Paper 21 December 2011ⁱ on the monitoring framework and targets for the prevention and control of Non-communicable Diseases included a proposal for an exposure target for alcohol, to achieve a *10% relative reduction in per capita consumption of litres of pure alcohol among persons aged 15+ years*". In the present discussion paperⁱⁱ this target has been omitted.

This is a real cause for concern.

Alcohol has been identified as one of the leading risk factors for death and disability globally, accounting for 3.8% of death and 4.6% of disability adjusted life years (DALYs) lost in 2004.ⁱⁱⁱ Harmful use of alcohol is well accepted as a major risk factor for NCDs^{iv}; there is a strong link between alcohol and several non-communicable diseases, particularly cancer, cardiovascular disease, liver disease, pancreatitis and diabetes.^v

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. In a series of reports in *The Lancet* in 2009, Anderson et al state: *"Ecologically there is a very close link between a country's total alcohol per head consumption and its prevalence of alcohol-related harm and alcohol dependence, implying that when alcohol consumption increases, so does alcohol-related harm and the proportion of people with alcohol dependence and vice versa."*^{vi}

The removal of the per capita alcohol consumption (APC) target from the WHO discussion paper on NCDs is partly due to concerns from Member States that APC is not a valid proxy of harmful alcohol consumption.^{vii} This goes contrary to strong evidence of the well accepted "total consumption model": 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.^{viii}

Another concern was raised about the difficulty of obtaining an accurate measure of APC, which could be hindered by the supply of unrecorded, informal alcohol. While no measures are perfect, GAPA would like to draw attention to the work that WHO itself has done over the years around tracking per capita alcohol consumption, resulting in three Global Status Reports (1999, 2004 and 2010). The latter report, *Global status report on alcohol and health*, is a comprehensive knowledge base on the status of alcohol consumption. WHO has been actively involved in documenting and reporting in this field since 1974 and from 1996 data was collected in the Global Alcohol Database, which was further developed and transformed into the Global Information System on Alcohol and Health in 2008.^{ix}

Including a target on per capita alcohol consumption would be in accordance with the established commitments of WHO through the WHO Global Strategy to reduce the harmful use of alcohol.^x This Strategy is also promoted by the Political Declaration from the UN High Level Meeting on NCDs (paragraph 43f)^{xi} which refers to “*the full range of options as identified by the Global Strategy*”. The Global Strategy points to well established, effective, evidence-based public health interventions including drink-driving policies and countermeasures, regulating availability of alcohol (e.g. through licensing, opening hours, minimum purchases age, etc.), regulating marketing and pricing policies (e.g. through taxation).

To summarize, quoting from the authoritative volume Alcohol: No ordinary commodity which, drawing on decades of research:

- *The research establishes beyond doubt that public health measures of proven effectiveness are available to serve the public good by reducing the widespread costs and pain related to alcohol use.*
- *To that end, it is appropriate to deploy responses that influence both the total amount of alcohol consumed by a population and the high-risk contexts and drinking behaviours that are so often associated with alcohol-related problems. To conceive of these intrinsically complementary approaches as contradictory alternatives would be a mistake.*^{xii}

On this bases GAPA requests the immediate reinstatement of the exposure target for alcohol in the WHO Monitoring Framework and Targets for the control of NCDs. The target, as in previous versions of the document, should be to achieve a **10% relative reduction in persons aged 15+ alcohol per capita consumption (APC)** with an indicator: **Per capita consumption of litres of pure alcohol among persons aged 15+ years.**

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ⁱ WHO Discussion Paper: A comprehensive global monitoring framework for NCDs and voluntary global targets for the prevention and control of NCDs (CORR - 21 December 2011)

ⁱⁱ Second WHO Discussion Paper 22 March 2012; A comprehensive global monitoring framework for NCDs and voluntary global targets for the prevention and control of NCDs

ⁱⁱⁱ Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., Patra, J. (2009). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet*, 373, 2223-2233.

^{iv} UN General Assembly resolution A/66/L.1

^v Parry, C. D., Patra, J. and Rehm, J. (2011), Alcohol consumption and non-communicable diseases: epidemiology and policy implications. *Addiction*, 106: 1718–1724

^{vi} 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.

^{vii} 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

^{viii} Babor, T., et.al. (2010) *Alcohol: No ordinary commodity; Research and public policy*; Second edition, Oxford University Press.

^{ix} WHO. Global status report on alcohol and health, WHO, Geneva. 2010

^x WHO Global strategy to reduce the harmful use of alcohol, Resolution WHA63.13

^{xi} UN General Assembly resolution A/66/L.1

^{xii} Thomas Babor et.al. *Alcohol: No ordinary commodity; Research and public policy*; Second edition, Oxford University Press. 2010