Information session for Member States 25 March 2022

World Health Organization

(1) Global Alcohol Action plan (2022-2030) and implementation of the EB 146 (14) decision

(2) Public health dimensions of the world drug problem

Agenda

25th March, 9.00-12.00

9.00-9.10 Opening and welcome (moderated by ***Dévora Kestel***, Director, Mental Health and Substance Use (MSD)	***Ren Minghui***, Assistant Director-General ***Naoko Yamamoto,*** Assistant Director-General
9.10-9.45 Global alcohol action plan 2022-2030 and implementation of WHA146(14) decision	***Vladimir Poznyak***, Unit Head, ***Dag Rekve,*** Senior Technical Officer, Alcohol, Drugs and Addictive Behaviours (ADA/MSD)
9.45-10.30 Questions and comments	Moderated by ***Ruediger Krech,*** Director, Health Promotion
10.30-11.10 WHO activities and plans related to public health dimensions of the world drug problem	***Gilles Forte,*** Head, Special Projects, Access to Medicines and Health Products Division, ***Vladimir Poznyak***, Unit Head, ADA/MSD ***Annette Verster,*** Technical Lead, Global HIV, Hepatitis and STIs Programmes
11.10-11.55 Questions and comments	Moderated by ***Meg Doherty***, Director, Global HIV, Hepatitis and STIs Programmes
11.55-12.00 Closing remarks	***Dévora Kestel***, Director, MSD

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(1) Global Alcohol Action plan (2022-2030) and implementation of the EB 146 (14) decision

Alcohol consumption and alcohol-attributable disease burden (WHO, 2018, 2021)

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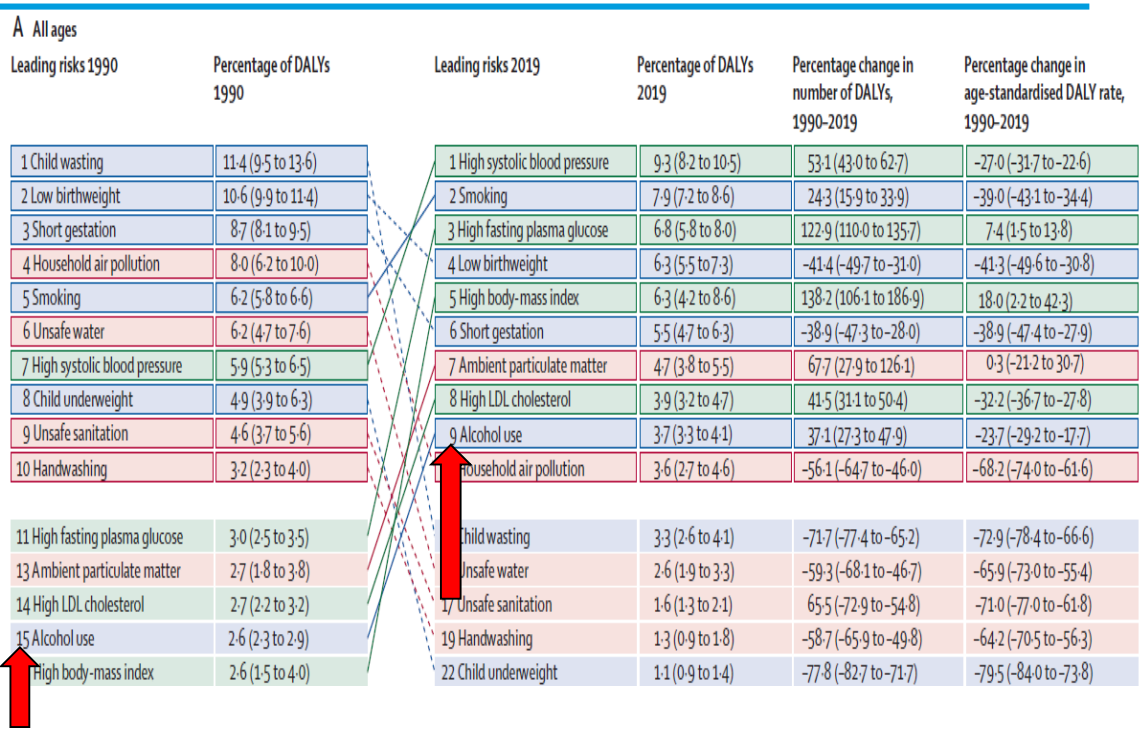
- Around 2.3 billion people aged 15 years and over used alcohol in the past 12 months, but 3.1 billion people – did not
- 237 million men and 46 million women with alcohol use disorders worldwide
- *Alcohol-attributable fractions for selected causes of deaths:*

Alcohol use disorders	100%
Liver cirrhosis	38%
Road injury	28%
Tuberculosis	20%
Self-harm	18%
Interpersonal violence	18%
Self-harm	18%
Esophagus cancer	17%
Colon and rectum cancer	11%
Breast cancer	5%
HIV/AIDS	3%

In the top ten risk factors for health in 2019 (IHME, 2020) for all ages



A All ages

Leading risks 1990	Percentage of DALYs 1990
1 Child wasting	11·4 (9·5 to 13·6)
2 Low birthweight	10·6 (9·9 to 11·4)
3 Short gestation	8·7 (8·1 to 9·5)
4 Household air pollution	8·0 (6·2 to 10·0)
5 Smoking	6·2 (5·8 to 6·6)
6 Unsafe water	6·2 (4·7 to 7·6)
7 High systolic blood pressure	5·9 (5·3 to 6·5)
8 Child underweight	4·9 (3·9 to 6·3)
9 Unsafe sanitation	4·6 (3·7 to 5·6)
10 Handwashing	3·2 (2·3 to 4·0)
11 High fasting plasma glucose	3·0 (2·5 to 3·5)
13 Ambient particulate matter	2·7 (1·8 to 3·8)
14 High LDL cholesterol	2·7 (2·2 to 3·2)
15 Alcohol use	2·6 (2·3 to 2·9)
High body-mass index	2·6 (1·5 to 4·0)

Leading risks 2019	Percentage of DALYs 2019	Percentage change in number of DALYs, 1990–2019	Percentage change in age-standardised DALY rate, 1990–2019
1 High systolic blood pressure	9·3 (8·2 to 10·5)	53·1 (43·0 to 62·7)	-27·0 (-31·7 to -22·6)
2 Smoking	7·9 (7·2 to 8·6)	24·3 (15·9 to 33·9)	-39·0 (-43·1 to -34·4)
3 High fasting plasma glucose	6·8 (5·8 to 8·0)	122·9 (110·0 to 135·7)	7·4 (1·5 to 13·8)
4 Low birthweight	6·3 (5·5 to 7·3)	-41·4 (-49·7 to -31·0)	-41·3 (-49·6 to -30·8)
5 High body-mass index	6·3 (4·2 to 8·6)	138·2 (106·1 to 186·9)	18·0 (2·2 to 42·3)
6 Short gestation	5·5 (4·7 to 6·3)	-38·9 (-47·3 to -28·0)	-38·9 (-47·4 to -27·9)
7 Ambient particulate matter	4·7 (3·8 to 5·5)	67·7 (27·9 to 126·1)	0·3 (-21·2 to 30·7)
8 High LDL cholesterol	3·9 (3·2 to 4·7)	41·5 (31·1 to 50·4)	-32·2 (-36·7 to -27·8)
9 Alcohol use	3·7 (3·3 to 4·1)	37·1 (27·3 to 47·9)	-23·7 (-29·2 to -17·7)
Household air pollution	3·6 (2·7 to 4·6)	-56·1 (-64·7 to -46·0)	-68·2 (-74·0 to -61·6)
Child wasting	3·3 (2·6 to 4·1)	-71·7 (-77·4 to -65·2)	-72·9 (-78·4 to -66·6)
Unsafe water	2·6 (1·9 to 3·3)	-59·3 (-68·1 to -46·7)	-65·9 (-73·0 to -55·4)
Unsafe sanitation	1·6 (1·3 to 2·1)	65·5 (-72·9 to -54·8)	-71·0 (-77·0 to -61·8)
19 Handwashing	1·3 (0·9 to 1·8)	-58·7 (-65·9 to -49·8)	-64·2 (-70·5 to -56·3)
22 Child underweight	1·1 (0·9 to 1·4)	-77·8 (-82·7 to -71·7)	-79·5 (-84·0 to -73·8)

Alcohol and Health

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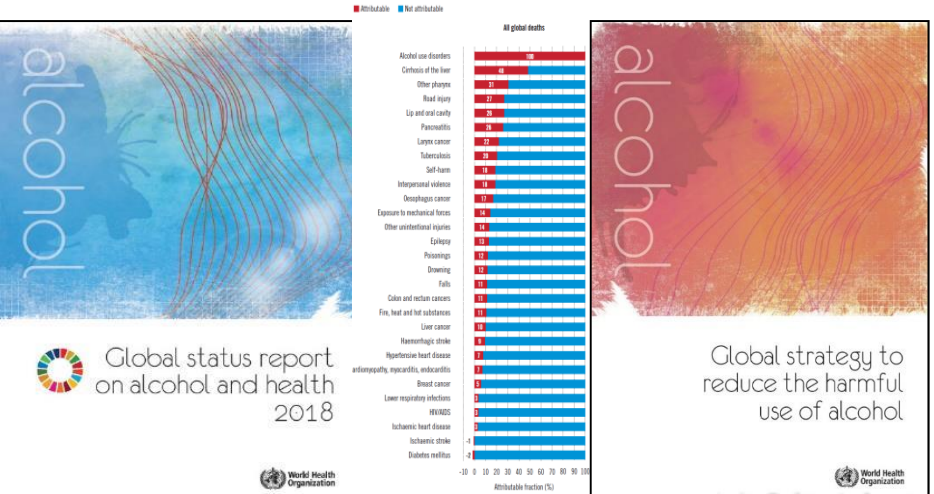
HEALTH BURDEN

- The harmful use of alcohol results in some **3 million deaths globally** (5.3% of all deaths), including **2.3 million deaths among men and 0.7 million deaths among women.**
- **49% of alcohol-attributable disease burden is due to mental health and NCDs conditions, 40% - due to injuries.**
- **Alcohol-attributable disease burden is highest (per 100 000 people) in low-income and lower-middle-income countries** when compared with upper-middle-income and higher-income countries



CALL FOR ACTION AND PROGRESS SO FAR

Global strategy to reduce the harmful use of alcohol aims to considerably reduce morbidity and mortality due to harmful use of alcohol

SDG Health Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The NCD Action Plan and NCD Global Monitoring Framework set a voluntary global target of 10% relative reduction in the harmful use of alcohol by 2025.

PROGRESS

Despite some positive trends in alcohol-related morbidity and mortality since 2010, **the global burden of disease and injuries attributable to alcohol continues to be unacceptably high**

The presence of national alcohol policies is highest among high-income countries and lowest among low-income countries. **Most countries in Africa and the Americas do not have written national alcohol policies.**

List of cost-effective ("best buys") and effective measures on alcohol

World Health Organization

Increase excise taxes on alcoholic beverages

Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)

Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced density of retail outlets and reduced hours of sale)

Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints

Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use

Carry out regular reviews of prices in relation to level of inflation and income

Establish minimum prices for alcohol where applicable

Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages

Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people

Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services

Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol.

WHO-led SAFER initiative on alcohol-related harm

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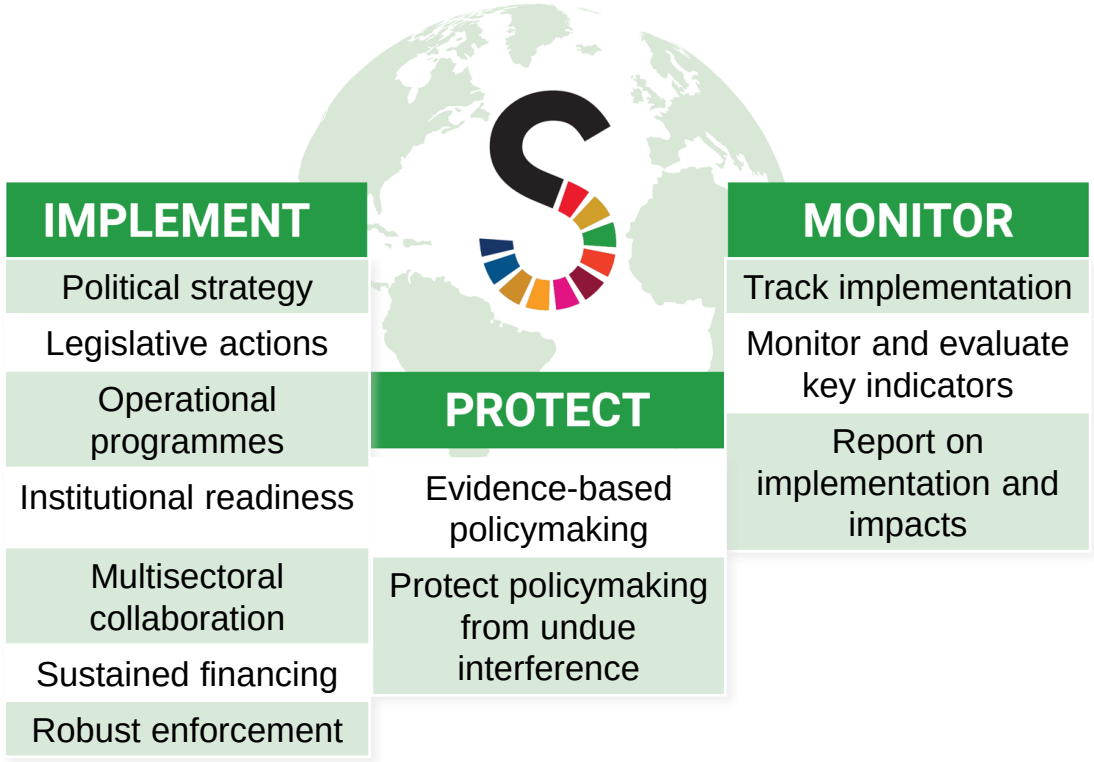
SAFER
A WORLD FREE FROM ALCOHOL RELATED HARMS

Interventions

- **S** Strengthen restrictions on alcohol availability
- **A** Advance and enforce drink-driving countermeasures
- **F** Facilitate access to screening, brief interventions and treatment
- **E** Enforce bans or comprehensive restrictions on advertising, sponsorship and promotion
- **R** Raise prices on alcohol through excise taxes and pricing policies

Strategies



EB 146(14) decision: Accelerating action to reduce the harmful use of alcohol

(1) **to develop an action plan (2022–2030) to effectively implement the Global strategy to reduce the harmful use of alcohol as a public health priority, in consultation with Member States and relevant stakeholders, for consideration by the 75th World Health Assembly through the 150th session of the WHO Executive Board in 2022;**

(2) to **develop a technical report on the harmful use of alcohol related to cross-border alcohol marketing**, advertising and promotional activities, including those targeting youth and adolescents, before the 150th session of the Executive Board, which could contribute to the development of the action plan;

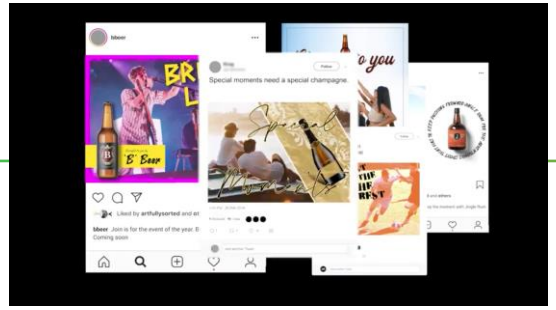
(3) to adequately resource the work on the harmful use of alcohol;

(4) To review the Global strategy to reduce the harmful use of alcohol and report to the Executive Board at its 166th session in 2030 for further action.

Rational: WHO Executive Board decision EB146

- Requested the DG to, inter alia, develop a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including targeting youth and adolescents before the 150th session of the WHO Executive Board, which could contribute to the development of the action plan.

Challenges encountered in producing the report



Content of the report

Key messages:

- Alcohol marketing includes “any form of commercial communication or message that is designed to increase, or has the effect of increasing, the recognition, appeal and/or consumption of particular products and services. It could comprise anything that acts to advertise or otherwise promote a product or service”.
- Cross-border marketing includes not only outflowing marketing (which originates in a state’s territory and is received elsewhere) and inflowing marketing (which enters a state’s territory from another country) but also marketing that is conceived, controlled, produced and distributed specifically for the purpose of influencing people in other countries.
- The rising importance of digital media and transnational alcoholic beverage companies means that alcohol marketing has become increasingly cross-border.
- Alcohol is rated as one of the most harmful psychoactive substances at the population level, but controls on marketing it to consumers are much weaker than controls for other psychoactive substances.
- The World Health Assembly has endorsed “enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)” as a policy option and highly cost-effective intervention (“best buy”).
- The effect of alcohol marketing appears to have increased in the cross-border digital age and teenagers and heavier drinkers and are subjected to intense marketing exposure.

Conclusions:

Much of today's alcohol marketing has a cross-border aspect to it, and control of cross-border marketing must be an integral part of a national effort to limit harms from alcohol.

At the national level, control or prohibition of alcohol marketing, including its cross-border aspects, should be an integral part of effective public health strategies to limit harms from alcohol.

At the international level, the cross-border aspects of alcohol marketing mean that its effective control requires collaboration between states.

Some degree of harmonization in the approaches to cross-border marketing in different countries or a consensus on the need for action will often be a necessary precursor to successful bi-lateral or multilateral international collaboration.

Such collaboration would be strengthened by regular international consultation, coordination by a secretariat, and by international agreements.

Process of development of an action plan (2022-2030) to effectively implement the Global strategy to reduce the harmful use of alcohol

World Health Organization

April-May 2020

Zero draft of the working document

June 2020

Technical expert meeting on **Zero draft of the working document**

July-October 2020

Finalization of the working document for development of an action plan 2022-2030 with **proposed essential elements and components**

November-December 2020

Web-based consultation on the working document with Member States and other stakeholders, including civil society organizations and economic operators in alcohol production and trade

February 2021

Publication of submissions received on the working document in the process of web-based consultation

February-April 2021

Regional technical consultations on the **working document**:

23 Feb – EMR, 10-11th March – SEAR, 16-17th March – Americas, 25-26 – EUR, 31 March-1st April – AFR, March-April (by correspondence) – WPR

June-July 2021

Publication of the **first draft of an action plan 2022-2030**

Process of development of an action plan (2022-2030) (continued)

- **June 2021:** Consultation on **the first draft** focused on CSOs and EOs

  - Discussion of the first draft with technical focal points from Member States, UN entities, **civil society organizations,** academia at the Third WHO Forum on Alcohol, Drugs and Addictive Behaviours (FADAB III) (22-25 June 2021)

  - Virtual dialogue with economic operators in alcohol production and trade on proposed measures for economic operators in the first draft of the action plan (29 June 2021)

- **27 July - 3(10) September 2021:** Web-based consultation on the first draft of the action plan open to Member States, UN organizations and other intergovernmental organizations, and non-State actors

- **31 August 2021:** Informal consultation with Member States (MS) on the first draft.

Structure of the first draft of the Alcohol Action Plan 2022-2030

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Goal

- Boost effective implementation of the Global strategy to reduce the harmful use of alcohol and considerably reduce morbidity and mortality due to alcohol use…

Operational objectives and guiding principles

Key areas for global action

- *Implementation of high-impact strategies and interventions (new)*
- *Advocacy, awareness and commitment*
- *Partnership, dialogue and coordination*
- Technical support and capacity building
- Knowledge production *and information systems*
- Resource mobilization

Annex 1: Indicators and milestones for achieving global targets

Annex 2: EB 146(14) decision

Six Operational Objectives

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1. Increase population coverage, implementation and enforcement of high-impact policy options and interventions to reduce the harmful use of alcohol worldwide for better health and well-being
2. Strengthen multisectoral action through effective governance, enhanced political commitment, leadership, dialogue and coordination of multisectoral action
3. Enhance prevention and treatment capacity of health and social care systems for disorders due to alcohol use and associated health conditions as an integral part of universal health coverage and aligned with SDG 2030 agenda
4. Raise awareness of risks and harms associated with alcohol consumption and its impact on health and well-being of individual, families, communities and nations as well as of effectiveness of different policy options
5. Strengthen information systems and research for monitoring alcohol consumption, alcohol-related harm and policy responses at all levels and dissemination and application of information for advocacy, policy development and evaluation purposes
6. Significantly increase mobilization of resources required for appropriate and sustained action to reduce the harmful use of alcohol at all levels

In each of six key areas for global action (first draft)

Brief introduction	• Rationale for the action area • Scope of the action area
Global targets for each key area	• 3 global targets for the first action area (high-impact interventions) • 2 global targets for all other five action areas • Indicators and milestones for each global target - in the Annex
Proposed actions for Member States	4-10 paragraphs (actions) for each action area
Proposed actions for the WHO Secretariat	5-10 paragraphs (actions) for each action area
Proposed actions for international partners, civil society organizations and academia	2 paragraphs (actions) for each action area
Proposed measures for economic operators in alcohol production and trade	One para with proposed measures for each action area

Overall feedback on the first draft

- Broad acceptance of the structure, goals, principles, objectives and key areas for global action
- Suggestions to reduce the length of the document by removing excerpts from other documents (like the Global strategy to reduce the harmful use of alcohol)
- Multiple suggestions for adding/expanding/shortening/removing text in different sections of the draft or including additional elements
- Clarifications required for some parts of the action plan including targets and indicators
- Different and often polarized views expressed by stakeholders on some elements of the draft action plan.

Final stages of development of an alcohol action plan 2022-2030

- **September-October 2021:** Development of the second draft of the action plan and posting the draft on WHO web-site
- **8th October 2021:** Information session with MS on the second draft
  - Written submissions received from 20 Member States after the consultation on 8th October
- **October-November 2021:** Revision of the second draft based on the feedback received from Member States
- **7th December 2021:** Information session with MS on the revised second draft of the action plan
- **December 2021:** Finalization of the action plan taking into consideration the feedback received from Member States at the latest stages of the process and submission of the action plan 2022-2030 to EB 150.

Feedback received from MS on the second draft (October-December 2022)

- Comments received from MS did not propose any significant changes in structure, goals, principles, objectives or key areas for global action (broad support for these elements).

- The following minor changes were made in the final draft:
  - Some elaboration of the “Scope” by specifying the mandate provided by EB 146(14) decision, explicit reference to the ten target areas recommended by the global strategy for national action and tailored to country contexts (that may require implementation of more stringent measures than those proposed in the action plan.
  - Addition of “gender perspective and a life course approach” in Objective 1 (“…to reduce the harmful use of alcohol worldwide for better health and well-being taking into account gender perspective and a life course approach”)
  - Minor amendments of Operational principles:
    - ✓ Expanding the list of sectors under “Multisectoral action”
    - ✓ Highlighting access to services in rural areas under “UHC”
    - ✓ Mentioning stigma under “Human rights approach”

Feedback received from MS on the second draft (October-December 2022)

- Proposals to:
  - include explicit reference to Global Monitoring Framework for NCDs and 10% voluntary target to be achieved by 2025, and reflect that in proposed targets and indicators
    - Included, major revision of targets and indicators for Action area 1: (“By 2030, at least 20% relative reduction (in comparison with 2010) in the harmful use of alcohol”)
  - prioritize prevention, health promotion and high-impact interventions and highlight concrete high-impact interventions included in WHO SAFER technical package)
  - highlight the national contexts and priorities in defining appropriate mix of actions to reduce the harmful use of alcohol at national level
  - include support for international collaboration in addressing cross-border alcohol marketing
  - highlight potential public health benefits of low- and zero-alcohol beverages
  - address illicitly and informally produced alcohol, also in the context of implementation of high-impact interventions

Feedback received from MS on the second draft (continued)

- Proposals to:
  - address vulnerabilities of indigenous populations
  - address relationship of alcohol use with cancers, violence, suicides
  - address stigma and discrimination, and recognize input from people with lived and living experience
  - raise awareness of interaction between alcohol and certain drugs or medications
  - introduce in the action plan the work towards a global alcohol awareness day/week/month
  - strengthen technical support to Member States in proposed actions for the Secretariat
  - increase frequency of WHO reports on alcohol and health and resume regular meetings of the Expert Committee on Problems Related to Alcohol Consumption

Feedback received from MS on the second draft (continued)

- Proposals to:
  - underline importance of effective coordination in the context of multisectoral action while maintaining policy coherence and focus on protecting health
  - include support for research on impact of differentiated policies according to the alcohol content of beverages
  - reconsider inclusion of intergovernmental commitment on a voluntary levy on alcohol
  - emphasize importance of disaggregation of data and monitoring trends among vulnerable group
  - include collection and monitoring of pricing data
  - provide baseline data for key indicators
  - highlight cost-effective interventions in the table of global targets and indicators under action area 1 (high-impact interventions).

Diverse views expressed by Member States on the following in the second draft

- Retain the focus of the action plan on the “harmful use” or shifting the focus to “alcohol consumption”
  - ✓ Removal of economic operators from the action plan
  - ✓ Engagement only with entities without conflict of interests
  - ✓ Expand the role of economic operators in the action plan
- Include a commitment to include steps towards global regulation similar to Framework Convention on Tobacco Control within the life-span of the action pla
- Remove earmarking or hypothecating alcohol tax revenues from global target in action area 6 (resource mobilization)
- Questions were raised regarding proposed actions for the Secretariat on labelling of alcoholic beverages and dialogue and information exchange regarding international trade.

Revised targets, indicators and milestones

- 1.1 By 2030, at least 20% relative reduction in the harmful use of alcohol (in comparison with 2010)
  - Total adult per capita consumption
  - Age-standardized prevalence of heavy episodic drinking
  - Age-standardized alcohol-attributable deaths
  - Age-standardized alcohol-attributable DALYs
- 1.2 By 2030, 70% of countries have introduced, enacted or maintained the implementation of high-impact policy options and interventions
- 50% target (50% of countries) set for most of global targets, and 75% - for a few (based on available WHO data)
- Milestones set at 2019, 2022, 2025, 2027 2029/2030
  - 2010 as a baseline for alcohol exposure and alcohol-attributable disease burden (for these indicators WHO has time series)

WHO global status reports on alcohol and health (1999, 2000, 2004, 2010, 2014, 2018, *2022 /SDG 3.5 report/)*

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WHO Report on Progress with attainment of SDG health target 3.5 (strengthening prevention and treatment of substance abuse)

Includes new WHO data on alcohol consumption (up to 2019/2020) and alcohol-

WHO Global Surveys on Alcohol and Health (1998-2018) and on progress with attainment of SDG health target 3.5 (2019/2020, *2022*)

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- Periodic data collection from Member States that includes information on alcohol policies
- New data collection is planned for 2022 **to generate baseline data for the targets and indicators included in the draft action plan**
- The targets and indicators included in the draft alcohol action plan does not result in any substantial changes in the scope of work for the Secretariat
- Available data and recent trends indicate feasibility of achieving the global targets by 2030 with accelerated global action on reducing the harmful use of alcohol.

EB 150 discussions on the global alcohol action plan 2022-2030

24-29 January 2022

- Overall support for the text of the GAAP 2022-2030
- Request to WHO Secretariat to draft a document and guidance for MS on ways for interaction with the alcohol industry in the context of GAAP implementation
- Continue regular dialogues with the alcohol industry on ways they can play in reducing the harmful use of alcohol
- Request for regular reports on implementation of the GAAP
- Request for a comprehensive assessment of impact of COVID-19 on alcohol consumption and policy responses
- Strengthen SAFER initiative and alcohol policy networks
- Organize global ministerial conference on alcohol policy, take steps towards proposed feasibility study for FCAC.

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Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases

The Executive Board, having considered the reports of the Director-General on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases,[1]

Decided to recommend that the Seventy-fifth World Health Assembly note the report and its annexes, and that it adopt:

- the implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030;[2]
- the recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets;[3]
- the global strategy on oral health;[4]
- the recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies;[5]
- the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031;[6]
- the action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority;[7]

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EXECUTIVE BOARD
150th session
Provisional agenda item 7

EB150/7 Add.1

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

Appendix[1]

DRAFT ACTION PLAN (2022–2030) TO EFFECTIVELY IMPLEMENT THE GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL AS A PUBLIC HEALTH PRIORITY

Questions
Comments