



Foundation for Alcohol Research & Education

**Development of an implementation roadmap  
2023–2030 for the global action plan for the  
prevention and control of NCDS 2013–2030**

September 2021

## About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is the leading not-for-profit organisation working towards an Australia free from alcohol harms.

We approach this through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion programs.

Working with local communities, values-aligned organisations, health professionals and researchers across the country, we strive to improve the health and wellbeing of everyone in Australia.

To learn more about us and our work visit [www.fare.org.au](http://www.fare.org.au).

You can get in touch via email at [info@fare.org.au](mailto:info@fare.org.au)

FARE is a registered charity, and every dollar you give helps fund projects keeping our communities healthy and safe. You can make a tax-deductible donation at: [www.fare.org.au/donate](http://www.fare.org.au/donate).

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## Introduction

Thank you for the opportunity to provide feedback on the discussion paper for the development of an *Implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030* (the Roadmap).

FARE welcomes efforts by the World Health Organization (WHO) to accelerate progress on actions to reduce non-communicable diseases (NCDs) in response to the lack of progress so far.

FARE welcomes the prioritisation of the most effective interventions for countries to achieve a reduction in harm from NCDs and the updating of targets to reflect the additional time available to Member States.

FARE welcomes the proposed extension of the WHO target to reduce alcohol use, noting that the target recorded in the Roadmap should be updated to reflect the current target (Target 1.2) of the first draft of the WHO *Global alcohol action plan 2022-2030 to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol*, which seeks to achieve *at least* a 20 per cent relative reduction in alcohol by 2030.

FARE welcomes the Roadmap's alignment with new WHO commitments, particularly in relation to mental health and wellbeing since alcohol is a risk factor for mental illness. Policy measures that aim to control and reduce alcohol consumption can help to reduce the burden of disease due to mental health disorders,<sup>1,2</sup> experienced not only by the drinker themselves, but by those whose mental health is affected by another person's drinking, and the incidence of suicide.<sup>3</sup>

FARE welcomes efforts to ensure timely and reliable data is available to inform decision making and provide transparency and accountability.

This Roadmap will be important to support countries to progress action and reduce the burden of NCD's in light of the lack of significant change in the NCD risk factors across the WHO regions over the past decade (WHO Discussion paper). However the Roadmap could be strengthened to clearly identify priority actions in its recommendations in addition to the actions to be taken in 2022.

FARE's feedback primarily focuses on elements of the Roadmap that relate to alcohol, however some discussion could equally apply to other risk factors for NCDs, such as the recommendations to keep policy development and health promotion activities free from industry interference. The feedback is organised under the same headings as those used in the discussion paper. FARE recommends actions to clearly articulate priority actions, strengthen support for Member States, align the Roadmap with international evidence, and clarify the revised alcohol target in the Action Plan.

## FARE response to the WHO Discussion Paper

FARE welcomes the development of an *Implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030* (the Roadmap). This Roadmap will provide guidance to Member States to support their action to implement policies to reduce the burden of NCDs in a timely manner. The revised targets in response to the extension of the *Global Action plan for the prevention and control of NCDs 2013–2030* (Global Action Plan) are important to drive action to reduce harm from NCDs.

In relation to alcohol, the evidence from the Global Burden of Disease Alcohol Collaborators is now clear that there is no safe level of alcohol use and therefore the term ‘harmful use of alcohol’ is no longer appropriate.<sup>4</sup> The use of this term throughout the Roadmap should be updated to reflect the evidence. Alternative terminology include ‘alcohol use’ and reference to alcohol harm.

### Strategic Direction 1: To understand the drivers and trajectories of NCD burden across countries and epidemiological regions

*Identifying barriers to implementing cost-effective interventions across the NCD voluntary targets*

One of the biggest barriers to implementing the most effective measures to reduce alcohol harm is the involvement of alcohol industry and related organisations in policy development and health promotion.

The draft WHO *Global Alcohol Action Plan 2022-2030 to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol*<sup>5</sup> (the Action Plan) recognises the risk associated with engaging with the industry, through the guiding principle that public policy development to reduce alcohol harm should be protected from commercial and other vested interests that can interfere with and undermine the public health objectives.

Health promotion and policy development, regulation, monitoring and evaluation should be protected from the involvement of industry and related bodies.

### Strategic Direction 2: Scale-up the implementation of most impactful and feasible interventions in the national context

*Engage*

FARE welcomes the inclusion of engaging with people with lived experience of NCDs in the co-creation, co-design, implementation and accountability will help to deliver the interventions in a people-centred manner.

FARE does not support discussions with the alcohol industry and their partners in relation to alcohol policy development, nor involvement in health promotion activities. This includes organisations within the tobacco industry, which has many links with the alcohol industry.<sup>6</sup> The primary motivation of the industry is to sell alcohol. They market their product in a way that encourages people to drink alcohol, drink more and drink more frequently and their business model relies heavily on people who drink alcohol at risky levels, contributing to ongoing harm in the community.

Member States and the WHO Secretariat must take a more proactive role in managing efforts by the industry to influence policy and undermine public health objectives. Member States should be supported to ensure that the alcohol industry and related organisations are not involved in policy development and health promotion activities. The WHO Secretariat could provide information about

the impact of industry involvement, the ways in which the industry seeks to influence implementation of effective interventions, and actions that can be taken to protect policy and health health promotion from this interference.

### *Accelerate*

FARE strongly supports prioritizing and accelerating implementation of the WHO Best Buys and other recommended interventions. The WHO has identified action on price, availability and promotion as the three ‘Best Buys’ for action to reduce alcohol harm.<sup>7</sup>

FARE strongly supports implementation of fiscal measures to minimize the impact of risk factors for NCDs, and specifically raising taxes on alcohol to reduce harmful alcohol use in light of it being one of the most effective and cost effective measures to reduce alcohol harm.

Member States should ensure that funding does not include revenue from the alcohol industry and related organisations. Furthermore, organisations with industry links such as industry funded non-government organisations and research bodies should not be supported to undertake policy research and health promotion activities.

Civil society and academic researchers should be supported to engage in policy development.

### **Strategic Direction 3: Ensure timely and reliable data on NCD risk factors, diseases and mortality for informed decision making and accountability**

### *Account*

FARE welcomes WHO’s advice on risks associated with alcohol use during COVID, in light of industry activity to promote alcohol as a way of coping and dealing with stress.

## **Recommendations**

### *Make the following changes to the Roadmap*

1. Clarify that alcohol policy development should be protected from the influence of all alcohol industry and related organisations, not just producers and distributors.
2. Remove actions that involve engaging with alcohol industry and related organisations in discussions about reducing the burden of NCDs, policy development and monitoring, and health promotion.
3. Identify priority actions for Member States, civil society and WHO Secretariat within the recommendations, in line with actions identified in the body of the Discussion Paper and particularly in relation to accelerating the NCD Best Buys.
4. Update language that refers to ‘harmful use of alcohol’ with a term such as ‘alcohol use’, to reflect evidence that shows that there is no safe level of alcohol use.
5. Clarify Action 10 of the actions for the WHO Secretariat, regarding a scaling up of strategic communication and partnerships.

### *Include the following actions in the recommended actions for Member states in 2022*

6. Identify the barriers and enablers to implementing the WHO Best Buys and other cost-effective interventions.

7. Protect health promotion activities and alcohol policy development, regulation, monitoring and evaluation from the involvement of industry and related bodies.
8. Engage people with lived experience in the development, implementation and accountability mechanisms in actions to reduce the burden of NCDs.

*Include the following actions in the recommended actions for WHO Secretariat in 2022*

9. Update the target recorded in the Roadmap to reflect the current target (Target 1.2) of the first draft of the *WHO Global alcohol action plan 2022-2030 to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol*, which seeks to achieve at least a 20 per cent relative reduction in alcohol by 2030.
10. Support Member States to identify the barriers to implementing the WHO Best Buys and other key measures to reduce the health burden of NCDs.
11. Support Member States to protect policy development and decision-making from industry interference, such as by ensuring that Member States understand the conflict of interest associated with industry involvement in decision-making, reviewing and reporting on ways in which the industry seeks to influence policy, and detailing actions to deal with this risk.
12. Provide leadership for Member States on openness and transparency by publishing all submissions on the WHO website.

## References

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- <sup>3</sup> Kolves, K., Draper, B.M., Snowden, J. & De Leo, D. (2017). Alcohol use disorders and suicide: Results from a psychological autopsy study in Australia
- <sup>4</sup> Global Burden of Disease 2016 Alcohol Collaborators (2018) Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016 *The Lancet*, 22 September 2018, Vol 392, pp 1015–35 <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2931310-2>
- <sup>5</sup> World Health Organization 2021 *Global Alcohol Action Plan 2022-2030 to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol First draft* July 2021 Available at [Global alcohol action plan: First draft \(July version\) \(who.int\)](#)
- <sup>6</sup> Hall W & Daube M (2013) Big Alcohol and Big Tobacco – boozem buddies? *The Conversation* 28 February 2013, viewed on 16 September 2021 at <https://theconversation.com/big-alcohol-and-big-tobacco-boozem-buddies-9668>
- <sup>7</sup> World Health Organization *Best Buys’ and other recommended interventions for the prevention and control of noncommunicable diseases* Updated 2017 Appendix 3 of the Global Action Plan for the prevention and control of noncommunicable diseases 2013-2020, Available at [https://www.who.int/ncds/management/WHO\\_Appendix\\_BestBuys\\_LS.pdf](https://www.who.int/ncds/management/WHO_Appendix_BestBuys_LS.pdf)



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