



Foundation for Alcohol Research & Education

# **FARE feedback on the first draft of the WHO Global Alcohol Action Plan 2022-2030**

3 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).

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## Introduction

FARE welcomes the opportunity to provide feedback on the first draft of the *Global Alcohol Action Plan 2022-2030 to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol*<sup>1</sup> (the Action Plan).

This Action Plan will help to focus attention on the risks of alcohol use and support Member States to implement the strategies outlined in the *Global Strategy to Reduce the Harmful Use of Alcohol*<sup>2</sup> (the Global Strategy).

We strongly support the inclusion of additional ‘operational action-oriented guiding principles’ of the Action Plan which complement the guiding principles of the Global Strategy, and are particularly pleased to see that *Protection from commercial interests* and a *Human rights approach* are included in these additional principles.

The Action Plan identifies key actions that Member States, the World Health Organization (WHO) Secretariat, international partners, civil society and academia can take to reduce alcohol harm, including taking action on the WHO Best Buys and other initiatives within the SAFER Technical Framework. The WHO Best Buys are strongly supported as priority actions for Member States, but there is concern that the current structure of the document and some of the language used within it undermines the impact of these priority actions which would diminish the overall effectiveness of the Action Plan in reducing alcohol harm.

In providing feedback, FARE identifies seven key actions to strengthen the Action Plan. These and our recommendations are outlined below.

## Key actions to strengthen the Action Plan

1. Enhance the structure of the plan to include a summary or overview of the Action Plan and identify priority actions.
2. Prioritise and emphasise the WHO Best Buys of addressing price, availability and promotion.
3. Remove the role of the alcohol industry and other ‘economic operators’ from the Action Plan.
4. Strengthen language and actions within the plan to ensure it is effective.
5. Report on progress with implementation of the Action Plan.
6. Investigate development of a WHO Framework for Alcohol Control.
7. Monitor and respond to emerging trends.

## Recommendations

1. Introduce an overview of the Action Plan at the beginning of the document to summarise the context for the plan and identify the WHO Best Buys as priority strategies.
2. Restructure the actions to prioritise and individually refer to the WHO Best Buys of addressing price, promotion and availability, and other actions within the WHO SAFER Technical Package, to clearly demonstrate that these are priority action areas.
3. Include an action for the WHO Secretariat to develop resources to help Member States to convey the cost-benefit of implementing priority actions to reduce alcohol harm.

4. Include targets and indicators for each of the WHO Best Buys and other initiatives within the WHO SAFER Technical Package, and reporting of progress with implementation.
5. Remove references within the Action Plan to the role of the alcohol industry and other economic and related organisations, except in describing their role as developers, producers, marketers and sellers of alcoholic drinks, and be more direct in language about the alcohol industry and related bodies in terms of their profit motivation.
6. Discontinue dialogue between the WHO Secretariat and representatives of the alcohol industry and other 'economic operators' and remove text and actions that refer to this.
7. If dialogue with the alcohol industry and other 'economic operators' is not discontinued, develop a Conflict of Interest Policy for engaging with these groups, and ensure openness and transparency regarding meetings and conversations by publicly reporting on engagement in a timely manner, for example within two weeks of the dialogue.
8. Ensure the views of the alcohol industry and other 'economic operators' or their agents are not afforded greater access or greater standing to the WHO Secretariat than non industry funded public health organisations and researchers.
9. Include an action for Member States to protect alcohol policy development from interference by the alcohol industry and other 'economic operators' through their exclusion from involvement in policy development and decision making, policy, research and public health promotion.
10. Include an action for the WHO Secretariat to support Member States to protect alcohol policy development and decision-making from industry interference, such as by ensuring that Member States understand the conflict of interest associated with alcohol industry involvement in decision-making, and reviewing and reporting on ways in which this might occur and action to deal with this risk.
11. Strengthen the language used in the document to underscore the harm from alcohol and the risk associated with its use, hold the alcohol industry accountable for the steps they take to undermine effective policies to reduce alcohol harm, and provide strong and clear actions that will drive change.
12. Provide greater clarity around reporting and timeframes for action by the various stakeholders to enable impetus for action.
13. Include an action for the WHO Secretariat to report annually to the World Health Assembly on progress with implementing the Action Plan by Member States.
14. Include an action for the WHO Secretariat to investigate the benefits of a WHO Framework for Alcohol Control.
15. Include an action for the WHO Secretariat to monitor and respond to emerging global trends, to raise awareness and support development of appropriate regulatory responses to prevent alcohol harm.

## Actions to strengthen the Action Plan

### Enhance the structure of the plan to include a summary or overview of the Action Plan and identify priority actions

Introduce an overview of the Action Plan at the beginning of the document to summarise the context for the plan and highlight the need to prioritise action on the World Health Organization's three Best Buys for effective strategies to reduce alcohol harm.

While the section on *Key areas for global action* mentions that implementation of the actions in the WHO SAFER Technical Package is the key to achieving the goal of reducing morbidity and mortality due to alcohol use, the Best Buys and other SAFER actions should be emphasised and prioritised more clearly within the actions so that their significance is not lost among the 100 actions identified in the Action Plan.

In so doing, stakeholders and other interested groups will be able to prioritise these strategies in their own countries and they will be supported to implement these in the face of potential opposition.

#### *Recommendations*

1. Introduce an overview of the Action Plan at the beginning of the document to summarise the context for the plan and identify the WHO Best Buys as priority strategies.

### Prioritise and emphasise the WHO Best Buys of addressing price, availability and promotion

The Action Plan needs a clearer focus on the priority actions in the document.

The WHO has identified action on price, availability and promotion as the three 'Best Buys' for action to reduce alcohol harm, as outlined in Table 1 below.<sup>3</sup> While the Action Plan states that action on these are important, there is no mention of the actual measures in the list of actions, apart from reference to the SAFER initiatives in the first action item for Member States under Action Area 1.

Action Area 1 talks about prioritising the 'WHO SAFER technical package' but the emphasis on the importance of action on price, availability and promotion is lost. These should be identified individually as priority actions and emphasised in the recommended summary of the Action Plan at the start of the document.

Greater support for Member States is needed to implement actions on the WHO 'Best Buys'. The WHO Secretariat can take concrete action to support Member States to successfully implement effective measures to reduce alcohol harm, beyond the advice provided in the Action Plan itself.

Targets and indicators for the Best Buys should also be included in the Action Plan and progress on their implementation included in regular reporting processes. This will help to focus attention on these as priority measures and ensure action is taken on each of these interventions. The all-encompassing term of 'high impact policy options and interventions' referenced in the Action Plan is vague and open to interpretation.

Table 1: WHO Best Buys and other recommended interventions<sup>4</sup>

**BEST-BUYS AND OTHER RECOMMENDED INTERVENTIONS:**

<p><b>'Best buys'</b>: Effective interventions with cost effectiveness analysis (CEA) ≤ \$100 per DALY averted in LMICs</p>	<ul style="list-style-type: none"> <li>• Increase excise taxes on alcoholic beverages<sup>1</sup></li> <li>• Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)<sup>2</sup></li> <li>• Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)<sup>2,3</sup></li> </ul>
<p>Effective interventions with CEA &gt; \$100 per DALY averted in LMICs</p>	<ul style="list-style-type: none"> <li>• Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints<sup>4</sup></li> <li>• Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use<sup>5</sup></li> </ul>
<p>Other recommended interventions from WHO guidance (CEA not available)</p>	<ul style="list-style-type: none"> <li>• Carry out regular reviews of prices in relation to level of inflation and income</li> <li>• Establish minimum prices for alcohol where applicable</li> <li>• Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets</li> <li>• Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people</li> <li>• Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services</li> <li>• Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol</li> </ul>

An up-to-date list of WHO tools and resources for each objective can be found at <http://www.who.int/nmh/ncd-tools/en>

*Recommendations*

2. Restructure the actions to prioritise and individually refer to the WHO Best Buys addressing price, promotion and availability, and other actions within the WHO SAFER Technical Package, to clearly demonstrate that these are priority action areas.
3. Include an action for the WHO Secretariat to develop resources to help Member States to convey the cost-benefit of implementing priority actions to reduce alcohol harm.
4. Include targets and indicators for each of the WHO Best Buys and other initiatives within the WHO SAFER Technical Package, and reporting of progress with implementation.

## Remove the role of the industry and other ‘economic operators’ from the Action Plan

FARE welcomes the strong messages within the Draft Action Plan, reinforcing WHO’s message that the alcohol industry has no role in alcohol policy development.

In particular, we are pleased to see the inclusion of *Protection from commercial interests* in the additional ‘operational action-oriented guiding principles’ of the Action Plan, designed to complement the guiding principles of the Global Action Plan. This is a fundamental principle about protecting alcohol policy from interference by an industry that presents one of the biggest risks to successfully achieving a substantial reduction in alcohol harm.

This principle is supported by statements throughout the document about the role of the alcohol industry and other so called ‘economic operators’, noting that this term does not adequately reflect the profit driven focus of these private enterprises. However, these statements are compromised by creating a role for these same ‘economic operators’, inviting them to engage in regular dialogue and to take unspecified action.

These actions keep the door open for ‘economic operators’ and allow them to introduce counterproductive strategies such as ineffective tools like voluntary codes, and industry framed education programs which will prevent and delay efforts to introduce effective strategies to reduce harm. Rather than protecting alcohol policy from commercial interests, the Action Plan seems to legitimise the role of ‘economic operators’ and provide an avenue for them to become more influential over time.

The WHO should not meet with ‘economic operators’ since their primary motivation is to sell alcohol and because of the harmful nature of the product that they sell. These ‘economic operators’ are part of an industry that market their product in a way that encourages people to drink alcohol, drink more and drink more frequently. Their business model relies heavily on people who drink alcohol at risky levels, contributing to ongoing harm in the community.

If a dialogue with these groups is not discontinued, the WHO Secretariat must take action to minimise the risk of undue influence by ensuring discussions are centered on specific actions that the alcohol industry and related bodies can take that have been shown to be effective to reduce alcohol harm and by introducing checks and balances.

Specific actions that can be taken include stopping efforts to prevent the introduction of effective policies, ceasing the sale of cheap alcohol, ending the advertising, marketing and promotion of their products, and introducing effective alcohol warning messages on alcohol. Checks and balances could include the development of a Conflict of interest Policy for dealing with the alcohol industry and related bodies, noting that these include industry-funded non-government organisations such as DrinkWise, DrinkAware, the International Alliance for Responsible Drinking, and research institutes, ensuring that industry access to the WHO secretariat is limited (and less frequent than meetings with international partners, civil society and academics), and providing openness and transparency by publicly reporting in a timely manner on meetings and conversations that do occur. A Conflict of Interest Policy could potentially be used as a template for Member States.

In relation to other actions within the Action Plan, clear direction is given to international partners, civil society organisations and academia (‘monitor and counter undue influences from commercial vested interests’ and economic operators (‘abstain from interfering with alcohol policy development and evaluation’) to respond to efforts by ‘economic operators’ in Action Area 3, however it is not

clear to what extent the Action Plan outlines *preventive* actions to support the principle of *Protection from commercial interests*.

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. For example, the Action Plan should include actions that Member States can take to protect alcohol policy development from industry interference, and action that the WHO Secretariat could take to support Member States achieve this, such as identifying and reporting on ways in which interference by the alcohol industry and related bodies might occur, and providing advice on how to deal with such situations.

#### *Recommendations*

5. Remove references within the Action Plan to the role of the alcohol industry and other economic and related organisations, except in describing their role as developers, producers, marketers and sellers of alcoholic drinks, and be more direct in language about the alcohol industry and related bodies in terms of their profit motivation.
6. Discontinue dialogue between the WHO Secretariat and representatives of the alcohol industry and other 'economic operators' and remove text and actions that refer to this.
7. If dialogue with the alcohol industry and other 'economic operators' is not discontinued, develop a Conflict of Interest Policy for engaging with these groups, and ensure openness and transparency regarding meetings and conversations by publicly reporting on engagement in a timely manner, for example within two weeks of the dialogue.
8. Ensure the views of the alcohol industry and other 'economic operators' or their agents are not afforded greater access or greater standing to the WHO Secretariat than non industry funded public health organisations and researchers.
9. Include an action for Member States to protect alcohol policy development from interference by the alcohol industry and other 'economic operators' through their exclusion from involvement in policy development and decision making, policy, research and public health promotion.
10. Include an action for the WHO Secretariat to support Member States to protect alcohol policy development and decision-making from industry interference, such as by ensuring that Member States understand the conflict of interest associated with alcohol industry involvement in decision-making, and reviewing and reporting on ways in which this might occur and action to deal with this risk.

## **Strengthen language and actions within the plan to ensure it is effective**

FARE welcomes the use of strong language within parts of the Action Plan which help to provide a clear message about the harm from alcohol and the need for action. However, this strong language is undermined by a number of factors that diminish the argument and hinder change. These include the normalisation of alcohol use, lack of industry accountability for the harm caused by the product they sell and their actions to prevent effective policy from being introduced, the use of terminology which

introduces an 'us and them' framing, weak language and weak actions, and the use of voluntary targets.

In setting the scene for the Action Plan, the Introduction does not discuss the breadth of harm from alcohol and how widespread that harm is, which is the reason why the Action Plan is being developed. The harm from alcohol should be made clearer in this section of the document.

The Action Plan should also be clear about the role of the alcohol industry and other 'economic operators' in contributing to alcohol harm. As mentioned in the previous section, the term 'economic operators' does not adequately reflect the financial motivations of the alcohol industry and other related organisations whose business models are centred on maximising profit. Nor does it reflect the breadth of organisations that work to support their business model, both for-profit and not-for-profit.

The industry's action on price, availability and promotion to increase sales, and their efforts to negatively influence alcohol policy development by preventing, delaying, weakening effective policies, are noticeably absent among the key factors that impact on levels and patterns of use described in the Introduction. The Action Plan should hold the alcohol industry and related organisations accountable for their role in driving alcohol use.

Some of the language within the document is unhelpful in trying to raise awareness of the harms from alcohol and motivate governments and individuals to take action to reduce this harm. The term 'harmful use of alcohol' reflects industry framing on alcohol use.

There are two major concerns with this term. The first is that it suggests that alcohol use can be categorised into harmful use and use that is not harmful. However, this is not the case as the risks of alcohol use increase with increased use and vary between individuals. There is also increasing research over the past 10 years that has shown that there isn't a 'safe level' of alcohol use.<sup>5</sup> The second concern relates to people's perception of what this term means. Harmful use of alcohol is a vague term that few people identify with. Most people see it as the pattern of drinking associated with people who are dependent on alcohol, or as behaviour observed in 'other people', rather than themselves.

FARE supports the use of the term 'alcohol use' rather than 'alcohol consumption'. However, this language does not appear to be consistently applied throughout the document.

FARE welcomes the clarification that the WHO has a strong mandate to develop this Action Plan and the evidence to support the cost effectiveness of policy options and interventions. We are concerned that the urgency for action and the need for a strong regulatory response is clouded by language that opens the door for Member States to consider addressing one strategy at a time and suggests that voluntary actions and voluntary targets are appropriate.

The WHO should be strengthening the role of Member States to develop safeguards against any involvement of the alcohol industry in public health policymaking, by using clear, strong language.

### *Recommendations*

11. Strengthen the language used in the document to underscore the harm from alcohol and the risk associated with its use, hold the alcohol industry accountable for the steps they take to undermine effective policies to reduce alcohol harm, and provide strong and clear actions that will drive change.

## Report on progress with implementation of the Action Plan

FARE welcomes the inclusion of actions to report on progress within the Action Plan. Identification of timeframes for this reporting will help with driving action and achievement of targets. Currently, the WHO Secretariat is only required to 'report periodically' on progress with implementation of the Action Plan (Action Area 1, Action 5).

Regular reporting on progress with implementation of the Action Plan will help identify any challenges associated with implementing the Action Plan and quickly respond before the problems become too big and difficult to address. Greater specificity on how frequently this reporting will occur is needed and will demonstrate WHO's commitment to seeing progress in achieving its aim of reducing alcohol harm.

### *Recommendation*

12. Provide greater clarity around reporting and timeframes for action by the various stakeholders to enable impetus for action.
13. Include an action for the WHO Secretariat to report annually to the World Health Assembly on progress with implementing the Action Plan by Member States.

## Investigate development of a WHO Framework for Alcohol Control

The Action Plan raises the challenges faced by governments to regulate alcohol and protect policy development from interference by transnational corporations and commercial interests in the absence of legally binding regulatory instruments at the international level. This has led to calls for a global normative law on alcohol at the intergovernmental level, modelled on the WHO Framework Convention on Tobacco Control. However, there is no explicit reference to progressing this action within the Action Plan. The WHO Secretariat is best placed to facilitate an investigation and discussion of the benefits of such a framework, such as through the WHO Expert Committee on Problems Related to Alcohol Consumption.

### *Recommendation*

14. Include an action for the WHO Secretariat to investigate the benefits of a WHO Framework for Alcohol Control.

## Monitor and respond to emerging trends

The Action Plan identifies some emerging trends of the production and sale of alcohol, such as digital marketing and online sales and delivery. Information on these and another emerging trend not covered by the Action Plan is briefly discussed below. The WHO Secretariat has an important role in monitoring and responding to such trends to raise awareness and support development of appropriate regulatory responses and prevent an increase in levels of harm.

### *Online sales and home delivery of alcohol*

Online sales and home delivery of alcohol have been increasing rapidly over the past ten years, with online alcohol retailer revenue in Australia growing at an annual rate of 19.1 per cent since 2016, bringing the revenue to an expected \$1.8 billion in 2021.<sup>6</sup> Market research company Roy Morgan reported that online alcohol sales soared in 2020 in the midst of COVID-19, with sales tripling from 3.5 per cent of all packaged liquor sales in Australia to 11.3 per cent of sales.<sup>7</sup>

These sales occur in a largely unregulated market, with early research showing that many people do not have their identification checked when alcohol is delivered and many people do not receive their order in person. Furthermore, alcohol is allowed to be left unattended in many jurisdictions.

Recent research of 77 jurisdictions in six OECD countries (the United States of America, Canada, United Kingdom, Ireland, Australia and New Zealand) found that without stringent regulations in place, delivery services have been 'routinely delivering alcoholic beverages to minors' and in Australia, they have delivered to playgrounds and schools without question.<sup>8</sup>

The emergence of rapid delivery services, where alcohol is delivered within 30 minutes, is a cause for particular concern. There are few checks to prevent alcohol being delivered to people who are already intoxicated or to children and young people, increasing the risk of harm in the home. Of further concern is that rapid delivery services are associated with risky drinking as they allow drinking sessions to be extended.<sup>9,10</sup>

### *Digital marketing*

The almost universal adoption of the digital environment and evolution of tools that enable advertisers to automate and target their marketing activities has revolutionised advertising and marketing throughout the world. This type of marketing has been shown to be highly targeted and presents a real risk to health and wellbeing through the promotion of harmful products. The WHO Secretariat should take the lead in investigating and reporting on actions that have been and can be taken to mitigate risk from this type of marketing and seek input from Member States, civil society, academia and technology experts.

### *Zero and low alcohol products*

The growth of zero alcohol and low alcohol products presents policy challenges that need to be carefully considered. These products can contain small amounts of alcohol, for example some products contain 0.5 per cent of alcohol by volume (ABV). Some of these products share branding and product packaging with alcoholic products, presenting an opportunity for alcohol companies to extend their brands to other environments, such as supermarkets, and through increased marketing opportunities, including to young people. Many also mimic the taste of alcohol, which can be problematic for people who have a problem with alcohol.

Zero and low alcohol products are being marketed as an alternative to soft drinks, with advertising campaigns and alcohol distributors promoting consumption of these products during lunch, in the workplace, and for people breastfeeding, driving or doing other activities that require a significant degree of skill and mental alertness. In South Africa, Heineken has been promoting a National Take Beer to Work Day since 2019 and offers free non-alcoholic beer to South Africans on their way to work.<sup>11</sup>

### *Recommendation*

15. Include an action for the WHO Secretariat to monitor and respond to emerging global trends, to raise awareness and support development of appropriate regulatory responses to prevent levels of harm increasing.

## References

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- <sup>1</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 \(July version\) \(who.int\)](https://www.who.int/global-alcohol-action-plan/first-draft-july-version)
- <sup>2</sup> World Health Organization 2010 *Global strategy to reduce the harmful use of alcohol* Available at [https://www.who.int/substance\\_abuse/alcstratenglishfinal.pdf](https://www.who.int/substance_abuse/alcstratenglishfinal.pdf)
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- <sup>11</sup> <https://saapa.net/heineken-can-your-national-take-a-beer-to-work-day/>



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